ASSESSING THE ROLE OF SOCIAL SUPPORT, SOCIAL PARTICIPATION AND ANOMIE ON THE SUBJECTIVE WELL-BEING OF COMMUNITY-LIVING ELDERLY PERSONS IN PATHANAMTHITTA DISTRICT, KERALA

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DECLARATION

I hereby declare that this dissertation titled "Assessing the Role of Social Support, Social Participation and Anomie on The Subjective Well-Being of Community-Living Elderly Persons in Pathanamthitta District, Kerala" is the bona fide record of my original research. It has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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CERTIFICATE

Certified that the dissertation entitled "Assessing the Role of Social Support, Social Participation and Anomie on The Subjective Well-Being of Community-Living Elderly Persons in Pathanamthitta District, Kerala" is an original research work conducted by Devika Prasad. This study was carried out under my guidance and supervision as part of the requirements for the award of the degree of Master of Public Health.

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GLOSSARY OF ABBREVIATIONS

LASI	-	Longitudinal Ageing Study in India
NPHCE	-	National Programme for Health Care of the Elderly
WHO	-	World Health Organization
APA	-	American Psychological Association
ADL	-	Activities of Daily Living
ICOPE	-	Integrated care for older people
ICT	-	Information and Communication Technologies
APL	-	Above Poverty Line
BPL	-	Below Poverty Line
EQ-5D-5L	-	EuroQol 5-Dimension 5-Level

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ABSTRACT

Background: Globally, world is experiencing rapid population aging, with the number of people aged 60 and older projected to rise from one billion in 2020 to 2.1 billion by 2050. As people live longer, supporting their health and well-being has become a critical global priority. This study aimed to assess the level of social support available to community-living elderly persons in Pathanamthitta District, Kerala, and to explore how social support, social participation, perceived anomie contributes to their subjective well-being.

Methodology: A cross-sectional survey was conducted among 224 individuals of age 60 and above. Data collected using a structured interview schedule consisting of questions on socio-demographic characteristics, social support, social participation, perceived anomie and subjective well-being, supplemented by 10 in-depth interviews. Bivariate analysis was used to test associations, and a linear regression model was obtained. Data analysis was done using IBM SPSS Statistics for Windows 25 software. Qualitative data was thematically analysed to supplement it.

Results: Almost half (47.7%) individuals had the highest score for social support. According to the linear model, subjective well-being was positively associated with high social participation (β= 0.078; 95% CI: 0.054 to 0.102; $p < 0.001$) and negatively associated with female gender (β = -0.091; 95% CI: -0.133 to -0.049; $p < 0.001$) and multiple impairments (β = -0.213; 95% CI: -0.270 to -0.156; $p < 0.001$), borderline negative association with multi morbidity.

Conclusion: Almost half of the participants reported the maximum possible score for social support. Social participation emerged as significant predictor of well-being. Findings of the study underscores the complex interplay between social and health-related factors in shaping the quality of life among the elderly population.

Chapter 1

INTRODUCTION

1.1 BACKGROUND

Globally, the world is experiencing rapid population aging, with the number of people aged 60 and older projected to rise from one billion in 2020 to 2.1 billion by 2050. This shift, which began in high-income countries, is now accelerating in low- and middle-income nations, where two-thirds of the global elderly population will reside by 2050. As people live longer, supporting their health and well-being has become a critical global priority (World Health Organization, 2024).

According to United Nations Population Fund India Ageing Report 2023, over 20 percent of the population in India will be above 60 by 2050, and the number of individuals aged 80 and above is expected to increase by approximately 279 percent between 2022 and 2050.It also highlights that a significant number of older adults especially women are in poverty and it has a significant impact on their health and quality of life.

As per the Report of the Technical Group on Population Projections for India and States 2011-2036, among the 21 major states in India, Kerala has the highest share of elderly individuals (16.5%). This trend is expected to continue, with projections for 2031 showing Kerala's elderly population reaching 20.9 percent of the state's total population.

In the above-mentioned context of an ageing society, it is necessary to ensure the well-being of older adults as it plays a fundamental role in maintaining a healthy and functional society. There are studies that shows the link between well-being and health and it's also evident that in older individuals, it is not only health that affects subjective

well-being, there are various factors including material conditions, social and family relationships, and evolving social roles and activities (Steptoe et al., 2015).

In developing countries like India, family remains the primary source of social care and support, with strong emphasis on family and social connectedness, living arrangements, and the exchange of support among older adults. However, recent trends in India show an increase in elderly individuals living alone or only with spouse, highlighting the need for a deeper understanding of social interactions and support structures in this population. (LASI India Report, 2020). This study aims to assess social support among community-living elderly in Pathanamthitta, Kerala and examine how social support, social participation, perceived anomie and other related factors influence well-being.

Elderly or senior citizens are defined as all those above 60 years according to National Policy of Senior Citizens 2011. Some literature continues to use the term elderly while some others suggest its removal (Putnam, 2015). In this dissertation, I have chosen to continue using the word "elderly", as it remains the official terminology used by the Government of India, including in national health programs such as the National Programme for Health Care of the Elderly (NPHCE).

CHAPTER 2

REVIEW OF LITERATURE

WHO (World Health Organization) has defined Healthy ageing as "the process of developing and maintaining the functional ability that enables well-being in older age**".** Subjective well-being is identified as one of the key concepts of healthy ageing (WHO, 2020).

Considering the growing concern of elderly population, ensuring health is not only a priority in public health policy but also in economic sustainability. The pivotal role of social capital on health and well-being is been highlighted in various studies, evidence suggest that for regions with greater income inequality the effect will be less(Sirven and Debrand, 2008). Particularly in Indian context, assessing the interplay between these are of greater significance especially among community-dwelling individuals.

2.1 Subjective well-being

Subjective well-being is the evaluation of life from an individual's his or her own perspective, it has become a major focus in policy making particularly among older population. As society ages, the well-being of individuals has become a prime concern.

Natural process of aging can lead to cognitive decline, deteriorated physical and psychological health. Maintaining quality of life and well-being is crucial in elderly as it can cause positive emotions, better mental health and increased life satisfaction. For studying the subjective well-being along with quality of life a holistic approach is necessary (Liu et al., 2023).

Relevance of subjective well-being in older adults have been studied widely. There is ample evidence suggesting the effect of subjective well-being on health and longevity. In

the current scenario of increasing elderly population, ensuring subjective well-being is significant as it can have individual and social consequences (Ferring and Boll, 2010).

Among elderly population along with giving importance to strategies regarding illness and disability it is important to include those concerning psychological state and well-being also. Encompassing both health-related quality of life and mental well-being together can provide a comprehensive picture of well-being in the elderly.

Research studies among elderly in the areas of social support and social participation highlights how lower levels of social support and social participation correlate with increased loneliness and depressive symptoms (Murugan et al., 2022).

Studies exploring the aspect of quality of life among elderly also emphasize the importance of personal, social and environmental factors. A qualitative study done among community dwelling older adults (63-92 years) investigating perceptions and lived experiences have depicted the effect of personal factors like health, living experience, beliefs on quality of life. It also suggests the greater significance of social role more than daily activities on quality of life. Significance of environmental factors like adaptation to the social environment is also discussed (Levasseur et al., 2008).

While planning for the social care and support for elderly it is important to consider various aspects, one of them would be to identify what is important and meaningful to them. By studying their preference and priorities and what is important to them can help us formulate strategies which are effective and lead to positive outcomes.

The traditional norm of elderly living with children is reducing nowadays. The proportion of elderly living alone or with spouse only increased from 9 percent to 18.7 percent. A variety of factors impact the mental health older adults, it can be social, psychological, behavioural or biological. Issues such as poverty, social isolation, loss of independence,

loneliness, bereavement, and physical disabilities significantly impact emotional well-being. The effect can be further amplified by neglect and abuse. Social changes, rapid technological advancements and busier lifestyles leads to less time for family members to interact meaningfully with elderly relatives, exacerbating feelings of neglect and isolation. Studies proposed the protective role of good social support and active engagement in enhancing elderly individuals dignity and mental health (Jahan et al., 2023).

Even though there are studies on social support among elderly, there are limited studies which integrates the impact of social support and social participation together on well-being, with anomie being a relatively unexplored area in elderly especially in Kerala context. Considering the current scenario of rapid societal and technological shifts, older adults may feel marginalized or disconnected from prevailing community values. This signifies the need for studying how these different variables as well as various socio-demographic factors collectively impact the subjective well-being of community-dwelling elderly individuals in Kerala.

The World Report on Ageing defines healthy ageing as maintaining functional ability through the interaction of intrinsic capacity and supportive environments. Relevant factors to be studied for their well-being include not only the presence or absence of disease but also their functioning. As ageing can cause a decline in intrinsic capacity, it can be improved with proper care and intervention. Public health strategies by enhancing functional ability and creating supportive environments can empower older adults to adapt to their changing needs and maintain well-being. Not just disease prevention but actively building the capabilities that allow older adults to navigate their world and sustain meaningful lives (Beard et al., 2016).

2.2 Social support and its effect on subjective well-being

Social support is the provision of assistance, comfort for addressing biological, and social needs and is an important part of social determinants of health. The provisioning of this support could be interpersonal or through social networks and provided by family, friends, neighbours, religious groups, colleagues or others. There may be considerable variations in the number and quality of such relationships. There could be other forms of diversity in such relationships (formal, informal, instrumental, relational). This may take the form of practical (instrumental), tangible, informational or emotional support. This inculcates a sense of value, belonging, acceptance, feeling loved, cared for respected or understood. This is a very important pre requisite for wellbeing (APA Dictionary of psychology,2018; Cohen and Wills,1985).

In the context of ageing society, social support is imperative for elderly persons to maintain their Activities of Daily Living (ADL), have continued access to public facilities and services, a stable habitat, ability to meet financial needs and participate in activities that are meaningful to them, also they should be protected from harassment, abuse, neglect, loneliness and isolation (World Health Organization, 2019).

To understand the role of social support among the elderly, it is important to study the dimensions namely instrumental, informational, and emotional support. Cohen and Wills have explained instrumental support as aids that include financial, material, and other services which are needed, they have included tangible forms of support under the same. Under emotional support comes information that a person is valued or accepted, which provides for self-esteem, ventilation, and closeness, another form is informational support covering the way of understanding, coping, and dealing with problematic events (Cohen and Wills, 1985).

One study done in Hong Kong assessed the differential impact of perceptions of social support, health promoting behaviours and subjective well-being and found out a different scenario among young and old. The study found out unlike younger population, there is a direct association between social support and subjective well-being especially during older age. They concluded that elderly especially people who live alone, widowed or disabled are more susceptible to social isolation and declining health and, policy should consider measures to improve social connections and social support as a measure for health promotion (Mo et al., 2022).

While social support is known to enhance the well-being of older adults, limited researches have studied the effect of different sources of social support on well-being. A study on Chinese elderly examines the distinct roles of different sources, such as family and friends, on emotional well-being found that family support primarily reduced negative effect, while friend's support more strongly increased positive effect (Li et al., 2014). Another study also talked about the importance of giving attention to who provides support and their differential implications (Lincoln, 2000). These studies highlighted the unique contributions of these sources to well-being, warranting the significance of studying what support are they getting, from whom and how they perceive it.

It is not only providing support, but how people perceive it is also important. Perception of social support is one factor that can impact the perceived quality of life, overall health, and well-being of older adults. This includes aspects like how individuals evaluate the adequacy of the support they receive, including their appreciation of the quality of their relationships and the level of support they can access from these relationships (Bozo et al., 2009).

A cross-sectional study was done on four villages in central India in 2021 among 460 elderly individuals, and the social support status of rural areas was assessed. They used Multidimensional Perceived Social Support Scale for the study, analysed each category subscale, and found out that almost half of individuals identified family as a source of support, one-third identified friends, and nearly half identified significant others as the source of comfort and support to them. Age and education showed a significant association with social support. The study highlighted the importance of having social support and active participation that in turn reduces depressive thoughts, gives meaning to life as well as improves self-esteem and life satisfaction (Khandre et al., 2023). Research suggests that social support affects the subjective well-being and health of the elderly population. A study exploring the relation between aging, social support, subjective well-being, and perceived health among 137 elderly participants, mainly women aged 61-91 years, used path analysis to reveal that social support indirectly influences overall health perception through positively impacting subjective well-being. And also highlights the importance of studying social support and factors like well-being to understand the health experience of older individuals (Farriol-Baroni et al., 2021).

Individuals as they age, there is chance of many changes happening in their personal as well as social lives. These changes can affect them not only in physical health and cognitive functioning but also can affect their values, self-esteem, meaning of life and life satisfaction.

Lincoln (2000) conducted a cross-sectional study in Iran assessing the effect of social support on social participation and observed a correlation between the two, found out a lower social support and participation score among women and also chronic disease status and financial status as the two factors affecting social support and social

participation. Study underscores the importance of social strategies for enhancing social support and thereby improved social participation.

The traditional norm of elderly living with children is reducing nowadays. The proportion of elderly living alone or with spouse only increased from nine percent to 18.7 percent. A variety of factors impact the mental health older adults, it can be social, psychological, behavioural or biological. Issues such as poverty, social isolation, loss of independence, loneliness, bereavement, and physical disabilities significantly impact emotional well-being. The effect can be further amplified by neglect and abuse. Social changes, rapid technological advancements and busier lifestyles leads to less time for family members to interact meaningfully with elderly relatives, exacerbating feelings of neglect and isolation. Studies proposed the protective role of good social support and active engagement in enhancing elderly individuals dignity and mental health (Jahan et al., 2023).

2.3 Social participation and its subjective well-being

Researchers have talked about the variation in definition and dimensions for studying social participation. Levasseur et al based on comprehensive review and analysis on definitions of social participation in older adults, proposed a taxonomy of social participation with 6 levels based on involvement with others. Concept of social participation for older adults may differ from young adults as they may not be participating in paid or income generating activities. The working definition for social participation is 'Process of taking part in social activities. It involves interaction with others within formal or informal groups, the level of involvement may vary from passive participation to active engagement'(Levasseur et al., 2010).

There any many studies assessing the relation between social participation and physical health but less studies focus on its effect on mental health as well as social wellbeing.

Based on data from a longitudinal survey done in Japanese population of 65 years and above, it is suggested that increasing the provision of social participation have significant effect on depressive symptoms, especially among women. They focused on relation between social participation and depressive symptoms and analysed the role of some other factors like gender, position occupied by the individual in an organization as well as location (rural or urban) (Takagi et al., 2013).

Multiple sources of evidence suggests the protective role of social participation on Non communicable diseases and the importance of integrating Healthy ageing along with Non communicable disease prevention strategies (Holmes and Joseph, 2011). International example on such policies were also discussed. A study based on LASI wave- 1 data emphasised the need for more comprehensive policies incorporating social, mental and physical well-being (Rana et al., 2022).

A qualitative study with the grounded theory approach done among community-dwelling older adults in Iran have looked in to the process of social participation and found certain categories and sub categories which can act as facilitators and barriers. Concern of remaining active emerged as one of the important factors for social participation and voluntariness of participation largely influenced by conduciveness of contextual factors. By fostering a sense of vitality and purpose in life, diverse forms of social participation among older adults contribute significantly to both physical health and social well-being (Amini et al., 2022).

Studies have identified social participation as a predictor for healthy aging. Das and Dhillon, in their analysis of the Longitudinal Ageing Study in India, underscores the relevance of social participation in healthy ageing along with other components essential in functioning like physical, mental, functional and cognitive aspects. For mental well-being and overall positive or healthy ageing experience one of the vital contributing

factors identified was engagement in social activities which are important to them. Including approaches to strengthen meaningful social participation is a need for healthy ageing of older adults (Das and Dhillon, 2024).

A cross- sectional study done among elderly aged 60 to 74 years in Iran in the year 2016 have found out the effect of self-efficacy and social support on social participation. Study also emphasized the importance of more research on determinants of social participation and also highlighted the lack of good qualitative studies on this topic (Hosseingholizadeh et al., 2019).

Studies have shown strong relationship between social participation and psychological well-being among elderly population. It is demonstrated that both the factor of maintaining regular contact with friends, family and neighbours and the frequency of attending social events have significant correlation with low rates of depression, anxiety disorders and cognitive impairment in older adults. Interestingly, social participation has shown a profound effect on older adults perception of life highlighting its pivotal role in improving the quality of life among older adults (Golden et al., 2009).

Evidence from studies have demonstrated the importance of social capital on wellbeing of older adults. Observation from a multi-country study including India have shown the role of social capital, especially in the form of social activities, interactions and social participation in enhancing the subjective well-being of older adults. It also points out the key role of these social variables in differing contexts signifying the need for adaptations which are context specific. These studies can provide valuable insights in to how social participation can be a pivotal determinant of elderly well-being (Christian et al., 2020).

According to the social integration perspective, maintaining psychological well-being requires individuals to adapt their social roles across different life stages. As people age and retire, they often lose formal roles, such as work-related responsibilities, and must

take on new social roles to remain integrated within their communities. Engaging in social activities becomes a key source of social integration during this phase of life. The role of social participation on subjective well-being is been studied widely. A cross-sectional study done in Chinese retirees, drawing on data from 22,019 participants aged 50 to 99 years revealed that frequent participation in social activities, active engagement in social roles, and involvement in former employing unit events were positively associated with subjective well-being. (Zhang and Zhang, 2015). Also, this study found out physical health and income as other factors affecting subjective well-being.

The frequency of social participation and also the quality of social contacts are of importance in well-being of older adults. Individuals with rich and varied social participation found to have improved life satisfaction as well as reduced chance of feeling of loneliness especially among older adults (Nagargoje et al., 2022).

Interventions aimed to foster socialization of older adults should focus on addressing their self-actualization needs, health, prevention of disability and meaningful opportunity for active participation. Age- friendly environment is important for enhancing social participation. Barriers and facilitators to social participation often vary by location, with rural and urban settings, identifying those distinct challenges and opportunities is crucial (Levasseur et al., 2020).

2.4 Anomie and subjective well-being

Anomie is a multidimensional concept introduced in to sociology by French sociologist Emile Durkheim, the term comes from Greek origin meaning lack of law or more broadly ‘normlessness’ (Deflem, 2015). Anomie is a psychological state characterized by an individual's perception of lack of social norms and regulations, leading to feeling of meaninglessness and social isolation. It is one of the important factors, which can influence the subjective well-being of individuals (Levina et al., 2016).

In American Psychological Association (APA) Dictionary of Psychology it is defined as "A sense of alienation and hopelessness in a society or a group that is often a response to social upheaval. It also may be accompanied by changes in personal and social values". While Durkheim conceptualized anomie as a social condition due to social disruption and moral decline, it evolved through various dimensions. Merton associated anomie to the gap between cultural aspirations and means to achieve them. McIver defined it as individual's detachment to society. First operationalization of anomie was done by Srole, he introduced a five-item scale focusing on self-to other alienation. Later Fisher and Teevan associated anomie with three dimensions, powerlessness, cynicism, and social isolation. Travis in his research paper synonymized anomie with alienation and highlighted the importance measuring it as attitudinal aspects such as beliefs and values. Then Adnanes proposed it as connected to three dimensions, one psychological and two social namely normlessness and perception of social change. Bjarnason proposed it as a two-dimensional concept including exteriority (perceiving society as objective and predictable reality) and constraint (commitment to societal expectations). Heydari et al linked anomie with powerlessness, meaninglessness, distrust and fetishism of money. Teymoori et al. described anomie as breakdowns in social structure (moral decline and distrust) and leadership (ineffectiveness and illegitimacy). More recent scales, such as Bashir and Bala's, measure dimensions like moral decline, meaninglessness, and distrust. Vilca et al. developed pandemic-specific scale, focusing on behavioural non-compliance and dissatisfaction with new norms (Bashir and Bala, 2019; Cea-Leiva et al., 2024). Empirical evidence indicates that anomie negatively impacts components of subjective well-being, such as overall life satisfaction, satisfaction in various life domains, and general happiness. While anomie is a significant factor in societal wellbeing, its

consequences deeply affect individuals. On a personal level, anomie influences psychological health and wellbeing (Levina et al., 2015).

Research suggests that some of the rapid social changes can cause feeling of anomie among individuals, that too elderly who are at the retirement age may feel disconnected or excluded from the society. A study based on quantitative data analysis based on data from the NRW80+ project in Germany on quality of life and well-being of individuals aged 80 and above have assessed the relationship between use of information and communication technologies (ICT) and subjective well-being (Levina et al., 2016). Loneliness, anomie and autonomy were the 3 domains assessed for subjective well-being, and found out a positive relationship between ICT use and subjective well-being (Schlomann et al., 2020).

A study done in Latvian inhabitants collecting the data from third European Quality of Life Survey, have demonstrated a significant negative relationship between anomie and participation in social activities. The Latvian sample (n = 1009) analysed in this research spanned respondents aged 18 to 92 years and utilized three subscales of anomie—social distrust, social isolation, and meaninglessness—based on an integrative multidimensional model of anomie. Their findings suggest that social participation can serve as a crucial factor in reducing the sense of anomie, especially during periods of social change (Levina et al., 2016). This relationship between social participation and anomie is particularly relevant in current context when examining the well-being of elderly populations, as it suggests that encouraging community participation among older adults could potentially mitigate feelings of social disconnection and normlessness.

These evidences highlight the potential of promoting social participation as a targeted intervention to mitigate anomie and enhance subjective well-being, particularly in contexts of socio-economic change. Rapid changes namely socio-economic,

technological, political, and cultural can significantly impact individuals, often leading to experiences of anomie. During such periods, individuals may need to re-evaluate their personal values, develop new life principles, and reconstruct their philosophies, grounded in core values (Ļevina et al., 2016).

Here in the context of this study, it is not exactly the lack or breakdown of norms, but emergence of norms that are not inclusive of older persons and how it is perceived by individuals is studied.

Even though many individuals and societies share the experience of anomie, there is no well-defined conceptualization and operationalization of the construct. Researchers have tried measuring it as a societal phenomenon or at an individual level based on how they conceptualize it. When viewed as a societal issue, it is measured through indirect indicators like structural or cultural conditions of society that contribute to anomie. While as an individual state of mind, they gave importance to responses, emotions, or attitudes towards these societal conditions. Rather than objective conditions it should be measured as a subjective perception or reflection of society in an individual's mind, and also it emerges as a collective perception of shared understanding of societal conditions (Teymoori et al., 2016).

Existence of anomie depends on how various societal factors are collectively perceived and interpreted by the individuals. Through interaction of individuals, each contributing their own perspective leads to collective understanding which shapes the formation of a shared perspective. And also, a society which is perceived as more anomic tend to have individuals lacking well-being and social connection (Canto et al., 2024).

Anomie negatively impacts social well-being and life satisfaction of individuals. A study assessing the effect of social well-being on health and aspects on social life including anomie among individuals aged 18-58 years have found out a significant negative

correlation. Also stated that the disruption of individual's bonding with society can lead to feeling of anomie, which can affect their overall well-being. As per the study individuals with strong social bond and belonginess tends to have positive life perception and higher life satisfaction and hence lower anomie highlighting the effect of social participation (Blanco and Díaz, 2007).

Negative consequences of living with high perceived anomie have been depicted in various research studies in different disciplines. Durkheim has talked about the relationship between anomie and increase in suicide rates. Studies have connected anomie with reduced well-being and life satisfaction as mentioned above (Blanco and Díaz, 2007). And also, with reduced happiness and depression. While assessing the micro-level behavioural responses to anomie, Teymoori et al in his paper has talked about the main consequence of high anomie as failure to satisfy fundamental human needs, which include a meaningful life, self-esteem, sense of belonginess and connection to others, and a sense of security. He has identified two general responses to anomie 'contraction of the personal self' characterized by the effects that are mentioned above and contraction of the social self'. The second aspect associates the perceptions of anomie with reduced identification with broader social groups and increased withdrawal from superordinate networks, leading to reduced engagement in larger social contexts. This contraction of the social self often coincides with a shift toward smaller groups, suggesting that individuals experiencing anomie may exhibit lower levels of social participation (Teymoori, 2016).

2.5 Justification/rationale for the study:

Given the current scenario of increasing elderly population, a comprehensive understanding of various factors like social support, social participation and anomie and its impact on subjective well-being is essential. Assessing a less explored area of anomie especially in Kerala context among older adults can provide valuable insights. Understanding these factors can help propose recommendations to enhance individual well-being, encourage social participation and support healthy aging in the community.

In the context of Kerala, where decentralized governance mechanism encourage local participation, and require Local Self-Government's mandatory budget allocation of five percent of plan funds for the welfare of older persons and palliative care, this study is particularly relevant (Sundaram et al., 2024). By exploring role of social support, social participation and anomie on the subjective well-being of community-living elderly persons, this study aligns with the objective of Kerala's decentralized approach to elderly care.

2.6 Research questions

1. What is the level of social support available to community living elderly persons in Pathanamthitta District Kerala?
2. How the sources and dimensions of social support, the extent of social participation and perceived anomie contribute to the subjective wellbeing of community living elderly persons?
3. How do demographic and socioeconomic factors influence the relationship between social support, social participation, anomie and well-being among community living elderly persons?

2.7 Objectives

1. To estimate the level of social support available to community living elderly persons in Pathanamthitta District Kerala
2. To explore how the sources and dimensions of social support, extent of social participation and perceived anomie contribute to the subjective wellbeing
3. To investigate the demographic and socioeconomic factors that may influence the relationship between social support, social participation, anomie and subjective well-being

CHAPTER 3

METHODOLOGY

3.1 Design and setting

3.1.1 Study type/design: Sequential Explanatory study comprising of both quantitative and qualitative methods

3.1.2 Study setting: Urban and Rural areas of Pathanamthitta district, Kerala

3.1.3 Participants: Individuals, sixty years and above, living in the selected geographical area of Pathanamthitta district for at least past six months

3.2 Sampling

3.2.1 Sample size: estimation and justification:

- **Quantitative study:** n = 225

Sample size was calculated in the software OpenEpi version 3.01. With a 95 percent confidence level, relative precision of 20 percent, design effect of 1.5, and anticipated prevalence of high to moderate social support as 45 percent (Ravikrishnan and Venkatesan, 2024) the sample size calculated was 176. An additional 20 percent for non-response was also included. This gave 211 as the sample size, which was rounded to 212. Age, sex and area wise breakup was done based on ratio from Census 2011 and all decimals were rounded off to next higher whole number and the final sample size became 225. This meant that three clusters of 11 individuals from urban and 16 clusters of 12 individuals from rural (33urban and 192 rural participants) had to be selected.

- **Qualitative study**: n = 8 to 12 were envisioned, 10 could be achieved. Using purposive sampling method participants from the quantitative study were selected based on based on three axes: High or low social participation, Male or Female, Above poverty line or Below poverty line (APL or BPL)

3.2.2 Sample selection procedures: Multi stage cluster sampling, Pandalam and Tiruvalla Taluk

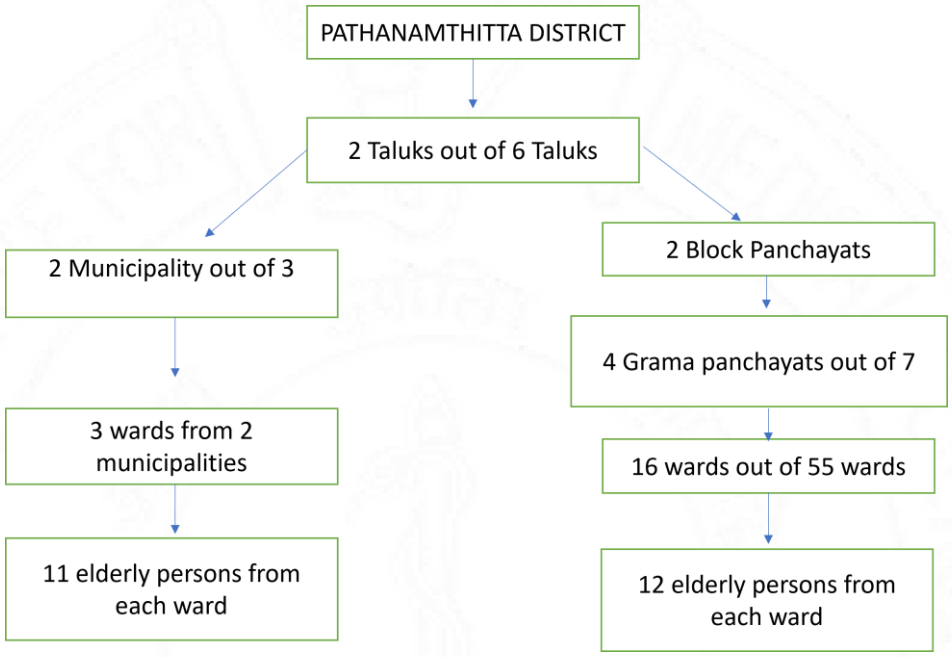


Figure 3.1: Process of sampling

Multistage cluster sampling was used as a sampling strategy. Pathanamthitta district comprises of six Taluks, of which three contain both urban and rural populations. Two of these three Taluks were randomly selected through simple random sampling, using computer-generated random numbers. In the second stage, from each selected Taluk, one Municipality and one Block Panchayat were selected making it a total of two Municipalities and two Block Panchayats. From each selected Block, two Grama Panchayats were randomly selected making it a total of four Grama Panchayats. From the two Municipalities selected, a total of three wards were selected randomly (from two

Municipalities) and from each ward, 11 participants were selected (a total of 33 participants). From each selected Grama Panchayats, four wards were selected by simple random sampling using Computer-generated random numbers (a total of 16 wards from four Grama Panchayats) and from each ward, 12 participants were selected (a total of 192 participants).

A few minor changes happened in a small number of wards and these are indicated in the first section of the results chapter. With the help of a local functionary (ASHA worker, elected representative or a volunteer familiar with locality), a suitable direction was identified using Spin Arrow App. The first household was selected using lottery method by picking a number from one to five. Subsequently, every consecutive household was visited. One eligible participant in the selected households was approached for interview. Initially, if there were more than one eligible participant in the same household, Kish selection grid was considered but as there were only mostly two and occasionally three people, lottery method was used for selecting one of the eligible participants.

From the data obtained from the District Handbook of Pathanamthitta for 2011 regarding the area (rural and urban), age category (60-69, 70-79, 80 and above), the number of females and males to be included from each cluster were calculated (Census, 2011). This is given in table 3.1 and 3.2.

Table 3.1- Sampling strategy – Within Cluster- Urban

	Male	Female
60-69	2	3
70-79	2	2
80+	1	1

Table 3.2- Sampling strategy – Within Cluster- Rural

	Male	Female
60-69	3	3
70-79	2	2
80+	1	1

For qualitative study, participants from quantitative study were selected for further exploration by purposive sampling as indicated earlier.

- INCLUSION CRITERIA
  - Individuals, sixty years or above, living in the selected geographical area for at least past six months
  - Those who are willing to provide voluntary informed consent
- EXCLUSION CRITERIA
  - Persons who are bedridden or with a debilitating disease
  - Persons who are not able to respond on their own
  - Persons who are not willing to provide consent

3.3 Data collection techniques:

For Quantitative study: A structured interview schedule was developed and translated into the Malayalam language (see Appendix II). The questionnaire schedule included several sections with questions adapted from various sources

- Section one covers the participant's socio-demographic characteristics;
- Section two covers social support with questions on different forms of social support and who is mainly providing support. Includes questions adapted from Integrated

Care for Older People (ICOPE) Framework (World Health Organization, 2019), Multidimensional Scale of Perceived Social Support (Zimet, 2016), Duke Social Support Index(Koenig et al., 1993).

- Section three with questions on social participation covering activities like visiting friends and family, and membership in different groups (how often, how long, and how important is that gathering to them). Includes questions from Longitudinal Ageing Study in India (LASI) Questionnaire, WHO Integrated Care for Older People (ICOPE) Framework (World Health Organization, 2019).
- Section four covers anomie which includes feelings of difficulty in coping with today's social norms, rapid societal changes, compatibility with personal and social values, trust and reliability in others, and a sense of disconnection due to recent technological and social shifts; Reference from studies.(Schlomann et al., 2020; Teymoori, 2016)
- Section five addresses subjective well-being, using the Primary care Screening Questionnaire for Depression (PSQ4D) validated Malayalam version (Indu et al., 2017), questions on loneliness, EQ-5D-5L (Malayalam version for India) to assess quality of life. Permission was obtained from the EuroQol research foundation and from the author for the PSQ4D. (see Appendix VIII)

For Qualitative study - Semi structured questionnaire/Open ended probes for selected elderly participants. The question covers, daily activities, ability to manage household responsibilities, financial constraints, whether they receive social support or not and how it affects their well-being. It also includes questions on their involvement in community groups and organizations. Finally, about their perception of societal change over time and

their ability to cope with that and also about sense of value or meaning. (see Appendix III)

3.4 Data analysis

The principal investigator herself conducted the data collection and analysis. Permissions were obtained from the municipalities and concerned panchayats (see Appendix VIII). The interviews lasted for about 20 minutes. Of the 10 in depth interviews six were along with survey and the rest were conducted in separate setting.

Data cleaning and quantitative analysis were done using IBM SPSS Statistics for Windows 25 software. Descriptive statistics generated by adding the responses sequentially and identifying a point of inflection that is appropriate for categorizing. Bivariate analysis and multivariable liner regression were performed.

All 10 interviews were transcribed verbatim and simultaneously translated into English. The first two interviews were coded inductively, and relevant themes were incorporated into a pre-existing framework informed by quantitative findings and literature review.

3.5 Ethical considerations

The study was conducted after obtaining the approval from Institutional Ethics Committee of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. (see Appendix VII). Before interviewing the participants, permission to conduct the interview in a ward was obtained from the local self-government. Informed consent for participating in the study was obtained from the study participant. The participants had the option to either accept or refuse to participate, and could withdraw participation at any time of the study without any explanation and consequence. Participants were informed regarding the voluntary nature of the participation, study objectives and the potential benefits and risks of the participation. Utmost priority will continue to be given to protect the privacy and

confidentiality of the participants and the collected information with personal identifiers will not be shared with anyone not involved in the study.

3.6 Project management

Tasks	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025
Literature review								
Initial permissions and clearances								
Data collection and data entry								
Data extraction, cleaning, coding and analysis								
Final Report								
Submission								

Figure 3.2 Gantt Chart showing the timeline

Chapter 4

RESULTS

The results chapter represents the findings obtained from the data analysis. Data analysis was carried out using IBM SPSS Statistics for Windows 25 software. The analysis involved examining relationships between various predictor variables and corresponding outcome variables to derive meaningful interpretations.

4.1 Coverage details

Out of the 225 elderly persons selected for the study, 224 were interviewed to elicit the information. Coverage details of my study are given in the table below

Table 4.1: Coverage details

Number of households visited	453
Door locked	38
Participant available at the time of survey	21
Participants not willing to consent	09
House with no elderly	133
Bedridden/sick	05
Elderly not eligible (target number met)	23

To obtain final sample size of 224, I had to visit 453 households. In 38 households the door was locked, in 20 houses eligible participants were unavailable at the time of survey, nine were not willing to consent, there were 133 houses without elderly. Five were bedridden or sick and as I have target number in each age group and in male and female category, 23 were not eligible. A few minor changes happened in a small number of wards. In one instance, the ASHA worker was also the ward member. As she had to visit Thozhilurappu

(employment guarantee scheme) workers in the morning, data collection started with them and then continued as a household survey.

4.2 Sample characteristics

A detailed description of study participants is given in this section. This section includes: sociodemographic characteristics, health related behaviours, impairment and morbidity details, description of outcome variables.

4.2.1 Sociodemographic characteristics

Table 4.2 shows the sociodemographic characteristics of the sample. The Mean age of the participants was 70.86 years. Participant's age ranges were from 60 to 102 years. The study consists of 85.3 percent rural people and 50.9 percent females (sampling was done based on the ratio from Census 2011). 44 percent have studied more than higher secondary level. The majority (65.2%) were currently married, currently not married category includes, widowed, not married, and separated individuals. Monthly income ranges from Rs.100 to Rs.1,00,000. Among the participants, nearly one-fourth were currently employed (23.7%), while others were either retired, unable to work, or homemakers. Homemakers constituted the largest group (29.5%), retired category also includes participants who are unemployed and are able to work. A smaller proportion of 5.8 percent was engaged in employment under the Thozhilurappu (employment guarantee scheme), 17.8 percent had service pensions, 13.8 percent received old age pensions while 8.9 percent had other pensions which included widow pensions, pension for disabled, etc. The majority (73.6%) of participants are from Hindu religion. Scheduled caste constituted only 15.2 percent of the participants, whereas the General category formed the majority (67.8%). Only eight percent lived alone, and 28.1 percent lived with children or relatives, including siblings, nieces. A

small proportion 7.1 percent belong to most economically disadvantaged households, while 43.3 percent belong to relatively higher-income groups with white cards.

Table 4.2: Sociodemographic Information

Variables	Category	N (%)
Age	Mean ± SD	70.86 ± 8.37
Education level	Up to Upper Primary	64 (28.6%)
	High School/HSS	116 (51.8%)
	More than Higher Secondary	44 (19.6%)
Marital status	Currently not married	78 (34.8%)
	Currently married	146 (65.2%)
Monthly income	Median, Range	10,000 (100 to 100,000)
Employment status	Currently employed	53 (23.7%)
	Unemployed unable	49 (21.8%)
	House wife/homemaker	66 (29.5%)
	Retired	56 (25%)
Income source*	Thozhilurappu	13 (5.8%)
	Old age pension	31 (13.8%)
	Service pension	40 (17.8%)
	Other pensions	20 (8.9%)
	Other jobs	40 (17.8%)
Religion	Hindu	165 (73.7%)
	Christian	50 (22.3%)
	Muslim	9 (4%)
Community category	SC	34 (15.2%)
	OBC	38 (17%)
	Others (General)	152 (67.8%)
Living arrangements	Living alone	18 (8.0%)
	With spouse	63 (28.1%)
	With spouse and children	80 (35.7%)
	With children or relatives	63 (28.1%)

Variables	Category	N (%)
Colour of Ration card	Yellow	16 (7.1%)
	Pink	63 (28.1%)
	Blue	49 (21.9%)
	White	96 (42.9%)

4.2.2 Health related behaviors

Table 4.3 shows health related information. 15.6 percent of participants reported tobacco use in past one month, while alcohol use was reported by 7.5 percent of participants.

Table 4.3: Health Related Behaviours

Variables	Category	N (%)
Tobacco use in last one month	No	189 (84.4%)
	Yes	35 (15.6%)
Alcohol use in last one month	No	207 (92.4%)
	Yes	17 (7.6%)

4.2.3 Impairment and Morbidity status

Table 4.4 shows Impairment and morbidity status of participants. Except a small proportion of 8.9 percent all others reported as having impairment. Most participants (88.4%) reported having visual impairment. Among those with impairment, most of them (75.4%) had their impairment corrected, only 15.6 percent had their impairments uncorrected. Half of the participants (54%) reported two or more morbidities.

Table 4.4: Impairment and Morbidity

Variables	Category	N (%)
Impairment	No	20 (8.9%)
	Yes	204 (91.1%)
Hearing impairment	No	193 (86.2%)
	Yes	31 (13.8%)
Musculoskeletal Impairment	No	197 (88%)
	Yes	27 (12%)
Visual Impairment	No	26 (11.6%)
	Yes	198 (88.4%)
Impairment status	No impairment	20 (8.9%)
	Single	157 (70.0%)
	Multiple	47 (21.0%)
Impairment – Corrected	No impairment	20 (8.9%)
	Corrected	169 (75.4%)
	Not corrected	35 (15.6%)
Morbidity profile*	Diabetes	92 (41.0%)
	Hypertension	130 (58.0%)
	Cardiovascular disease	57 (25.4%),
	Dyslipidaemia	77 (34.3%)
Morbidity status	No morbidity	50 (22.3%)
	Single morbidity	53 (23.6%)
	Two or more morbidities	121 (54%)

* Multiple options possible, total will exceed 100%

4.2.4 Other factors

Table 4.5 shows information about Activities of Daily Living and problems with living spaces. Only small proportion (11.1%) reported difficulty with daily living activities. Among them, only 20% reported lack of support. Majority (78.1%) didn't have problems with the place they live.

Table 4.5: Other Factors

Variables	Category	N (%)
Difficulty with Activities of Daily Living	Yes	25 (11.1%)
	No	199 (88.9%)
Assistance with ADL difficulty (N = 25)	Yes	20 (80%)
	No	5 (20%)
Problem with place you live (accommodation)	Yes	49 (21.9%)
	No	175 (78.1%)

4.2.5 Outcome variables

Outcome variables are presented in table 4.6. Social support total score ranged from one to 10, and the data was negatively skewed, based on 25th percentile and median of social support total score, participants are classified in to three categories, those who obtain maximum possible score, above 25th percentile till median and third category as those who score at or below 25th percentile value. Nearly half (47.7%) of the participants obtained the maximum possible score of 10 for social support, and 28.1 percent of the participants reported as minimally supported. Total social participation score ranged from zero to 26. Participants were categorized in to three categories based on tertiles of the distribution. Almost one third (36.6 %) reported low social participation. Only 23.6 percent are involved in any form of paid work or income generating activity. A vast majority of participants, 91percent reported electoral participation. Perceived anomie score ranged from zero to five, those who scored zero and one are categorised as low, those who scored one and two are categorised as moderate and those who scored four and five are categorised as with high anomie. 12.5 percent of participants screened positive for depression. 18.3 percent participants reported loneliness. EQ-5D-5L was used to assess the subjective well-being among participants. Scores obtained from the EQ-5D-5L questionnaire was converted to

utility score by using the India-specific value set (tariff)(Jyani et al., 2022). And the score had a mean of 0.8137 (SD = 0.222). The median score was 0.8827, with values ranging from –0.4 to one, indicating variability in the perceived health states among the elderly and only three participants are having score less than zero. There was one more component in EQ-5D-5L scale to assess the Self Rated Health of participants. It's based on a visual scale ranging from zero to 100. The mean score obtained was 62 and standard deviation of 15.7 was observed. Median was 25 and scores ranged from 25 to 95, showing a moderate level of subjective well-being.

Table 4.6: Outcome variables

Variables	**Category**	**N (%)**
Social support	Scored Maximum of 10	107 (47.7%)
	Moderately supported	54 (24.1%)
	Minimally supported	63 (28.1%)
Social participation	High	72 (32.1%)
	Moderate	70 (31.2%)
	Low	82 (36.6%)
Participation paid work or income generating activity	Yes	53 (23.6%)
	No	171(76.3%)
Electoral participation	Yes	204 (91%)
	No	20 (8.9%)
Perceived Anomie	High	97 (43.3%)
	Moderate	87 (38.8%)
	Low	40 (17.8%)
Depression	Screened positive	28 (12.5%)
	Screened negative	196 (87.5%)
Loneliness	Yes	41 (18.3%)
	No	183 (81.6%)

Variables	Category	N (%)
EQ5D5L Utility score	Mean (SD)	0.8137 (0.222)
	Median (Range)	0.8827(-0.4 to 1)
Self-rated health	Mean (SD)	62 (15.7)
	Median (Range)	65 (25– 95)

4.3 Bivariate Analysis – Factors associated with Well-being

4.3.1 Socio-demographic characteristics and EQ-5D-5L utility score

Effects of various factors on Well-Being is given in table 4.7. Age affected the well-being significantly. Being female is associated with a lower EQ-5D-5L utility score of 0.771, and the association was statistically significant. Those who are educated more than secondary school are having the highest well-being, which includes Diploma or Degree holders, Post graduates and above. While those who have education till upper primary, including people with no schooling, had lowest score for well-being. A significant difference in EQ-5D-5L utility scores was observed across marital status categories. Participants who were currently not married—including those who were widowed, separated, or never married—reported lower utility scores compared to those who were currently married**.** Monthly income showed a border line significance. Those participants who are currently employed had the highest score followed by those who are retired, which includes unemployed able persons also. Unemployed unable persons had the lowest score. Religion and community category scores were not significant. It was noted that, those who live with children or other relatives scored lowest score for well-being compared to their respective counterparts.

Table 4.7 Bivariate analysis of Sociodemographic variables with outcome EQ-5D-5L utility score

Variables	Categories	EQ-5D-5L Utility Score (Mean± SD or ρ)	p-value
Place of residence	Urban	0.796(0.25)	0.631
	Rural	0.816(0.21)	
Age		ρ = -0.382	<0.001
Sex	Male	0.857 (0.186)	0.003
	Female	0.771 (0.244)	
Education level	Up to Upper Primary	0.772 (0.24)	0.017
	High School/HSS	0.806 (0.231)	
	More than secondary	0.894 (0.117)	
Marital status	Currently not married	0.75 (0.23)	0.007
	Currently married	0.84 (0.210)	
Monthly income	Median, Range	ρ = 0.128	0.055
Employment status	Currently employed	0.915 (0.097)	<0.001
	Unemployed unable	0.731 (0.284)	
	House wife/homemaker	0.777(0.212)	
	Retired	0.832 (0.222)	
Religion	Hindu	0.8107 (O.226)	0.472
	Christian	0.8075 (0.225)	
	Muslim	0.902 (0.065)	
Community category	Others (General)	0.815 (0.208)	O.838
	OBC	0.795 (0.296)	
	SC	0.825 (0.188)	
Living arrangements	Living alone	0.851(0.114)	0.004
	With spouse	0.840 (0.212)	
	With spouse and children	0.851(0.207)	
	With children or relatives	0.7277(0.251)	
Colour of Ration card	Yellow	0.747 (0.300)	0.380
	Pink	0.806 (0.206)	
	Blue	0.794 (0.265)	
	White	0.839 (0.190)	

* SD: Standard Deviation, ρ: Spearman's Rho

4.3.2 Health Related Behaviours and EQ-5D-5L utility score

Tobacco use in the last one month was reported by 15.6 percent of participants. Although a higher EQ-5D-5L utility score was observed among participants who reported tobacco use, this association was not explored further due to the lack of a plausible explanation.

Table 4.8 Bivariate analysis of Health-Related Behaviours with outcome EQ-5D utility score

Variables	Category	N (%)	EQ-5D-5L Utility Score (Mean ± SD or ρ)	p-value
Tobacco use in last one month	No	189 (84.3%)	0.800 (0.232)	0.004
	Yes	35 (15.6%)	0.884 (0.132)	
Alcohol use in last one month	No	207 (92.4 %)	0.805 (0.226)	0.092
	Yes	17 (7.5%)	0.900 (0.141)	

* SD: Standard Deviation, ρ: Spearman's Rho

4.3.3 Impairment and morbidity status and EQ-5D-5L utility score

Table 4.9 depicts the effect of Impairment and Morbidity status on Subjective Well-being. Vast majority (91.1%) reported some kind of impairment. And those with impairment showed less well-being scores, but it was not statistically significant. Among those with impairment, for 15.6 percent impairments are uncorrected, and they scored lesser scores. A marked reduction in EQ-5D-5L scores was scene when there were multiple impairments, and almost 20.9 percent showed multiple impairment, with highly significant results. Participants with multi morbidity, included those with two or more chronic conditions showed significant reduction compared to those without morbidity and those with a single morbidity.

Table 4.9 Bivariate analysis of Impairment and Morbidity status with outcome EQ-5D-5L utility score

Variables	Category	N (%)	EQ-5D-5L Utility Score (Mean ± SD or ρ)	p-value
Impairment	No	20 (8.9%)	0.877 (0.174)	0.182
	Yes	204 (91.1%)	0.8075(0.225)	
Impairment – Corrected	No impairment	20 (8.9%)	0.877 (0.174)	0.17
	Corrected	169 (75.4%)	0.825 (0.199)	
	Not corrected	35 (15.6%)	0.721 (0.313)	
Impairment status	No impairment	20 (8.9%)	0.877 (0.174)	<0.001
	Single impairment	157 (70%)	0.876 (0.119)	
	Multiple Impairments	47 (20.9%)	0.575 (0.324)	
Morbidity status	No morbidity	50 (22.3%)	0.8885 (0.19)	<0.001
	Single	55 (23.6%)	0.873 (0.142)	
	Two or more	119(54%)	0.755 (0.247)	

4.3.4 Social support, social participation, Perceived Anomie and Subjective well-being

Subjective well-being score showed considerable variation across the social variables. Social support and social participation had positive correlation with subjective wellbeing, with increased social support and social participation well-being also increased. But perceived anomie showed significant negative correlation. Social support categories didn't show a significant correlation with well-being. Among social participation categories those with high participation showed better well-being and those with lower participation had lower mean values. In perceived anomie category, those with high anomie have lowest subjective wellbeing score.

Table 4.10 Bivariate analysis of social support, social participation and anomie with outcome EQ-5D-5L utility score

Variables	Category	N (%)	EQ-5D-5L Score (Mean± SD or ρ)	p-value
Social support total			0.155	0.020
Social support categories	High	107 (47.7%)	0.833 (0.208)	0.344
	Moderate	54 (24.1%)	0.780 (0.295)	
	Low	63 (28.1%)	0.807 (0.162)	
Social participation categories	High	72 (32.1%)	0.917 (0.112)	<0.001
	Moderate	70 (31.2%)	0.865 (0.129)	
	Low	82 (36.6%)	0.677(0.282)	
Participation in paid work	Yes	53 (23.6%)	0.915 (0.097)	<0.001
	No	171(76.3%)	0.782 (0.239)	
Electoral participation	Yes	204 (91%)	0.835(0.182)	0.016
	No	20 (8.9%)	0.593 (0.407)	
Perceived Anomie total			-0.411	<0.001
Perceived Anomie Categories	High	97 (43.3%)	0.751(0.209)	0.001
	Moderate	87 (38.8%)	0.859 (0.205)	
	Low	40 (17.8%)	0.864 (0.253)	

* SD: Standard Deviation, ρ: Spearman's Rho

4.4 Results of Multiple Linear regression analysis

In the multivariable linear regression analysis, nine models were constructed by sequentially removing one predictor variable at a time. In model nine, four variables were included. However, model eight was selected for interpretation, as it included age as a factor, considering its potential confounding effect on other variables, despite not being statistically significant**.**

In Model eight, each additional year increase in age is associated with decrease in well-being by 0.002 units, although the association was not statistically significant. Compared

to males, females had lower mean EQ-5D-5L utility score by 0.091 units. Social participation (z-score) was positively associated with well-being; for each unit increase, the EQ-5D utility score increased by 0.078 units. For those with multiple impairment, the EQ-5D-5L score significantly decrease by 0.213 units compared to those without multiple impairment. Similarly, participants with two or more morbidities (multi morbidity) showed reduction in well-being score by 0.042 units, which was marginally significant.

Table 4.11: Linear Regression Model Predicting EQ-5D-5L Utility Score Among Community-Living Older Adults (n = 224)

Variable	Categories	Unstandardised Coefficient (95% CI)	p value
Constant		1.082	<0.001
Age (completed years)	-	-0.002 (-0.005 to 0.001)	0.124
Sex	Male	Reference	<0.001
	Female	-0.091 (-0.133 to -0.049)	
Social participation (z score)	-	0.078 (0.054 to 0.102)	<0.001
Multiple impairment	No	Reference	<0.001
	Yes	-0.213 (-0.270 to -0.156)	
Multi morbidity	No	Reference	0.058
	Yes	-0.042 (-0.086 to 0.001)	

4.5 Results of Analysis of Covariance

Following the multivariable linear regression analysis, an ANCOVA (Analysis of Covariance) was performed to examine the effects of categorical and continuous variables on the EQ-5D-5L utility score. The continuous variables, age and social participation z-score, were included as covariates, while gender, multimorbidity, and multiple impairments were included as fixed factors. It was found that all the five variables were statistically significant, social participation with a partial eta squared value of 0.16 showed the greatest effect size followed by multiple impairment 0.14.

Two significant interactions were also identified, and the interactions that came significant were

- Between gender and multi morbidity (0.044, p=0.002)
- Between gender, multiple impairment and multi morbidity (0.019, p=0.042)

Table 4.12 Analysis of Covariance Model Predicting EQ-5D-5L Utility Score Among Community-Living Older Adults (n = 224)

Variable	Partial Eta Squared	p-value
Corrected Model	0.531	<0.001
Intercept	0.288	<0.001
Age	0.019	0.041
Social participation Z score	0.160	<0.001
Sex	0.036	0.005
Multiple impairment	0.149	<0.001
Multi morbidity	0.025	0.019
Gender recoded * Multiple impairment	0.044	0.002
Gender recoded * Multiple impairment* Multi morbidity	0.019	0.042

These interactions are further illustrated in the Estimated marginal means plot of males and females.

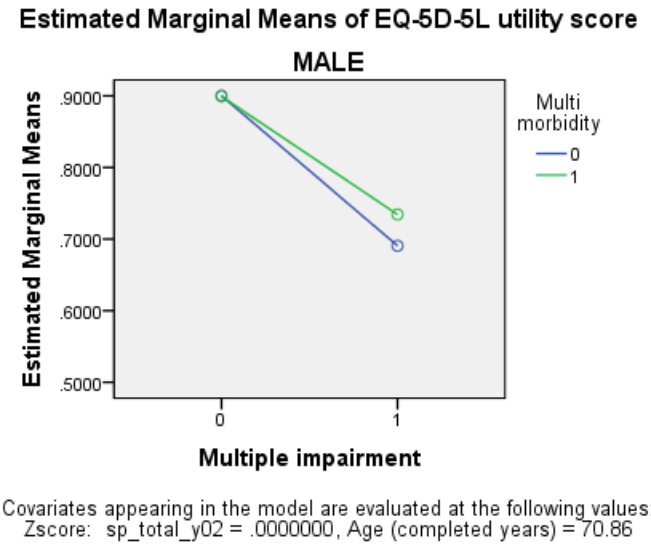


Figure 4.1 Estimated marginal means of EQ-5D-5L utility score in males

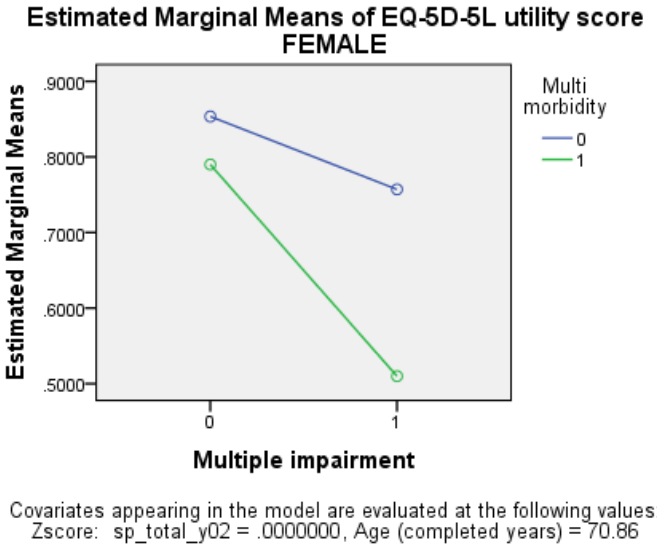


Figure 4.2 Estimated marginal means of EQ-5D-5L utility score in females

Men had the highest EQ-5D-5L utility scores. Among those with multiple impairments, the utility scores dropped significantly. In females, those with neither multiple impairment nor multimorbidity have high EQ-5D-5L scores, and when both multiple impairment and multimorbidity were present (green line, value one on x-axis), EQ-5D-5L scores drop sharply to around 0.5, suggesting poorer subjective well-being. A steeper decline was present in females, especially when both conditions were present.

Further analysis was done to check the salience of the model. Following are the different methods done for checking the salience,

1. Computed power using G Power 3.1.9.7. and the Power obtained was 0.3491
2. Multivariable Logistic Regression done with outcome variable as EQ-5D Utility Score (Upper vs Lower tertile) and similar results were obtained.

Table 4.13: Multivariable Logistic Regression for Outcome Variable: EQ-5D-5L Utility Score (Upper vs Lower tertile)

Variable	Categories	Adjusted Odds Ratio (95% CI)	p-value
Age (completed years)	-	0.958 (0.89 – 1.02)	0.192
Sex	Male	1	0.001
	Female	0.170 (0.063 – 0.464)	
Social participation (z score)		4.9 (2.52 – 9.69)	<0.001
Multiple impairment	No	1	0.017
	Yes	0.130 (0.025 – 0.691)	
Multi morbidity	No	1	0.019
	Yes	0.312 (0.118 – 0.826)	

3. Analysis repeated with Self Rated Health as outcome variable and got similar results.
4. Generated the same model using Jamovi 2.3.28 and checked Mahalanobis

Chi-square and p-value for multivariate outliers. A total of 16 multivariate outliers were identified out of 224 observations (7.1%) at $p < 0.1$, and 11 outliers at $p < 0.05$. Among the 16 outliers, 12 individuals were aged over 85 years, there were eight males and eight females, one of the outliers had been selected for the qualitative in-depth interview. Interestingly, this participant exhibited a higher EQ-5D-5L score than what was predicted by the model, despite being of advanced age and having multiple impairments.

5. Findings from qualitative study also supported the model findings.

The fifth approach to establishing model salience involved matching the quantitative findings with qualitative insights. Thematic analysis of in-depth interviews with 10 elderly participants provided rich contextual validation of model's findings.

4.6 Results from In-depth interviews

In qualitative, eight to 12 interviews were envisioned, 10 could be achieved. Using purposive sampling method participants from the quantitative study were selected based on based on three axes: High or low social participation, Male or Female, APL or BPL.

Table 4.14: Profile of In-depth Interview participants

		Males	Females
High participation	APL	2	2
	BPL	0	1
Low participation	APL	0	3
	BPL	1	1

All the 10 interviews were transcribed verbatim and simultaneously translated into English. Initial two interviews were coded through inductive coding and those relevant were added in to a pre-existing framework based on quantitative findings and literature reviews. For the remaining eight interviews, deductive coding was done. Codes that complemented quantitative results were also noted. Topic summaries were made from each heading of the framework, and then finally it is groped under four themes. The description of the themes with relevant quotes from the interviews are included below.

4.6.1 Higher levels of social participation enhance sense of well-being

Social interactions causing a sense of connection, joy and emotional relief in their lives. Attending camps not just for medical reasons, but for the opportunity to sit together, talk and share stories. Involvement in organizations and handling leadership roles improves sense of self-worth and inclusion.

- Social interactions and effect on well-being

"Eight to ten of us visit temple daily in the morning. If one of us don't come, we will enquire about them, we spend some time together there, we share our sorrows sometimes, we ask about each other's wellbeing. It's a happiness, right? "

- IDI_02

- Positive effect on well-being

"We are attending a camp run by XXX Hospital on every Wednesdays, ASHA worker has enrolled some of us in that. Now we are waiting for that day to come. Because, there we all sit together and talk about our experiences, old times…. Especially for people like us who stay at home its very useful and it brings happiness."

- IDI_07

- Roles or positions in Organizations

" I used to get respected normally, since I'm active in lot of community activities and is still serving some position in organizations. I personally have never felt disrespected or left out."

- IDI_05

4.6.2 Social withdrawal due to various reasons

Withdrawal from social spaces can be due to reasons like ageing, health problems, fatigue etc. Also, there are social and psychological reasons like challenges due to caregiving responsibilities, cultural reasons, financial constraints, perceived value in society, interest or motivation.

- Fatigue

"Because of my age, I feel like I'm not feeling well, that I can't do anything"

- IDI_03

- Health problems

"I feel uncomfortable as I use to move around before. Now I'm having illness and mentally I'm having a lot of stress. So, I won't go out much"

- IDI_10

- Caregiving responsibilities

"We give our contribution(cash) and don't attend meetings regularly. I can't attend all these as I have to take care of the kids (grandchildren)"

- IDI_02

- Traditional upbringing and gender related factors

"I have been like this from my young age itself. I was raised like that, in a traditional way, my father's elder brother was there with us, he would not allow us even to go to nearby house. I am raised that way so I don't have any difficulty in that"

- IDI_02

- Financial constraints

"Yes, I was part of it before. But I pulled myself out of it. Had an issue with them. They don't provide loans to me since I'm a senior citizen. My ID proof was having a bit over age than the real one…"

- IDI_10

4.6.3 Identity and self-definition beyond perception of age

How they define them beyond the limitations of their age. They emphasized on independence, resilience, and a sense of purpose in life. Handling roles or responsibilities as a pride, and consider it as their responsibility to society and source of self-worth. Many were committed to learning, active engagement with younger generation. Motivation, faith or spiritual orientation, and values provide them with strength during difficult times.

- Independence and self-reliance

"I am someone who is hesitant to ask for help, even from my own children"

- IDI_03

"I take tuitions. That's how we manage. If health gets worse, I don't know we may have to depend them or not. But I'm not interested in it. "

- IDI_02

- Pride in past and present contributions

"Being the secretary of such a group, I need to be very active in taking care of the Accounts and daily activities. As the President of ADS, I'm accountable for around 23 Kudumbashrees. Monthly I've to guide all these people from 23 Kudumbashrees"

- IDI_05

[Note: Kudumbashree is a self-help group initiative for women's livelihood, and ADS stands for Area Development Society, a regional leadership structure derived from and guiding the local groups]

"Of course I am against it. We have some responsibility towards society. It doesn't matter who ever goes whichever way, it's selfish to think that way. It's not correct, at any age we can be responsible in society.."

- IDI_01

- Intergenerational interactions

"I'm more connected with younger generation. For Keralolsavam and all I use to travel with these kids and enjoy with them. I consider it as a big achievement. They recognize me wherever I go. They take interest and ask about organizing various programmes."

- IDI_08

"I was scared of using gpay or youtube… I have learned some of it. My tuition students taught me.. they teach me new things and learn from me also."

- IDI_02

- Roles or responsibilities in organizations

" I was the President of Kudumbasree ADS. When I started to have health issues, and was bedridden, I resigned from Presidency and ever since part of 5-member committee. Now I'm the Vice President for xxx (caste-based organization) "

- IDI_05

- Personal interest/ motivation

"I'm part of multiple cultural, spiritual and some art forms groups. As I've time now, I'm learning few arts now. I don't like sitting idle at home and is very active in social groups and activities nearby. I learned some of them in my childhood, then because of various reasons and difficulties I was not able to continue that. Now I have time and opportunity. So, I hope to do this till my health allows."

- IDI_09

- Resilience

"Yes, there were various difficulties at my home. May be because of that I am able to face difficulties which came later in my life. There is one Malayalam proverb 'theeyil kuruthathu veyilathu vaadilla'. So, I don't get wilt in sun very easily. (laughing) "

- IDI_07

"I haven't felt like that. We have to support our kids always, after them comes our responsibility to grandkids. So I havent felt life meaningless till now.

- IDI_02

- Faith or spiritual orientation

"Yes of course, my faith is what keeps me going. Especially when we live alone, it gives me a strength, so that I am able to face situations"

- IDI_09

4.6.4 Perceived anomie and navigating societal changes

Many expressed a sense of distress or uneasiness due to rapid societal changes. Recurrent themes were degradation in values, loss of trust, fear of exploitation, avoidance from public platforms. In technology use they shared concerns on risks and discomfort with adapting

to new tools and social media misuse. Although some talked about increased opportunities of interaction in current word, many have shared a feeling of being left behind, causing social withdrawal or less participation and can impact their well-being.

Quotes from qualitative interviews:

“Difficulty coping means that when we hear about some recent events, we feel emotional distress and fear. Before, we were not afraid to go to a house, to go alone, or to have someone come to our house. Now, we are afraid of some strangers coming to our house. There is a fear of what is happening around.”

- IDI_02

“People look for opportunities to use other people. Especially elderly, if we put one person for fixing things around the house they try extract maximum money from us without any justification. They have a mentality that these elderly people don’t know anything. We can charge as much as we want that’s how they think.”

- IDI_06

"A friend of mine, not a friend, is much senior to me. He earned a lot of money through hard work, gave everything to his children, and finally he became (കറിവേപ്പില പോലെ) like a curry leaf. (In the end, they took him for granted and left him behind.) That is, nobody wants him. I have seen him in a very difficult situation. Then he died, maybe the children did his rituals well after his death, I think his wife died early."

- IDI_01

“Yes, not just in financial matters, there have been situations where people have been unable to discern what is good or bad when we express certain opinions. For example, in general meetings in temples, churches or mosques, when we express a good opinion, if

they are not accepting it, then what's the point in attending those again. Then we decide to not attend that again 'പിന്നെ അതിന് കൂടുന്നില്ല' that's all (laughing)

- IDI_03

". The point of view is different now. I think now there is more chance for interaction these days than before. Earlier it's like we were more confined to our family. There were more restrictions. Nowadays it has changed a lot."

- IDI_09

I can understand that. There is no point in holding on to what we followed. Next generation are improving. For example, during past times if a father is sick, son would resign his job to take care of him. Now is that possible? How will they raise their kids without earnings? There is no point in saying all these things. We also have to go along with the flow. Have you felt anything extravagant? "

- IDI_06

"There is a risk factor when elderly are concerned, because some may have memory issues, by one click everything will be gone"

- IDI_02

"I use to go to the neighbouring house and take help. I'm using a feature phone and I don't know how to read even an SMS."

- IDI_04

"Nowadays many use this social media as a tool to insult people, they can remove what they post after sometime. So, there is no regulation for all these things. I think so. I don't use google pay; I still use cheque. I am comfortable with that. We are used to it, now we can't change."

- IDI_08

“While travelling and all it’s a little bit difficult. Security issues. Otherwise, I don’t feel much difference. But now there is Uber and other facilities, it’s very helpful for us who travel alone."

- IDI_09

4.6.5 Dimensions of social support and family as major source of support in ageing.

Spouses consistently emerged as the primary source of social support across all dimensions—instrumental, emotional, and informational—with children playing the next most supportive role, while support from others was mentioned less often. Similar experiences came through in the interviews, where narratives highlighted the emotional comfort, practical help, and shared decision-making provided by spouses and children, some also shared the difficulties of unmet needs and longing for dependable assistance and recognition.

Quotes from qualitative interviews:

“Yes, I had a heart attack, and I was on rest for 2-3 months. Then it was my husband who was doing house administration, cooking and daily works… I’m good now and don’t feel any difficulties normally. I take care of the household works completely. When I feel tired, I rely on my husband.”

- IDI_05

"I have had both good and bad times in life and my wife has been the backbone for everything. My kids too. I haven’t felt a lack of support from their side at any point in life

- IDI_08

“Definitely my children. I’ve 2 sons and I’m in contact with them daily even though they are abroad. I use to share them everyday happenings and they share it with me too. We mutually take suggestions too on decisions and they value my opinions respectfully."

“But as I live alone, I need to do everything, right, cleaning, cooking, shopping. Sometimes I feel if someone is there it would have been easier."

- IDI_09

“In many countries, the government or the state used to take responsibility for them. There is no such system in India, which is not a good thing. They should be protected. Because when they are able, they have served the government, the children, the family or the nation. Everyone gets old, so without thinking that it is not a good thing to ignore them."

- IDI_01

CHAPTER 5

DISCUSSION

This mixed method study on community-living elderly persons in Pathanamthitta district looked at social support, social participation, perceived anomie and their influence on subjective well-being. Study has two components, a quantitative phase which reported being female, having multi morbidity and multiple impairment are associated with lower subjective well-being, whereas increased social participation enhances well-being. Results from qualitative interviews also supported the quantitative findings. Also gave an in-depth understanding about their subjective experiences and opinions.

5.1 Selection and measurement issues possibly affecting the estimates

As the 2021 Census has not yet been conducted, sampling for the study was based on proportional data from the 2011 Census, which was the most recent official data available. Although it is likely to be representative, there is chance of bias. Since the study involved household survey, participants are chosen based on their availability and willing to participate at the time of visit. This may have led to underrepresentation of employed and seriously ill individuals, may have implications on social participation and morbidity measurements. However, it is unlikely to have significantly affected the relationship between these variables and well-being.

There is chance of getting socially desirable responses as the data was self-reported. In this study, impairments and morbidity were considered separately following the LASI framework, while in other studies, impairments may have been grouped under morbidity, which could contribute to variations in findings.

5.2 Social support among elderly and its effect on subjective well-being

Primary objective of the study was to assess the level of social support among community-living elderly persons in Pathanamthitta District Kerala. Almost half, 47.7 percent of the participants scored the highest score in social support in this study, which is lower compared to results of 53.48 percent having high social support, from a cross-sectional study done among 460 elderly individuals in four villages in central India district (Khandre et al., 2023). The differences can either be due to contextual differences, or due to current social situation of increased migration of younger generation.

Spouse emerged as the main source of support in the present study, followed by children suggestive of family as a main source of support. This finding align with prior researches such as, a study in Bihar were 476 elderly individuals were studied and also in a study using qualitative content analysis done in Czech Republic (Bražinová and Chytil, 2024; Gupta et al., 2024).

Social support total score showed a positive correlation with well-being in current study, a study done among elderly people aged 60 to 75 in Pakistan showed similar findings, showing importance of social support on an well-being (Naz et al., 2014).

5.3 Social participation and Subjective well-being

One of the most significant effects on subjective well-being was shown by the variable social participation. In bivariate analysis, it was found out that for each unit increase in the social participation (z score), the EQ-5D Utility Score increases by 0.078 units. A study based on LASI data from four Indian states, had similar findings emphasizing the importance of social participation in well-being, they also found age as s significant factor affecting well-being which was not seen in present study (Banerjee and Baker, 2020).

Low social participation was found among 36.6 percent of participants, which is comparable to 42.04 percent reported among those aged 60–74 in a study based on LASI data (Saha et al., 2025). In the current study, selection bias is likely due to the underrepresentation of currently employed individuals, and social desirability bias may have contributed to an overestimation of social participation levels.

Dury et al has highlighted the need for heterogeneity in social activities and its effects on health and well-being. Rather than focusing on one activity. Providing more than one options can be a lot more motivation for people to participate (Dury et al., 2021).

5.4 Sociodemographic and health related factors affecting subjective well-being

In present study it was found out that being a female reduces the subjective well-being significantly. This result aligns with the result reported in a study conducted in Nigeria (Abdullahi et al., 2019). Thus, signifying the need for interventions including gender roles.

Almost half (54%) has reported presence of multi morbidity, coexistence of two or more chronic conditions which is consistent with findings of a cross sectional study done in urban slums of Gujarat (Yogesh et al., 2024) . Present study also reported the negative correlation of multi morbidity with subjective well-being similar to earlier study (Salive, 2013). This can be due to difficulty they face physically or due to emotional distress.

Multi morbidity, concurrent presence of two or more health conditions, emerged as a predictor of subjective wellbeing similar to a primary-care based study from Odisha India, (Pati et al., 2019) highlighting the cumulative burden of multiple health issues on overall well-being.

One of the other factors that has significant negative association with well-being presence of multiple impairment. This can be due to the limitations because of impairments. But there is a significant reduction in mean well-being scores between those with single

impairment (0.876) and multiple impairments (0.575). A community based cross-sectional study done in Central Delhi highlighted the presence of multiple impairment and its effects on health-related quality of life of elderly (Lahariya et al., 2012).

5.5 Perceived anomie and well-being

Perceived anomie has shown a marked negative correlation with well-being in this study which is consistent with other studies suggesting negative relation of anomie with happiness (Moyano-Díaz et al., 2023). Narratives from qualitative study also supported the findings suggesting a feeling of disconnectedness or social instability.

12.5% screened positive for depression in current study, which is comparable to a prevalence of 12.8 percent according to Census 2011 and lower compared to a prevalence of 37.3 percent obtained in a cross -sectional study done in urban area in South Kerala (Girijammal et al., 2022).

In the current study it is found out that co-existence of health problems and psychological problems can have a debilitating effect on quality of life in elderly, alongside these comes the marked role of social factors. All these findings suggestive of need for comprehensive measures to address the overall well-being.

5.6 Positionality and Trustworthiness, Considerations of Qualitative findings

The principal investigator (PI) is a dental graduate working in public health with limited expertise in social science aspects, her familiarity with biomedical terms may have influenced the interpretation and coding of qualitative data. Additionally, PI's identity as a young female professional and a doctor may have influenced participants leading to socially desirable responses or participant hesitation.

To enhance the trustworthiness of the qualitative findings, coding was done using detailed transcripts supplemented by reflective notes. An audit trail was maintained by recording in-depth interview number and corresponding line numbers during coding

process. And also, inductive coding was carried out for two interviews to complement the deductive coding framework.

5.7 Strengths

- Mixed method approach, which permits validation of findings through participant narratives
- One of the first studies exploring the concept of perceived anomie in the context of older population.

5.8 Limitations

- Potential clustering effects were not accounted for in the analysis
- As data collection was supported by local volunteers and ASHA workers, they may have chosen more receptive households

5.9 Recommendations

- Multiple interventions which are elderly friendly and tailored to align with what older adults find personally meaningful. Move beyond elderly-specific groups to intergenerational activities that foster interaction, relevance, and inclusion.
- Gender specific interventions may be needed as women are sometimes constrained with traditional gender roles and caregiving responsibilities.
- Address unmet health needs, impairments, and mobility limitations that hinder social participation and reduce quality of life.

5.10 Conclusion

Almost half of the participants reported the maximum possible score for social support. However, it is important to note that a proportion of almost one fourth reported low social support or unmet needs. This highlights a disparity in social support systems among elderly. Social participation emerged as a significant positive contributor to subjective well-being signifying the need for more social interactions and spaces suitable for such activities. Certain factors were found to negatively impact well-being, including female gender, multi-morbidity, and multiple impairments, specifying vulnerabilities faced by certain groups. These findings underscore the complex interplay between social and health-related factors in shaping the quality of life among the elderly population.

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ANNEXURE I

Achutha Menon Centre For Health Science Studies (AMCHSS)

Sree Chitra Tirunal Institute For Medical Sciences & Technology (SCTIMST)

Trivandrum -11

Participant Information Sheet

Greetings! I am Dr. Devika Prasad, currently pursuing Master of Public Health (MPH) at Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala. I am doing a study on "**Assessing the role of social support, social participation and anomie on the subjective well-being of community-living elderly persons in Pathanamthitta district, Kerala**" as a part of my course work, under the guidance of Dr. Ravi Prasad Varma P, Professor at AMCHSS.

You are being invited to participate in this research study. Before you decide whether or not to participate in this study, you must understand why the research is being done and what it will involve. Please read/listen to the information sheet and the consent form carefully and don't hesitate to ask if you have any doubts.

Purpose of the study

The purpose of this study is to estimate the level of social support, social participation, anomie (social disconnectedness) among community living elderly persons in Pathanamthitta District Kerala and explore how these factors will affect their overall wellbeing.

Procedure

Suppose you are willing to participate in the study. In that case, you will be asked a list of questions focussing on demographic information, social support, social participation, social disconnectedness, wellbeing, depression and loneliness. The interview will take approximately 30-35 minutes of your valuable time.

Some participants may be selected for an additional interview, which will take around 30 to 45 minutes. With your permission, this second interview will be recorded to help with translation and writing. This recording will be used only for this purpose and will not be published or shared.

Potential risks and Inconveniences

Participating in the study imposes no risk to your health. However, you would be asked questions that you may find difficult. In case you are not happy with answering these questions you are free to take a break or withdraw from the study.

Possible benefits

Your participation in the study will not give any direct benefit to you now other than knowledge regarding social support, social participation, social disconnectedness,

depression and wellbeing. If I feel that u may benefit from medical advice or counselling, I may inform you for the same. I can suggest someone if medical help is needed. Your contribution will 14

also help improve understanding of these topics in the elderly population and enable me to make specific and potentially beneficial recommendations to the authorities.

Cost and financial benefits

There is no cost for participation in this study. Participation is completely voluntary, and no payment will be provided.

Confidentiality

Information obtained in this study will be kept strictly confidential. A participant identification number will be assigned to each participant which will help to maintain the strict confidentiality of the data collected. Your name will not be used in reporting information in publications or reports.

Withdrawal from the study

Your participation in the study will be completely voluntary. You are free and have the right to withdraw at any time during the study. There will be no penalty for withdrawal or not participating in the study.

Contact information

If you have any research-related questions, you may contact me or the member secretary of our institute's ethics committee at the following address:

Dr Devika Prasad

Principal Investigator

MPH 2023, AMCHSS, SCTIMST

Contact No: 9496773416

Email: drdevikaprasad218@gmail.com

Dr Srinivas G

Member Secretary

Institutional Ethics Committte

SCTIMST,Trivandrum 695011

Email:iec.mem.sec@sctimst.ac.in

Guide: Dr Ravi Prasad Varma P

Professor

AMCHSS, SCTIMST

Contact no: 0471 2524261

Email: rpvarma@sctimst.ac.in 15

Achutha Menon Centre for Health Science Studies (AMCHSS)

Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST)

Trivandrum -11

Informed Consent Form – Quantitative study

I confirm that I have read/ heard and understood the information regarding the study "**Assessing the role of social support, social participation and anomie on the subjective well-being of community-living elderly persons in Pathanamthitta district, Kerala.**" All my questions concerning this study have been answered. I also understand that my identity and personal information will be kept confidential. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without consequences. By signing this form, I agree to participate in this study. A copy of this form has been given to me.

Date:

Place:

Name of the participant

Signature/Thumb impression

Principal Investigator

Signature

Achutha Menon Centre for Health Science Studies (AMCHSS)

Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST)

Trivandrum -11

Informed Consent Form- Qualitative study

As I (Participant) have already participated in the initial part of this study, I have been invited to participate another part of the study titled "**Assessing the role of social support, social participation and anomie on the subjective well-being of community-living elderly persons in Pathanamthitta district, Kerala.**"

I have read/ heard and understood the information regarding the study. All my questions concerning this study have been answered. I also understand that my identity and personal information will be kept confidential. I give the researcher permission to audio record my interview for research reasons. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without consequences. By signing this form, I agree to participate in this study. A copy of this form has been given to me.

Date:

Place:

Name of the participant

Signature/Thumb impression

Principal Investigator

Signature

ANNEXURE II

INTERVIEW SCHEDULE – English

Achutha Menon Centre for Health Science Studies,

Sree Chitra Tirunal Institute for Medical Sciences & Technology,

Thiruvananthapuram, Kerala, 695011

ASSESSING THE ROLE OF SOCIAL SUPPORT, SOCIAL PARTICIPATION AND ANOMIE ON THE SUBJECTIVE WELL-BEING OF COMMUNITY-LIVING ELDERLY PERSONS IN PATHANAMTHITTA DISTRICT, KERALA

All information obtained from this interview will remain confidential and will be used for research purposes only. Individual information will not be disclosed to anyone under any circumstances**.**

Identification no: ……

Date & Time of interview: …….

Panchayat / Municipality: ……..

Ward Name: …….

Sl No	Questions	Responses
1	Name	
2	Age in completed years	
3	Gender	1❑Male 2❑Female
4	What is the highest level of education you have completed?	1❑ No schooling 2❑Less than primary school 3❑Complteed primary school (class 4)

		❑Completed upper primary school (class 7) 5❑ Completed high school/ higher secondary 6❑ Completed Diploma/ degree 7❑ Post Graduation and above 8❑Not willing to answer
5	What is your current marital status?	1❑Not Married 2❑Married 3❑Widowed 4❑ Divorced 5❑Separated 6❑Others (specify----)
6	What is your average monthly household income?	Rs.
7	What is your employment status?	1❑Employed 2❑Self-employed 3❑Unemployed – able to work 4❑Unemployed – unable to work 5❑Housewife/Homemaker 6❑Retired 7❑Others (specify-----)
8	What is your religious affiliation?	1❑Hindu 2❑Christian 3❑Muslim 4❑Others (specify------)
9	Community category	1❑SC 2❑ ST 3❑ OBC 4❑ Others (specify-----)
10	Type of family	1❑Nuclear 2❑Joint 3❑Extended
11	Living arrangements	1❑With spouse 2❑With spouse & children 3❑With children only 4❑Living alone 5❑Others (specify -----)
12	Ownership of your house	1❑Own 2❑Rented
13	Colour of ration card	1❑White

		2❑Blue 3❑Yellow 4❑Pink 5❑No ration card
14	Have you used tobacco in the last month?	1❑Yes 2❑No
15	Have you used alcohol in the last month?	1❑Yes 2❑No
16	Do you have any impairment?	1❑Yes 2❑No
16.1	If yes, what impairment are you having? (multiple options possible)	1❑Visual 2❑Hearing 3❑Musculoskeletal 4❑Others (Specify ----)
16.2	Is that corrected or not?	1❑Yes 2 ❑No
17	Have you been diagnosed with any illness? (multiple options possible)	1❑Diabetes 2❑Hypertension 3❑Cardiac disease 4❑Respiratory disorders 5❑Cancer 6❑Others (specify -----)

SOCIAL SUPPORT

18	Do you have any difficulty with the following activities? If yes, who mainly helps you with these activities? (No one – 0, Spouse – 1, Siblings – 2, Children -3, Other relatives – 4, Neighbours – 5, Other friends – 6, Paid Caregivers – 7, Others-8)	1❑Yes 2❑No
	a) Getting around indoors	1❑Yes 2❑No If Yes…….
	b) Using the toilet	1❑Yes 2❑No If Yes…….
	c) Dressing yourself	1❑Yes 2❑No If Yes…….

	d) Using the bath or shower	1❑Yes 2❑No If Yes…….
	e) Keeping up your personal appearance	1❑Yes 2❑No If Yes…….
	f) Feeding yourself	1❑Yes 2❑No If Yes…….
19	Do you have any problems with the place where you live (accommodation)?	1❑Yes 2❑No
19.1	If yes, what is your concern about?	1❑Safety and security 2❑Condition of house 3❑Location of your home 4❑Cost of housing 5❑Repair and maintenance of house 6❑Managing to live independently where you are
20	Do you have difficulty managing your personal finances on your own?	1❑Yes 2❑No
20.1	If Yes, who assists you with these tasks?	0❑No one 1❑ Spouse 2❑ Siblings 3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers 8❑others
21	Do you get help with any of the following activities? If yes, who mainly provides this support? (No one – 0, Spouse – 1, Siblings – 2, Children -3, Other relatives – 4, Neighbours – 5, Other friends – 6, Paid Caregivers – 7, Others-8)	1❑Yes 2❑No
	a) Help when you are sick	1❑Yes 2❑No If Yes…….
	b) Shopping or running errands	1❑Yes 2❑No If Yes…….
	c) Giving gifts or presents	1❑Yes 2❑No If Yes…….

	d) Fixing things around the house	1❑Yes 2❑No If Yes…….
	e) Doing household chores	1❑Yes 2❑No If Yes…….
	f) Providing transportation	1❑Yes 2❑No If Yes…….
	g) Preparing or providing meals	1❑Yes 2❑No If Yes…….
22	Can you count on anyone for support when things go wrong?	1❑Yes 2❑No
22.1	If yes, who provides this support?	0❑No one 1❑ Spouse 2❑ Siblings 3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers 8❑others
23	Are you able to talk about your problems with anyone?	1❑Yes 2❑No
23.1	If yes, who provides this support?	0❑No one 1❑ Spouse 2❑ Siblings 3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers 8❑others
24	Do you feel that there is someone who helps you make important decisions?	1❑Yes 2❑No
24.1	If yes, who provides this support?	0❑No one 1❑ Spouse 2❑ Siblings 3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers

		8❑others
25	Is there someone in your life with whom you can share your joys and sorrows?	1❑Yes 2❑No
25.1	If yes, who provides this support?	0❑No one 1❑ Spouse 2❑ Siblings 3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers 8❑others
26	Do you feel that you get the emotional support you need?	1❑Yes 2❑No
26.1	If yes, who provides this support?	0❑No one 1❑ Spouse 2❑ Siblings 3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers 8❑others
27	Is there someone who is a source of comfort to you?	1❑Yes 2❑No
27.1	If yes, who provides this support?	0❑No one 1❑ Spouse 2❑ Siblings 3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers 8❑others
28	Do you feel that someone cares about your feelings?	1❑Yes 2❑No
28.1	If yes, who provides this support?	0❑No one 1❑ Spouse 2❑ Siblings

		3❑Children 4❑Other relatives 5❑Neighbours 6❑Other friends 7❑ Paid Caregivers 8❑others

**Friends: Trusted individuals within their social circle, not necessarily categorized as "friends" in a modern sense but as companions or people they interact with regularly.*

SOCIAL PARTICIPATION

29	How often do you visit or engage with family members outside your home?	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
30	How often do you visit friends or invite them to your home for social activities?	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
31	Do you provide any care or assistance to family members, friends, or neighbours? If yes, please select all that apply ☐ Help with personal care (bathing, dressing, etc.) ☐ Help take care of small children ☐ Help with household chores (cleaning, cooking, etc.)	1❑ Yes 2❑ No

	☐ Provide emotional support (listening, talking, comforting) ☐ Help with medical needs (assisting with medication, accompanying to appointments) ☐ Provide transportation (to medical appointments, social visits, etc.) ☐Other (Please specify)	
31.1	How often do you provide informal care to others? *(*unpaid support and assistance that elderly individuals provide to others, including family, friends, or neighbours, in areas such as personal care, household tasks, emotional support, and transportation.)*	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
32	Do you engage in any form of paid work or income-generating activity?	1❑ Yes 2❑ No
32.1	If yes please specify	……..
33	Are you a member of farmers' association / environmental groups/ political party	1❑ Yes 2❑ No
33.1	How long have you been member of this group?	……
33.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never

33.3	How important is attending these gatherings to you?	1❑ Very important 2❑ Somewhat important 3❑ Not at all important
34	Are you a member of tenant group/ resident welfare association	1❑ Yes 2❑ No
34.1	How long have you been member of this group?	……
34.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
34.3	How important is attending these gatherings to you?	1❑ Very important 2❑ Somewhat important 3❑ Not at all important
35	Are you a member of religious/spiritual group /community/caste organizations?	1❑ Yes 2❑ No
35.1	How long have you been member of this group?	……
35.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never

35.3	How important is attending these gatherings to you?	1❑ Very important 2❑ Somewhat important 3❑ Not at all important
36	Are you a member of any self-help group/NGO/Co-operative/Kudumbashree (Neighbourhood groups)	1❑ Yes 2❑ No
36.1	How long have you been member of this group?	……
36.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
36.3	How important is attending these gatherings to you?	1❑ Very important 2❑ Somewhat important 3❑ Not at all important
37	Are you a member of education, arts or music groups, evening classes	1❑ Yes 2❑ No
37.1	How long have you been member of this group?	……
37.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
37.3		1❑ Very important

	How important is attending these gatherings to you?	2❑ Somewhat important 3❑ Not at all important
38	Are you a member of social club, sports clubs, exercise classes, yoga classes	1❑ Yes 2❑ No
38.1	How long have you been member of this group?	……
38.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
38.3	How important is attending these gatherings to you?	1❑ Very important 2❑ Somewhat important 3❑ Not at all important
39	Are you member of senior citizen's association/clubs	1❑ Yes 2❑ No
39.1	How long have you been member of this group?	……
39.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
39.3	How important is attending these gatherings to you?	1❑ Very important 2❑ Somewhat important

		3❑ Not at all important
40	Are you a member of Grama Panchayat	1❑ Yes 2❑ No
40.1	How long have you been member of this group?	……
40.2	How many meetings/regular gatherings, if any, do you attend in a year	1❑ Daily or almost every day 2❑ Once or twice a week 3❑ Once or twice a month 4❑ Every other month or so 5❑ Once or twice a year 6❑ Never
40.3	How important is attending these gatherings to you?	1❑ Very important 2❑ Somewhat important 3❑ Not at all important
41	Are you a member of any other organizations, groups, clubs or societies? If yes, please specify	1❑ Yes 2❑ No …….
42	Did you vote in the last panchayat/municipal/assembly/parliament elections? (Civic engagement)	1❑ Yes 2❑ No

PERCEIVED ANOMIE

43	Do you have the feeling that you are coping less and less with today's social way of life?	1❑ Yes 2❑ No
44	Do you have the feeling that today's society is changing so quickly that you no longer know how to orient yourself in society?	1❑ Yes 2❑ No

45	Do you have the feeling that your own values are becoming less and less compatible with the values of today's society?	1❑ Yes 2❑ No
46	Do you feel unsure about whom you can trust and rely on?	1❑ Yes 2❑ No
47	Do recent changes in technology and society make you feel left out / disconnected?	1❑ Yes 2❑ No

DEPRESSION – PSQ4D

48	Have you been experiencing sadness or depressed mood, during the last 2 weeks or longer?	1❑ Yes 2❑ No
49	Have you been experiencing loss of interest or loss of pleasure in doing things, during the last 2 weeks or longer?	1❑ Yes 2❑ No
50	Have you been feeling excessively tired or without energy, during the last 2 weeks or longer?	1❑ Yes 2❑ No
51	Have you been suffering from sleeplessness, during the last 2 weeks or longer?	1❑ Yes 2❑ No

LONELINESS

52	Do you feel lonely?	1❑ Yes 2❑ No
52.1	How often did you feel lonely during the past week?	1❑ Never or almost never 2❑ Sometimes 3❑ Mostly 4❑ Always or almost always

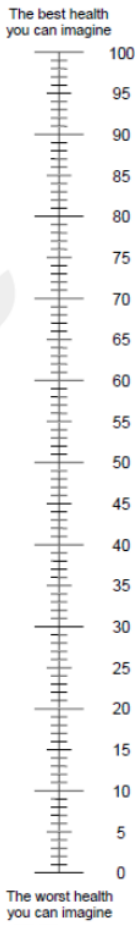
WELLBEING **(EQ-5D-5L)**

53	Under each heading, please tick the ONE box that best describes your health TODAY
53.1	**Mobility**

	1. I have no problems in walking about	❑
	2. I have slight problems in walking about	❑
	3. I have moderate problems in walking about	❑
	4. I have severe problems in walking about	❑
	5. I am unable to walk about	❑
53.2	**Self-care**	
	1. I have no problems washing or dressing myself	❑
	2. I have slight problems washing or dressing myself	❑
	3. I have moderate problems washing or dressing myself	❑
	4. I have severe problems washing or dressing myself	❑
	5. I am unable to wash or dress myself	❑
53.3	**Usual activities (e.g. Work, study, housework, family or leisure activities)**	
	1 I have no problems doing my usual activities	❑
	2 I have slight problems doing my usual activities	❑
	3 I have moderate problems doing my usual activities	❑
	4 I have severe problems doing my usual activities	❑
	5 I am unable to do my usual activities	❑
53.4	**Pain / discomfort**	
	1 I have no pain or discomfort	❑
	2 I have slight pain or discomfort	❑
	3 I have moderate pain or discomfort	❑
	4 I have severe pain or discomfort	❑

	5 I have extreme pain or discomfort	❑
53.5	**Anxiety / depression**	
	1 I am not anxious or depressed	❑
	2 I am slightly anxious or depressed	❑
	3 I am moderately anxious or depressed	❑
	4 I am severely anxious or depressed	❑
	5 I am extremely anxious or depressed	❑

EQ-5D Visual Analog Scale



- We would like to know how good or bad your health is **TODAY**.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine. Mark an X on the scale to indicate how your health is **TODAY**
- Now, please write the number you marked on the scale in the box below.

54. YOUR HEALTH TODAY = ☐

ANNEXURE III

Achutha Menon Centre for Health Science Studies (AMCHSS)

Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST)

Trivandrum -11

ASSESSING THE ROLE OF SOCIAL SUPPORT, SOCIAL PARTICIPATION AND ANOMIE ON THE SUBJECTIVE WELL-BEING OF COMMUNITY-LIVING ELDERLY PERSONS IN PATHANAMTHITTA DISTRICT, KERALA

In depth interview guide

Date of interview: ……

Information sheet given: Yes/No

Thank you for agreeing to participate in this study. I am doing this study to understand how social support and involvement in community activities affect the well-being of elderly individuals. Please remember there are no right and wrong answers here and your opinions are the most valuable. Your frank and open thoughts are important to understand the issue.

All information obtained from this interview will remain confidential and will be used for research purposes only. Individual information will not be disclosed to anyone under any circumstances.

1. Can you describe your daily activities such as moving around, dressing, and preparing meals? Can you describe if others assist you with these tasks, and what impact this support has on your overall wellbeing?
2. How do you feel about your living situation, managing your finances? How do you handle these?
   Probes: Are there any challenges you face in managing finances or household responsibilities?
   What sort of help would make handling these tasks easier, if any?
3. Can you tell me about your current living arrangements, what are the things that you are happy with? What are the things that you are not happy with?
4. Who do you feel closest to among your family and friends? How do they support you in your daily life, whether emotionally or with practical tasks? How does this relationship support your well-being?
5. When you face difficult situations or while taking important decisions, how do you feel about the support you receive from others? Who do you turn to, and in what ways do they help you manage emotions or make important choices?
   Probes: Can you recall a time when someone's emotional support or advice helped you navigate a tough decision? How does having someone to rely on affect your well-being?
6. Can you describe the different groups or organizations you are involved with in your community (e.g., family, religious groups, senior citizens' associations, self-help groups)? How does your participation in these groups influence your sense of connection or belonging within the community?

Probes: How often do you engage with these groups? What role do you play in them? How do you feel about your involvement in these groups, and how does it impact your social life or mental well-being?

7. Can you describe how you feel about your relationships with others in your community? Are there moments when you feel especially involved or included with those around you? How do these feelings impact your daily activities or your mental well-being?

    Probes: Can you share an experience that made you feel close or valued within your community?

    How do these relationships affect your sense of happiness or purpose?

8. In your view, how have the moral values in society changed over time? What do you think about the way people behave now compared to the past?

    Probes: Can you think of specific examples where you noticed these changes?

    How do you feel about the way relationships and interactions have changed?

9. Are there times when you feel that your voice or actions no longer have an impact?

    Probes: Can you share an experience where you felt that your opinions were overlooked? How did that make you feel, and how did you respond?

10. How have the changes in society over the years affected your sense of belonging or your place within the community? Have you found it difficult to adapt to these changes?

    Probes: What specific changes have been hardest for you to adjust to? How have they impacted your relationships or your sense of purpose within your community?

Thank you for taking the time to share your valuable insights. I'm really grateful for your participation, and your input will be highly beneficial to this study.

ANNEXURE IV

അച്യുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ് (എ.എം.സി.എച്ച്.എസ്.എസ്.)

ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി

തിരുവനന്തപുരം – 11

പങ്കാളിയുടെ വിവര ഷീറ്റ്

ആശംസകൾ! ഞാൻ ഡോ. ദേവിക പ്രസാദ്, നിലവിൽ കേരളത്തിലെ തിരുവനന്തപുരം, ശ്രീചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, അച്യുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസിൽ മാസ്റ്റർ ഓഫ് പബ്ലിക് ഹെൽത്ത് (എംപിഎച്ച്) പഠിക്കുന്നു. എഎംസിഎച്ച്എസ്എസിലെ പ്രൊഫസർ ഡോ. രവിപ്രസാദ് വർമ്മയുടെ മാർഗനിർദേശപ്രകാരം, എന്റെ കോഴ്സ് വർക്കിന്റെ ഭാഗമായി, " കേരളത്തിലെ പത്തനംതിട്ട ജില്ലയിലെ സമൂഹത്തിൽ ജീവിക്കുന്ന പ്രായമായവരുടെ ആത്മനിഷ്ഠമായ ക്ഷേമത്തിൽ സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി എന്നിവയുടെ പങ്ക് വിലയിരുത്തൽ " എന്ന വിഷയത്തിൽ ഞാൻ ഒരു പഠനം നടത്തുന്നു.ഈ ഗവേഷണ പഠനത്തിൽ പങ്കെടുക്കാൻ നിങ്ങളെ ക്ഷണിക്കുകയാണ്. ഈ പഠനത്തിൽ പങ്കെടുക്കണോ വേണ്ടയോ എന്ന് തീരുമാനിക്കുന്നതിന് മുമ്പ്, എന്തുകൊണ്ടാണ് ഗവേഷണം നടത്തുന്നതെന്നും അതിൽ എന്തൊക്കെ ഉൾപ്പെടുമെന്നും നിങ്ങൾ മനസ്സിലാക്കണം. വിവര ഷീറ്റും സമ്മത പത്രവും ശ്രദ്ധാപൂർവ്വം വായിക്കുക / കേൾക്കുക, നിങ്ങൾക്ക് എന്തെങ്കിലും സംശയങ്ങൾ ഉണ്ടെങ്കിൽ ചോദിക്കാൻ മടിക്കരുത്.

പഠനത്തിന്റെ ഉദ്ദേശ്യം

പത്തനംതിട്ട ജില്ലയിൽ സമൂഹത്തിൽ ജീവിക്കുന്ന വയോജനങ്ങൾക്കിടയിലെ സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി എന്നിവയുടെ അളവ് കണക്കാക്കുകയും ഈ ഘടകങ്ങൾ അവരുടെ മൊത്തത്തിലുള്ള ക്ഷേമത്തെ എങ്ങനെ ബാധിക്കുമെന്ന് പര്യവേക്ഷണം ചെയ്യുകയുമാണ് ഈ പഠനത്തിന്റെ ഉദ്ദേശ്യം.

നടപടിക്രമം

പഠനത്തിൽ പങ്കെടുക്കാൻ നിങ്ങൾ തയ്യാറാണെന്ന് കരുതുക. അത്തരമൊരു സാഹചര്യത്തിൽ, ഡെമോഗ്രാഫിക് വിവരങ്ങൾ, സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി, ക്ഷേമം, വിഷാദം, ഏകാന്തത എന്നിവയിൽ ശ്രദ്ധ കേന്ദ്രീകരിക്കുന്ന ചോദ്യങ്ങളുടെ ഒരു ലിസ്റ്റ് നിങ്ങളോട് ചോദിക്കും. അഭിമുഖത്തിന് നിങ്ങളുടെ വിലയേറിയ സമയത്തിന്റെ ഏകദേശം 30-35 മിനിറ്റ് എടുക്കും.

30 മുതൽ 45 മിനിറ്റ് വരെ എടുക്കുന്ന ഒരു അധിക അഭിമുഖത്തിനായി ചില പങ്കാളികളെ തിരഞ്ഞെടുത്തേക്കാം. നിങ്ങളുടെ അനുമതിയോടെ, വിവർത്തനത്തിനും എഴുത്തിനും സഹായിക്കുന്നതിന് ഈ രണ്ടാമത്തെ അഭിമുഖം റെക്കോർഡുചെയ്യും. ഈ റെക്കോർഡിംഗ് ഈ ഉദ്ദേശ്യത്തിനായി മാത്രമേ ഉപയോഗിക്കൂ, പ്രസിദ്ധീകരിക്കുകയോ പങ്കിടുകയോ ചെയ്യില്ല.

സംഭവ്യമായ അപകടസാധ്യതകളും അസൗകര്യങ്ങളും

പഠനത്തിൽ പങ്കെടുക്കുന്നത് നിങ്ങളുടെ ആരോഗ്യത്തിന് ഒരു അപകടവും വരുത്തുന്നില്ല. എന്നിരുന്നാലും, ചില ചോദ്യങ്ങൾ നിങ്ങള്ക്ക് ബുദ്ധിമുട്ടുണ്ടാക്കിയേക്കാം. ഈ ചോദ്യങ്ങൾക്ക് ഉത്തരം നൽകുന്നതിൽ നിങ്ങൾ സന്തുഷ്ടനല്ലെങ്കിൽ, ഒരു ഇടവേള എടുക്കാനോ പഠനത്തിൽ നിന്ന് പിൻവാങ്ങാനോ നിങ്ങൾക്ക് സ്വാതന്ത്ര്യമുണ്ട്.

സാധ്യമായ നേട്ടങ്ങൾ

സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി, വിഷാദം, ക്ഷേമം എന്നിവയെക്കുറിച്ചുള്ള അറിവല്ലാതെ പഠനത്തിലെ നിങ്ങളുടെ പങ്കാളിത്തം ഇപ്പോൾ നിങ്ങൾക്ക് നേരിട്ടുള്ള പ്രയോജനമൊന്നും നൽകില്ല. വൈദ്യോപദേശത്തിൽ നിന്നോ കൗൺസിലിംഗിൽ നിന്നോ നിങ്ങൾക്ക് പ്രയോജനം ലഭിച്ചേക്കാമെന്ന് എനിക്ക് തോന്നുന്നുവെങ്കിൽ, അതിനായി ഞാൻ നിങ്ങളെ അറിയിച്ചേക്കാം. വൈദ്യസഹായം ആവശ്യമെങ്കിൽ എനിക്ക് ആരെയെങ്കിലും നിർദ്ദേശിക്കാൻ കഴിയും. പ്രായമായവരിൽ ഈ വിഷയങ്ങളെക്കുറിച്ചുള്ള ധാരണ മെച്ചപ്പെടുത്തുന്നതിനും അധികാരികൾക്ക് നിർദ്ദിഷ്ടവും പ്രയോജനകരവുമായ ശുപാർശകൾ നൽകാൻ എന്നെ പ്രാപ്തനാക്കുന്നതിനും നിങ്ങളുടെ സംഭാവന സഹായിക്കും.

ചെലവും സാമ്പത്തിക നേട്ടവും

ഈ പഠനത്തിലെ പങ്കാളിത്തത്തിന് ചെലവൊന്നുമില്ല. പങ്കാളിത്തം പൂർണ്ണമായും സ്വമേധയാ ഉള്ളതാണ്, ഒരു പേയ് മെന്റും നൽകില്ല.

രഹസ്യാത്മകത

ഈ പഠനത്തിൽ നിന്ന് ലഭിക്കുന്ന വിവരങ്ങൾ കർശനമായി രഹസ്യാത്മകമായി സൂക്ഷിക്കും. ഓരോ പങ്കാളിക്കും ഒരു പങ്കാളി തിരിച്ചറിയൽ നമ്പർ നൽകും, ഇത് ശേഖരിച്ച ഡാറ്റയുടെ കർശനമായ രഹസ്യാത്മകത നിലനിർത്താൻ സഹായിക്കും. പ്രസിദ്ധീകരണങ്ങളിലോ റിപ്പോർട്ടുകളിലോ വിവരങ്ങൾ റിപ്പോർട്ട് ചെയ്യുന്നതിന് നിങ്ങളുടെ പേര് ഉപയോഗിക്കില്ല.

പഠനത്തിൽ നിന്നുള്ള പിൻവാങ്ങൽ

പഠനത്തിലെ നിങ്ങളുടെ പങ്കാളിത്തം പൂർണ്ണമായും സ്വമേധയാ ആയിരിക്കും. പഠന വേളയിൽ ഏത് സമയത്തും പിൻവാങ്ങാനുള്ള സ്വാതന്ത്ര്യം നിങ്ങൾക്കുണ്ട്. പഠനത്തിൽ നിന്ന് പിൻവാങ്ങുന്നതിനോ പങ്കെടുക്കാതിരിക്കുന്നതിനോ പിഴയൊന്നും ഉണ്ടായിരിക്കുന്നതല്ല.

സമ്പർക്ക വിവരങ്ങൾ

നിങ്ങൾക്ക് ഗവേഷണവുമായി ബന്ധപ്പെട്ട എന്തെങ്കിലും ചോദ്യങ്ങൾ ഉണ്ടെങ്കിൽ, ഇനിപ്പറയുന്ന വിലാസത്തിൽ നിങ്ങൾക്ക് എന്നെയോ ഞങ്ങളുടെ ഇൻസ്റ്റിറ്റ്യൂട്ടിന്റെ നൈതിക സമിതിയുടെ മെമ്പർ സെക്രട്ടറിയെയോ ബന്ധപ്പെടാം:

ഡോ.ദേവിക പ്രസാദ്,
പ്രിൻസിപ്പൽ ഇൻവെസ്റ്റിഗേറ്റർ
MPH 2023, AMCHSS, SCTIMST
ബന്ധപ്പെടേണ്ട നമ്പർ: 9496773416
ഇ-മെയില് : drdevikaprasad218@gmail.com

ശ്രീനിവാസ് ജി.
മെമ്പർ സെക്രട്ടറി
ഇൻസ്റ്റിറ്റയൂഷണൽഎത്തിക്സ് കമ്മിറ്റി
SCTIMST,തിരുവനന്തപുരം
ഓഫീസ് :04712524689
mail: iec.mem.sec@sctimst.ac.in

ഗൈഡ്: ഡോ.രവി പ്രസാദ് വർമ്മ പി.
പ്രൊഫസർ
AMCHSS, SCTIMST
ബന്ധപ്പെടേണ്ട നമ്പർ: 0471 2524261
ഇ-മെയില് : rpvarma@sctimst.ac.in

അച്യുതമേനോൻ സെന്ററർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്
(എ.എം.സി.എച്ച്.എസ്.എസ്.)

ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി

തിരുവനന്തപുരം – 11

അറിവോടെയുള്ള സമ്മതപത്രം

ക്രോസ്സെക്ഷണൽ സർവ്വേ

പഠനവുമായി ബന്ധപ്പെട്ട വിവരങ്ങൾ ഞാൻ വായിക്കുകയും കേൾക്കുകയും മനസ്സിലാക്കുകയും ചെയ്തുവെന്ന് ഞാൻ സ്ഥിരീകരിക്കുന്നു **"കേരളത്തിലെ പത്തനംതിട്ട ജില്ലയിൽ സമൂഹത്തിൽ ജീവിക്കുന്ന വയോജനങ്ങളുടെ ആത്മനിഷ്ഠ ക്ഷേമത്തിൽ സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി എന്നിവയുടെ പങ്ക് വിലയിരുത്തുന്നു."**ഈ പഠനവുമായി ബന്ധപ്പെട്ട എന്റെ എല്ലാ ചോദ്യങ്ങൾക്കും ഉത്തരം ലഭിച്ചിട്ടുണ്ട്. എന്റെ ഐഡന്റിറ്റിയും വ്യക്തിഗത വിവരങ്ങളും രഹസ്യസ്വഭാവത്തോടെ സൂക്ഷിക്കുമെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. എന്റെ പങ്കാളിത്തം സ്വമേധയാ ഉള്ളതാണെന്നും ഒരു കാരണവും നൽകാതെ ഏത് സമയത്തും പിൻവാങ്ങാൻ എനിക്ക് സ്വാതന്ത്ര്യമുണ്ടെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. ഈ പത്രം ഒപ്പിടുന്നതിലൂടെ, ഈ പഠനത്തിൽ പങ്കെടുക്കുന്നതിന് ഞാൻ സമ്മതിക്കുന്നു. ഈ ഫോമിന്റെ ഒരു പകർപ്പ് എനിക്ക് നൽകിയിട്ടുണ്ട്.

തീയതി:

സ്ഥലം:

പങ്കെടുക്കുന്നയാളുടെ പേര് ഒപ്പ്/പെരുവിരലടയാളം

പ്രധാന അന്വേഷകന്റെ ഒപ്പ്

അച്യുതമേനോൻ സെന്ററർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്
(എ.എം.സി.എച്ച്.എസ്.എസ്.)

ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി

തിരുവനന്തപുരം – 11

അറിവോടെയുള്ള സമ്മതപത്രം

ഇൻഡെപ്ത് അഭിമുഖം

ഈ പഠനത്തിന്റെ പ്രാരംഭ ഭാഗത്തിൽ ഞാൻ (പങ്കാളി) ഇതിനകം പങ്കെടുത്തതിനാൽ, കേരളത്തിലെ **പത്തനംതിട്ട ജില്ലയിലെ സമൂഹത്തിൽ ജീവിക്കുന്ന വയോജനങ്ങളുടെ ആത്മനിഷ്ഠ ക്ഷേമത്തിൽ സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി എന്നിവയുടെ പങ്ക് വിലയിരുത്തൽ"** എന്ന തലക്കെട്ടിലുള്ള പഠനത്തിന്റെ മറ്റൊരു ഭാഗത്തിൽ പങ്കെടുക്കാൻ എന്നെ ക്ഷണിച്ചിട്ടുണ്ട്.

പഠനവുമായി ബന്ധപ്പെട്ട വിവരങ്ങൾ ഞാൻ വായിക്കുകയും / കേൾക്കുകയും മനസ്സിലാക്കുകയും ചെയ്തിട്ടുണ്ട്. ഈ പഠനവുമായി ബന്ധപ്പെട്ട എന്റെ എല്ലാ ചോദ്യങ്ങൾക്കും ഉത്തരം ലഭിച്ചു. എന്റെ ഐഡന്റിറ്റിയും വ്യക്തിഗത വിവരങ്ങളും രഹസ്യമായി സൂക്ഷിക്കുമെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. ഗവേഷണ കാരണങ്ങളാൽ എന്റെ അഭിമുഖം ഓഡിയോ റെക്കോർഡ് ചെയ്യാൻ ഞാൻ ഗവേഷകന് അനുമതി നൽകുന്നു. എന്റെ പങ്കാളിത്തം സ്വമേധയാ ഉള്ളതാണെന്നും കാരണം പറയാതെയും അനന്തരഫലങ്ങളില്ലാതെയും എപ്പോൾ വേണമെങ്കിലും പിൻവലിക്കാൻ എനിക്ക് സ്വാതന്ത്ര്യമുണ്ടെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. ഈ ഫോമിൽ ഒപ്പിടുന്നതിലൂടെ, ഈ പഠനത്തിൽ പങ്കെടുക്കാൻ ഞാൻ സമ്മതിക്കുന്നു. ഈ ഫോമിന്റെ ഒരു പകർപ്പ് എനിക്ക് തന്നിട്ടുണ്ട്.

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തീയതി:

സ്ഥലം:

പങ്കെടുക്കുന്നയാളുടെ പേര് ഒപ്പ് /പെരുവിരലടയാളം

പ്രധാന അന്വേഷകന്റെ ഒപ്പ്

ANNEXURE V

അച്യുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്,

ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി

തിരുവനന്തപുരം, കേരളം, 695011

കേരളത്തിലെ പത്തനംതിട്ട ജില്ലയിലെ സമൂഹത്തിൽ ജീവിക്കുന്ന വയോജനങ്ങളുടെ ആത്മനിഷ്ഠമായ ക്ഷേമത്തിൽ സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി എന്നിവയുടെ പങ്ക് വിലയിരുത്തൽ

ഈ അഭിമുഖത്തിൽ നിന്ന് ലഭിക്കുന്ന എല്ലാ വിവരങ്ങളും രഹസ്യസ്വഭാവമുള്ളതായി തുടരും, ഗവേഷണ ഉദ്ദേശ്യങ്ങൾക്കായി മാത്രം ഉപയോഗിക്കും. വ്യക്തിഗത വിവരങ്ങൾ ഒരു കാരണവശാലും ആരോടും വെളിപ്പെടുത്തില്ല.

തിരിച്ചറിയൽ നമ്പർ: .....
ഇന്റർവ്യൂ തീയതിയും സമയവും: .....
പഞ്ചായത്ത് / മുനിസിപ്പാലിറ്റി: .....
വാർഡിന്റെ പേര്: .....

Sl No	ചോദ്യങ്ങൾ	പ്രതികരണങ്ങള്
1	നാമം	
2	പൂർത്തിയായ പ്രായം, വർഷത്തിൽ	
3	ലിംഗം	1❑പുരുഷൻ 2❑സ്ത്രീ
4	നിങ്ങൾ പൂർത്തിയാക്കിയ ഏറ്റവും ഉയർന്ന വിദ്യാഭ്യാസ നില ഏതാണ്?	1❑ സ്കൂൾ വിദ്യാഭ്യാസമില്ല 2❑പ്രൈമറി സ്കൂളിനേക്കാൾ കുറവ് 3❑ പ്രാഥമിക വിദ്യാലയം പൂർത്തിയാക്കി (ക്ലാസ് 4)

		4❑ അപ്പർ പ്രൈമറി സ്കൂൾ പൂർത്തിയാക്കി (ക്ലാസ് 7) 5❑ ഹൈസ്കൂൾ / ഹയർ സെക്കൻഡറി പൂർത്തിയാക്കി 6❑ ഡിപ്ലോമ / ബിരുദം പൂർത്തിയാക്കി 7❑ ബിരുദാനന്തര ബിരുദവും അതിനു മുകളിലും 8❑ഉത്തരം പറയാൻ തയ്യാറല്ല
5	നിങ്ങളുടെ നിലവിലെ വൈവാഹിക നില എന്താണ്?	1❑വിവാഹിതനല്ല 2❑വിവാഹിതർ 3❑ വിഭാര്യൻ / വിധവ 4❑ വിവാഹമോചനം ചെയ്തതാണ് 5❑ വേർപിരിഞ്ഞിരിക്കുന്നു 6❑മറ്റുള്ളവ (വ്യക്തമാക്കുക-----)
6	നിങ്ങളുടെ ശരാശരി പ്രതിമാസ ഗാർഹിക വരുമാനം എത്രയാണ്?	
7	നിങ്ങളുടെ തൊഴിൽ നില എന്താണ്?	1❑തൊഴിൽ 2❑സ്വയം തൊഴിൽ 3❑തൊഴിൽ രഹിതൻ – ജോലി ചെയ്യാൻ കഴിയും 4❑തൊഴിൽരഹിതൻ – ജോലി ചെയ്യാൻ കഴിയുന്നില്ല 5❑ വീട്ടമ്മ 6❑വിരമിച്ചു 7❑മറ്റുള്ളവ (വ്യക്തമാക്കുക-----)
8	മതം	1❑ ഹിന്ദു 2❑ക്രിസ്ത്യൻ 3❑മുസ്ലിം 4❑മറ്റുള്ളവ (വ്യക്തമാക്കുക-----)
9	ജാതി	1❑SC 2❑ ST 3❑ OBC 4❑ മറ്റുള്ളവ (വ്യക്തമാക്കുക-----)
10	കുടുംബത്തിന്റെ തരം	1❑ അണുകുടുംബം 2❑കൂട്ടുകുടുംബം 3❑വിസ്ത്രിതമായ കുടുംബം
11	ജീവിത ക്രമീകരണങ്ങൾ	1❑ജീവിതപങ്കാളിക്കൊപ്പം 2❑പങ്കാളിയും കുട്ടികളും

		3❑കുട്ടികൾ മാത്രം 4❑ഒറ്റയ്ക്ക് ജീവിക്കുക 5❑മറ്റുള്ളവ (----- വ്യക്തമാക്കുക)
12	നിങ്ങളുടെ വീടിന്റെ ഉടമസ്ഥാവകാശം	1❑സ്വന്തം 2❑വാടക
13	റേഷൻ കാർഡിന്റെ നിറം	1❑ മഞ്ഞ 2❑ പിങ്ക് 3❑ നീല 4❑ വെള്ള 5❑റേഷൻ കാർഡ് ഇല്ല
14	കഴിഞ്ഞ മാസത്തിൽ നിങ്ങൾ പുകയില ഉപയോഗിച്ചിട്ടുണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
15	കഴിഞ്ഞ മാസത്തിൽ നിങ്ങൾ മദ്യം ഉപയോഗിച്ചിട്ടുണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
16	നിങ്ങൾക്ക് എന്തെങ്കിലും വൈകല്യം ഉണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
16.1	ഉണ്ടെങ്കിൽ, നിങ്ങൾക്ക് എന്ത് വൈകല്യമാണ് ഉള്ളത്? (ഒന്നിലധികം ഓപ്ഷനുകൾ സാധ്യമാണ്)	1❑ കാഴ്ച വൈകല്യം 2❑കേൾവി വൈകല്യം 3❑ അസ്ഥിപേശി സംബന്ധമായ 4❑മറ്റുള്ളവ (---- വ്യക്തമാക്കുക)
16.2	നിങ്ങളുടെ വൈകല്യം പരിഹരിച്ചോ?	1❑അതെ 2 ❑ഇല്ല
17	നിങ്ങൾക്ക് എന്തെങ്കിലും അസുഖം ഉണ്ടെന്ന് കണ്ടെത്തിയിട്ടുണ്ടോ? (ഒന്നിലധികം ഓപ്ഷനുകൾ സാധ്യമാണ്)	1❑പ്രമേഹം 2❑ ഉയർന്ന രക്തസമ്മർദ്ദം 3❑ഹൃദ്രോഗം 4❑ശ്വാസകോശ സംബന്ധമായ അസുഖങ്ങൾ 5❑കാൻസർ 6❑മറ്റുള്ളവ (----- വ്യക്തമാക്കുക)

<u>സാമൂഹിക പിന്തുണ</u>

18	ഇനിപ്പറയുന്ന പ്രവർത്തനങ്ങളിൽ നിങ്ങൾക്ക് എന്തെങ്കിലും ബുദ്ധിമുട്ട് ഉണ്ടോ? ഉണ്ടെങ്കിൽ, ഈ പ്രവർത്തനങ്ങളിൽ ആരാണ് പ്രധാനമായും നിങ്ങളെ സഹായിക്കുന്നത്?	1❑ ഉണ്ട് 2❑ഇല്ല

	(ആരുമില്ല - 0, പങ്കാളി - 1, സഹോദരങ്ങൾ - 2, കുട്ടികൾ - 3, മറ്റ് ബന്ധുക്കൾ - 4, അയൽക്കാർ - 5, മറ്റ് സുഹൃത്തുക്കൾ - 6, ശമ്പളമുള്ള പരിചരിക്കുന്നവർ - 7, മറ്റുള്ളവർ - 8)	
	എ) വീടിനുള്ളിൽ നടക്കുന്നതിന്	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	ബി) ടോയ്‌ലറ്റ് ഉപയോഗിക്കുന്നതിന്	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	സി) വസ്ത്രം ധരിക്കുന്നതിനു	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	ഡി)കുളിക്കുക അല്ലെങ്കിൽ ഷവർ ഉപയോഗിക്കുന്നതിന്	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	ഇ) നിങ്ങളുടെ വ്യക്തിഗത രൂപം നിലനിർത്തുന്നതിനു	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	എഫ്) ഭക്ഷണം കഴക്കുന്നതിനു	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
19	നിങ്ങൾ താമസിക്കുന്ന സ്ഥലത്ത് നിങ്ങൾക്ക് എന്തെങ്കിലും പ്രശ്നങ്ങൾ ഉണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
19.1	ഉണ്ടെങ്കിൽ, എന്താണ് നിങ്ങളുടെ ആശങ്ക?	1❑ വീടിന്റെ സുരക്ഷ 2❑വീടിന്റെ അവസ്ഥ 3❑നിങ്ങളുടെ വീടിന്റെ സ്ഥാനം 4❑ഭവന ചെലവ് 5❑വീടിന്റെ അറ്റകുറ്റപ്പണിയും പരിപാലനവും 6❑സ്വതന്ത്രമായി ജീവിക്കാനുള്ള ബുദ്ധിമുട്ട്
20	പണം സ്വന്തമായി കൈകാര്യം ചെയ്യാൻ നിങ്ങൾക്ക് ബുദ്ധിമുട്ടുണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല

20.1	ഉണ്ടെങ്കിൽ, ഈ ജോലികളിൽ ആരാണ് നിങ്ങളെ സഹായിക്കുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ 4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ
21	ഇനിപ്പറയുന്ന പ്രവർത്തനങ്ങളിൽ നിങ്ങൾക്ക് സഹായം ലഭിക്കുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ, ആരാണ് പ്രധാനമായും ഈ പിന്തുണ നൽകുന്നത്? (ആരുമില്ല - 0, പങ്കാളി - 1, സഹോദരങ്ങൾ - 2, കുട്ടികൾ - 3, മറ്റ് ബന്ധുക്കൾ - 4, അയൽക്കാർ - 5, മറ്റ് സുഹൃത്തുക്കൾ - 6, പണമടച്ച പരിചരിക്കുന്നവർ - 7, മറ്റുള്ളവർ - 8)	1❑ ഉണ്ട് 2❑ഇല്ല
	എ) നിങ്ങൾക്ക് അസുഖം വരുമ്പോൾ	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	ബി) ഷോപ്പിംഗ് അല്ലെങ്കിൽ ചെറിയ കാര്യങ്ങൾ ചെയ്യാൻ	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	സി) സമ്മാനങ്ങൾ നൽകാൻ	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	ഡി) വീടിന് ചുറ്റുമുള്ള അറ്റാകുറ്റപ്പണികൾ ചെയ്യാൻ	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	ഇ) വീട്ടുജോലികൾ ചെയ്യാൻ	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	എഫ്) ഗതാഗത സഹായം	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
	ജി) ഭക്ഷണം തയ്യാറാക്കുന്നതിനു	1❑ ഉണ്ട് 2❑ ഇല്ല ഉണ്ടെങ്കിൽ.....
22	കാര്യങ്ങൾ തെറ്റായി സംഭവിക്കുമ്പോൾ പിന്തുണയ്ക്കായി	1❑ ഉണ്ട് 2❑ഇല്ല

	നിങ്ങൾക്ക് ആരെങ്കിലുമുണ്ടെന്ന് തോന്നുന്നുണ്ടോ?	
22.1	ഉണ്ടെങ്കിൽ, ആരാണ് ഈ പിന്തുണ നൽകുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ 4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ
23	നിങ്ങളുടെ പ്രശ്നങ്ങളെക്കുറിച്ച് സംസാരിക്കാൻ നിങ്ങൾക്ക് ആരെങ്കിലുമുണ്ടെന്ന് തോന്നുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
23.1	ഉണ്ടെങ്കിൽ, ആരാണ് ഈ പിന്തുണ നൽകുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ 4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ
24	പ്രധാനപ്പെട്ട തീരുമാനങ്ങൾ എടുക്കാൻ നിങ്ങളെ സഹായിക്കുന്ന ആരെങ്കിലുമുണ്ടെന്ന് നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
24.1	ഉണ്ടെങ്കിൽ, ആരാണ് ഈ പിന്തുണ നൽകുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ 4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ
25	നിങ്ങളുടെ സന്തോഷങ്ങളും സങ്കടങ്ങളും പങ്കിടാൻ കഴിയുന്ന ആരെങ്കിലും നിങ്ങളുടെ ജീവിതത്തിൽ ഉണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല

25.1	ഉണ്ടെങ്കിൽ, ആരാണ് ഈ പിന്തുണ നൽകുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ 4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ
26	നിങ്ങൾക്ക് ആവശ്യമായ വൈകാരിക പിന്തുണ ലഭിക്കുന്നുവെന്ന് നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
26.1	ഉണ്ടെങ്കിൽ, ആരാണ് ഈ പിന്തുണ നൽകുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ 4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ
27	നിങ്ങൾക്ക് ആശ്വാസം പകരുന്ന ആരെങ്കിലും ഉണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
27.1	ഉണ്ടെങ്കിൽ, ആരാണ് ഈ പിന്തുണ നൽകുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ 4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ
28	ആരെങ്കിലും നിങ്ങളുടെ വികാരങ്ങളെ ശ്രദ്ധിക്കുന്നുവെന്ന് നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ഇല്ല
28.1	ഉണ്ടെങ്കിൽ, ആരാണ് ഈ പിന്തുണ നൽകുന്നത്?	0❑ആരുമില്ല 1❑ പങ്കാളി 2❑ സഹോദരങ്ങൾ 3❑കുട്ടികൾ

		4❑മറ്റ് ബന്ധുക്കൾ 5❑അയൽക്കാർ 6❑മറ്റ് സുഹൃത്തുക്കൾ 7❑ ശമ്പളമുള്ള പരിചരിക്കുന്നവർ 8❑മറ്റുള്ളവർ

സുഹൃത്തുക്കൾ: അവരുടെ സാമൂഹിക വലയത്തിലെ വിശ്വസ്തരായ വ്യക്തികൾ, ആധുനിക അർത്ഥത്തിൽ "സുഹൃത്തുക്കൾ" എന്ന് തരംതിരിക്കേണ്ടതില്ല, മറിച്ച് അവർ പതിവായി ഇടപഴകുന്ന കൂട്ടാളികളോ ആളുകളോ ആയി തരംതിരിക്കപ്പെടുന്നു.

സാമൂഹിക പങ്കാളിത്തം

29	നിങ്ങളുടെ വീടിന് പുറത്തുള്ള കുടുംബാംഗങ്ങളെ നിങ്ങൾ എത്ര ഇടവിട്ട് സന്ദർശിക്കുകയോ അവരുമായി ഇടപഴകുകയോ ചെയ്യാറുണ്ട്?	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
30	സാമൂഹിക പ്രവർത്തനങ്ങൾക്കായി നിങ്ങൾ എത്ര ഇടവിട്ട് സുഹൃത്തുക്കളെ സന്ദർശിക്കുകയോ നിങ്ങളുടെ വീട്ടിലേക്ക് ക്ഷണിക്കുകയോ ചെയ്യാറുണ്ട്?	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ

		6❑ ഒരിക്കലുമില്ല
31	കുടുംബാംഗങ്ങൾക്കോ സുഹൃത്തുക്കൾക്കോ അയൽക്കാർക്കോ നിങ്ങൾ എന്തെങ്കിലും പരിചരണമോ സഹായമോ നൽകുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ, ബാധകമായതെല്ലാം തിരഞ്ഞെടുക്കുക □ വ്യക്തിഗത പരിചരണത്തിൽ സഹായിക്കുക (കുളിക്കൽ, വസ്ത്രധാരണം മുതലായവ) □ ചെറിയ കുട്ടികളെ പരിപാലിക്കാൻ സഹായം □ വീട്ടുജോലികളിൽ സഹായിക്കുക (വൃത്തിയാക്കൽ, പാചകം മുതലായവ) □ വൈകാരിക പിന്തുണ നൽകുക (കേൾക്കുക, സംസാരിക്കുക, ആശ്വസിപ്പിക്കുക) □ മെഡിക്കൽ ആവശ്യങ്ങൾക്കുള്ള സഹായം (മെഡിക്കേഷനിൽ സഹായിക്കുക, കൂടിക്കാഴ്ചകൾക്കൊപ്പം) □ ഗതാഗതം നൽകുക (മെഡിക്കൽ കൂടിക്കാഴ്ചകൾ, സാമൂഹിക സന്ദർശനങ്ങൾ മുതലായവ) □മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)	1❑ ഉണ്ട് 2❑ ഇല്ല
31.1	മറ്റുള്ളവർക്ക് നിങ്ങൾ എത്ര ഇടവിട്ട് അനൗപചാരിക പരിചരണം നൽകുന്നു? *(* വ്യക്തിഗത പരിചരണം, വീട്ടുജോലികൾ, വൈകാരിക പിന്തുണ, ഗതാഗതം തുടങ്ങിയ മേഖലകളിൽ പ്രായമായ വ്യക്തികൾ കുടുംബം, സുഹൃത്തുക്കൾ അല്ലെങ്കിൽ അയൽക്കാർ ഉൾപ്പെടെയുള്ള മറ്റുള്ളവർക്ക് നൽകുന്ന ശമ്പളമില്ലാത്ത പിന്തുണയും സഹായവും.)*	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല

32	നിങ്ങൾ ഏതെങ്കിലും തരത്തിലുള്ള ശമ്പളമുള്ള ജോലിയിലോ വരുമാനം സൃഷ്ടിക്കുന്ന പ്രവർത്തനത്തിലോ ഏർപ്പെടുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ ഇല്ല
32.1	ഉണ്ടെങ്കിൽ ദയവായി വ്യക്തമാക്കുക	.....
33	നിങ്ങൾ ഫാർമേഴ്സ് അസോസിയേഷൻ / പരിസ്ഥിതി ഗ്രൂപ്പുകൾ / രാഷ്ട്രീയ പാർട്ടി അംഗമാണോ?	1❑ അതെ 2❑ ഇല്ല
33.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....
33.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
33.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ് ?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല

34	നിങ്ങൾ ടെനന്റ് ഗ്രൂപ്പ് / റെസിഡന്റ് വെൽഫെയർ അസോസിയേഷനിൽ അംഗമാണോ?	1❑ അതെ 2❑ ഇല്ല
34.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....
34.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
34.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ് ?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല
35	നിങ്ങൾ മത / ആത്മീയ ഗ്രൂപ്പ് / കമ്മ്യൂണിറ്റി / ജാതി സംഘടനകളിൽ അംഗമാണോ?	1❑ അതെ 2❑ ഇല്ല
35.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....

35.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
35.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ്?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല
36	നിങ്ങൾ ഏതെങ്കിലും സ്വയം സഹായ സംഘത്തിൽ / എൻജിഒ / സഹകരണ / കുടുംബശ്രീ (അയൽക്കൂട്ടങ്ങൾ) അംഗമാണോ?	1❑ അതെ 2❑ ഇല്ല
36.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....
36.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല

36.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ് ?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല
37	നിങ്ങൾ വിദ്യാഭ്യാസം, കല അല്ലെങ്കിൽ സംഗീത ഗ്രൂപ്പുകൾ, സായാഹ്ന ക്ലാസുകൾ എന്നിവയിൽ അംഗമാണോ?	1❑ അതെ 2❑ ഇല്ല
37.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....
37.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
37.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ് ?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല
38	നിങ്ങൾ സോഷ്യൽ ക്ലബ്, സ്പോർട്സ് ക്ലബ്ബുകൾ, വ്യായാമ ക്ലാസുകൾ, യോഗ ക്ലാസുകൾ എന്നിവയിൽ അംഗമാണോ?	1❑ അതെ 2❑ ഇല്ല
38.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....
38.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ

		3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
38.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ് ?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല
39	നിങ്ങൾ സീനിയർ സിറ്റിസൺസ് അസോസിയേഷൻ / ക്ലബ്ബുകളിൽ അംഗമാണോ	1❑ അതെ 2❑ ഇല്ല
39.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....
39.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
39.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ് ?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല
40	നിങ്ങൾ ഗ്രാമപഞ്ചായത്ത് അംഗമാണോ?	1❑ അതെ 2❑ ഇല്ല
40.1	നിങ്ങൾ എത്ര കാലമായി ഈ ഗ്രൂപ്പിൽ അംഗമാണ്?	.....

40.2	നിങ്ങൾ ഒരു വർഷത്തിൽ എത്ര മീറ്റിംഗുകൾ / പതിവ് ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നു	1❑ ദിവസേന അല്ലെങ്കിൽ മിക്കവാറും എല്ലാ ദിവസവും 2❑ ആഴ്ചയിൽ ഒന്നോ രണ്ടോ തവണ 3❑ മാസത്തിൽ ഒന്നോ രണ്ടോ തവണ 4❑ മറ്റെല്ലാ മാസവും 5❑ വർഷത്തിൽ ഒന്നോ രണ്ടോ തവണ 6❑ ഒരിക്കലുമില്ല
40.3	ഈ ഒത്തുചേരലുകളിൽ പങ്കെടുക്കുന്നത് നിങ്ങൾക്ക് എത്ര പ്രധാനമാണ് ?	1❑ വളരെ പ്രധാനം 2❑ അല്പം പ്രധാനം 3❑ ഒട്ടും പ്രധാനമല്ല
41	നിങ്ങൾ മറ്റേതെങ്കിലും ഓർഗനൈസേഷനുകളിലോ ഗ്രൂപ്പുകളിലോ ക്ലബ്ബുകളിലോ സൊസൈറ്റികളിലോ അംഗമാണോ? ഉണ്ടെങ്കിൽ, ദയവായി വ്യക്തമാക്കുക	1❑ അതെ 2❑ ഇല്ല .....
42	കഴിഞ്ഞ പഞ്ചായത്ത് / മുനിസിപ്പൽ / അസംബ്ലി / പാർലമെന്റ് തിരഞ്ഞെടുപ്പിൽ നിങ്ങൾ വോട്ട് ചെയ്തിട്ടുണ്ടോ? (പൗര പങ്കാളിത്തം)	1❑ ഉണ്ട് 2❑ ഇല്ല

<u>തിരിച്ചറിയപ്പെട്ട അനോമി</u>

43	ഇന്നത്തെ സാമൂഹിക ജീവിതരീതിയുമായി നിങ്ങൾ പൊരുത്തപ്പെടുന്നുവെന്ന തോന്നൽ നിങ്ങൾക്കുണ്ടോ?	1❑ ഉണ്ട് 2❑ ഇല്ല
44	ഇന്നത്തെ സമൂഹം വളരെ വേഗത്തിൽ മാറുന്നുവെന്ന് നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ, സമൂഹത്തിൽ എങ്ങനെ സ്വയം നയിക്കാമെന്ന് നിങ്ങൾക്ക് അറിയില്ല?	1❑ ഉണ്ട് 2❑ ഇല്ല

45	നിങ്ങളുടെ സ്വന്തം മൂല്യങ്ങൾ ഇന്നത്തെ സമൂഹത്തിന്റെ മൂല്യങ്ങളുമായി പൊരുത്തപ്പെടുന്നതായി നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ?	1❑ അതെ 2❑ ഇല്ല
46	നിങ്ങൾക്ക് ആരെ ആശ്രയിക്കാനും ആശ്രയിക്കാനും കഴിയുമെന്ന് നിങ്ങൾക്ക് ഉറപ്പില്ലെന്ന് തോന്നുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ ഇല്ല
47	സാങ്കേതികവിദ്യയിലും സമൂഹത്തിലും അടുത്തിടെയുണ്ടായ മാറ്റങ്ങളിൽ നിങ്ങൾ ഒഴിവാക്കപ്പെട്ടതായി തോന്നുന്നുണ്ടോ	1❑ ഉണ്ട് 2❑ ഇല്ല

DEPRESSION – PSQ4D

48	മനസ്സിന് സങ്കടവും വിഷമവും കഴിഞ്ഞ രണ്ടാഴ്ചയിലധികമായി തുടർച്ചയായി നീണ്ടുനിൽക്കുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ ഇല്ല
49	കാര്യങ്ങൾ ചെയ്യാൻ താല്പര്യക്കുറവും ഉത്സാഹക്കുറവും കഴിഞ്ഞ രണ്ടാഴ്ചയിലധികമായി തുടർച്ചയായി നീണ്ടുനിൽക്കുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ ഇല്ല
50	അമിതമായ ക്ഷീണവും തളർച്ചയും കഴിഞ്ഞ രണ്ടാഴ്ചയിലധികമായി തുടർച്ചയായി നീണ്ടുനിൽക്കുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ ഇല്ല
51	ഉറക്കക്കുറവ് കഴിഞ്ഞ രണ്ടാഴ്ചയിലധികമായി തുടർച്ചയായി നീണ്ടുനിൽക്കുന്നുണ്ടോ?	1❑ ഉണ്ട് 2❑ ഇല്ല

ഏകാന്തത

52	ഏകാന്തത തോന്നാറുണ്ടോ?	1❑ അതെ 2❑ ഇല്ല
52.1	കഴിഞ്ഞ ആഴ്ചയിൽ നിങ്ങൾക്ക് എത്ര ഇടവിട്ട് ഏകാന്തത അനുഭവപ്പെട്ടു?	1❑ ഒരിക്കലുമില്ല അല്ലെങ്കിൽ മിക്കവാറും തോന്നാറുണ്ട് 2❑ ചിലപ്പോൾ 3❑ മിക്കപ്പോഴും 4❑ എല്ലായ്പ്പോഴും അല്ലെങ്കിൽ മിക്കവാറും എല്ലായ്പ്പോഴും

ക്ഷേമം (EQ-5D-5L)

53	ഓരോ തലക്കെട്ടിനും കീഴിൽ, ഇന്ന് നിങ്ങളുടെ ആരോഗ്യത്തെ ഏറ്റവും നന്നായി വിവരിക്കുന്ന ഒരു ബോക്സിൽ ടിക്ക് ചെയ്യുക	
53.1	ആദ്യം, ചലനക്ഷമതയെക്കുറിച്ച് നിങ്ങളോട് ചോദിക്കാൻ ഞാൻ ആഗ്രഹിക്കുന്നു. നിങ്ങൾ പറയുമോ:	
	നിങ്ങൾക്ക് നടക്കാൻ ബുദ്ധിമുട്ടൊന്നും ഇല്ല?	❑
	നിങ്ങൾക്ക് നടക്കാൻ നേരിയ ബുദ്ധിമുട്ടുണ്ട്?	❑
	നിങ്ങൾക്ക് നടക്കാൻ മിതമായ ബുദ്ധിമുട്ടുണ്ട്?	❑
	നിങ്ങൾക്ക് നടക്കാൻ രൂക്ഷമായ ബുദ്ധിമുട്ടുണ്ട്?	❑
	നിങ്ങൾക്ക് നടക്കാൻ കഴിയുന്നില്ല?	❑
53.2	അടുത്തതായി, സ്വയം പരിചരണത്തെക്കുറിച്ച് നിങ്ങളോട് ചോദിക്കാൻ ഞാൻ ആഗ്രഹിക്കുന്നു. നിങ്ങൾ പറയുമോ:	
	1.നിങ്ങൾക്ക് കുളിക്കാനോ വസ്ത്രം ധരിക്കാനോ ബുദ്ധിമുട്ടൊന്നും ഇല്ല?	❑
	2. നിങ്ങൾക്ക് കുളിക്കാനോ വസ്ത്രം ധരിക്കാനോ നേരിയ ബുദ്ധിമുട്ടുണ്ട്?	❑
	3. നിങ്ങൾക്ക് കുളിക്കാനോ വസ്ത്രം ധരിക്കാനോ മിതമായ ബുദ്ധിമുട്ടുണ്ട്?	❑
	4. നിങ്ങൾക്ക് കുളിക്കാനോ വസ്ത്രം ധരിക്കാനോ രൂക്ഷമായ ബുദ്ധിമുട്ടുണ്ട്?	❑
	5. നിങ്ങൾക്ക് കുളിക്കാനോ വസ്ത്രം ധരിക്കാനോ കഴിവില്ല?	❑
53.3	അടുത്തതായി, സാധാരണ പ്രവൃത്തികളെക്കുറിച്ച് ഞാൻ നിങ്ങളോട് ചോദിക്കാൻ ആഗ്രഹിക്കുന്നു, ഉദാഹരണത്തിന് ജോലി, പഠനം, വീട്ടുജോലി, കുടുംബപ്രവൃത്തികൾ അല്ലെങ്കിൽ ഒഴിവുസമയ പ്രവർത്തനങ്ങൾ. നിങ്ങൾ പറയുമോ:	
	1.നിങ്ങളുടെ സാധാരണ പ്രവൃത്തികൾ ചെയ്യാൻ നിങ്ങൾക്ക് ബുദ്ധിമുട്ടൊന്നും ഇല്ല?	❑
	നിങ്ങളുടെ സാധാരണ പ്രവൃത്തികൾ ചെയ്യാൻ നിങ്ങൾക്ക് നേരിയ ബുദ്ധിമുട്ടുണ്ട്?	❑

	നിങ്ങളുടെ സാധാരണ പ്രവൃത്തികൾ ചെയ്യാൻ നിങ്ങൾക്ക് മിതമായ ബുദ്ധിമുട്ടുണ്ട്?	❑
	നിങ്ങളുടെ സാധാരണ പ്രവൃത്തികൾ ചെയ്യാൻ നിങ്ങൾക്ക് രൂക്ഷമായ ബുദ്ധിമുട്ടുണ്ട്?	❑
	നിങ്ങളുടെ സാധാരണ പ്രവൃത്തികൾ ചെയ്യാൻ നിങ്ങൾക്ക് കഴിയുന്നില്ല?	❑
53.4	അടുത്തതായി, വേദന അഥവാ അസ്വാസ്ഥ്യത്തെക്കുറിച്ച് ഞാൻ നിങ്ങളോട് ചോദിക്കാൻ ആഗ്രഹിക്കുന്നു. നിങ്ങൾ പറയുമോ:	
	1 നിങ്ങൾക്ക് വേദനയോ അസ്വാസ്ഥ്യമോ ഇല്ല?	❑
	2 നിങ്ങൾക്ക് നേരിയ വേദനയോ അസ്വാസ്ഥ്യമോ ഉണ്ട്?	❑
	നിങ്ങൾക്ക് മിതമായ വേദനയോ അസ്വാസ്ഥ്യമോ ഉണ്ട്?	❑
	നിങ്ങൾക്ക് രൂക്ഷമായ വേദനയോ അസ്വാസ്ഥ്യമോ ഉണ്ട്?	❑
	നിങ്ങൾക്ക് അങ്ങേയറ്റം വേദനയോ അസ്വാസ്ഥ്യമോ ഉണ്ട്?	❑
53.5	അവസാനമായി, ഉത്കണ്ഠ അല്ലെങ്കിൽ വിഷാദത്തെക്കുറിച്ച് ഞാൻ നിങ്ങളോട് ചോദിക്കാൻ ആഗ്രഹിക്കുന്നു. നിങ്ങൾ പറയുമോ:	
	1 നിങ്ങൾക്ക് ഉത്കണ്ഠയോ വിഷാദമോ ഇല്ല?	❑
	2 നിങ്ങൾക്ക് നേരിയ തോതിൽ ഉത്കണ്ഠയോ വിഷാദമോ ഉണ്ട്?	❑
	3 നിങ്ങൾക്ക് മിതമായ തോതിൽ ഉത്കണ്ഠയോ വിഷാദമോ ഉണ്ട്?	❑
	4 നിങ്ങൾക്ക് രൂക്ഷമായ തോതിൽ ഉത്കണ്ഠയോ വിഷാദമോ ഉണ്ട്?	❑
	5 ഞാൻ അങ്ങേയറ്റം ഉത് കണ് ഠയിലോ വിഷാദത്തിലോ ആണ്	❑

EQ-5D VAS

- ഇപ്പോൾ, നിങ്ങളുടെ ആരോഗ്യം ഇന്ന് എത്രമാത്രം നല്ലതോ മോശമോ എന്ന് നിങ്ങൾ പറയുന്നതിനായി ഞാൻ ചോദിക്കാനാഗ്രഹിക്കുന്നു.

- 0 മുതൽ 100 വരെ നമ്പർ ചെയ്തിരിക്കുന്ന ഒരു ലംബ രേഖ നിങ്ങളുടെ മനസ്സിൽ സങ്കൽപ്പിക്കുക.

(അഭിമുഖം നടത്തുന്നയാൾക്കുള്ള കുറിപ്പ്: മുഖാമുഖം അഭിമുഖം നടത്തുകയാണെങ്കിൽ, പ്രതികരിക്കുന്നയാൾക്ക് ദയവായി VAS രേഖ കാണിച്ച് കൊടുക്കുക.)

- രേഖയുടെ മുകളിലുള്ള 100 എന്നതിന്റെ അർത്ഥം നിങ്ങൾക്ക് സങ്കൽപിക്കാൻ സാധിക്കുന്ന ഏറ്റവും നല്ല ആരോഗ്യം എന്നാണ്.

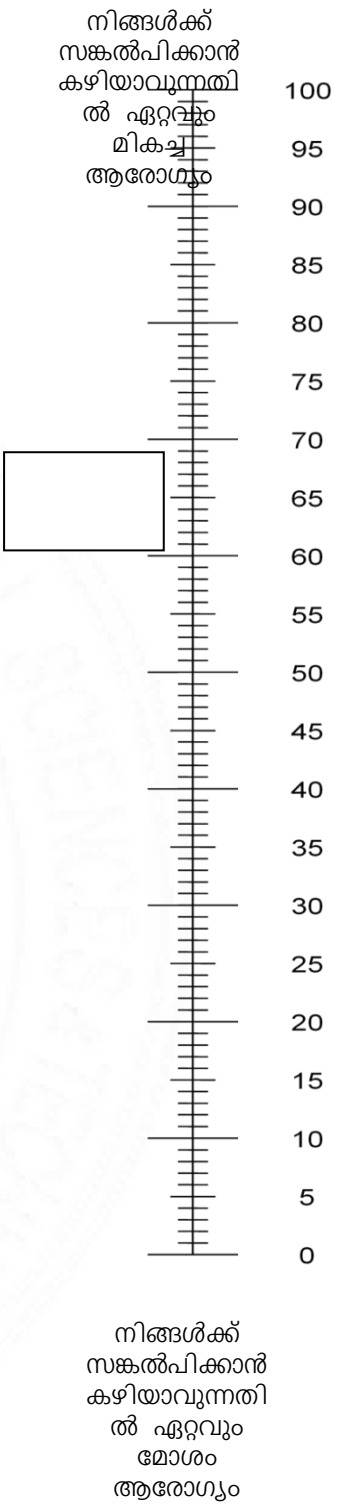
രേഖയുടെ താഴെയുള്ള 0 എന്നതുകൊണ്ട്

54. പ്രതികരിക്കുന്നയാളുടെ ഇന്നത്തെ ആരോഗ്യം =

ണ്.

- നിങ്ങളുടെ ഇന്നത്തെ ആരോഗ്യത്തെക്കുറിച്ച് നിങ്ങൾ ഈ രേഖയിൽ എവിടെ ബിന്ദു രേഖപ്പെടുത്തുമെന്ന് നിങ്ങൾ എന്നോട് ഇപ്പോൾ പറയണമെന്ന് ഞാൻ ആഗ്രഹിക്കുന്നു.

(അഭിമുഖം നടത്തുന്നയാൾക്കുള്ള കുറിപ്പ്:
പ്രതികരിക്കുന്നയാളുടെ ഇന്നത്തെ ആരോഗ്യത്തെ സൂചിപ്പിക്കുന്ന ബിന്ദു രേഖയിൽ അടയാളപ്പെടുത്തുക.
ഇപ്പോൾ, നിങ്ങൾ രേഖയിൽ അടയാളപ്പെടുത്തിയ നമ്പർ താഴെയുള്ള ചതുരത്തിൽ ദയവായി എഴുതുക.)



ഈ ചോദ്യങ്ങൾക്ക് ഉത്തരം നൽകാൻ സമയമെടുത്തതിന് നിങ്ങൾക്ക് നന്ദി.

ANNEXURE VI

അച്യുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ് (AMCHSS)

ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി

തിരുവനന്തപുരം – 11

കേരളത്തിലെ പത്തനംതിട്ട ജില്ലയിലെ സമൂഹത്തിൽ ജീവിക്കുന്ന വയോജനങ്ങളുടെ ആത്മനിഷ്ഠ ക്ഷേമത്തിൽ സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം, അനോമി എന്നിവയുടെ പങ്ക് വിലയിരുത്തൽ

<u>ആഴത്തിലുള്ള അഭിമുഖ ഗൈഡ്</u>

അഭിമുഖ തീയതി: .....

വിവര ഷീറ്റ് നൽകി: അതെ / ഇല്ല

ഈ പഠനത്തിൽ പങ്കെടുക്കാൻ സമ്മതിച്ചതിന് നന്ദി. സാമൂഹിക പിന്തുണയും കമ്മ്യൂണിറ്റി പ്രവർത്തനങ്ങളിലെ പങ്കാളിത്തവും പ്രായമായ വ്യക്തികളുടെ ക്ഷേമത്തെ എങ്ങനെ ബാധിക്കുന്നുവെന്ന് മനസ്സിലാക്കുന്നതിനാണ് ഞാൻ ഈ പഠനം നടത്തുന്നത്. ഇവിടെ ശരിയായതും തെറ്റായതുമായ ഉത്തരങ്ങളില്ലെന്നും നിങ്ങളുടെ അഭിപ്രായങ്ങളാണ് ഏറ്റവും വിലപ്പെട്ടതെന്നും ഓർമ്മിക്കുക. പ്രശ്നം മനസിലാക്കാൻ നിങ്ങളുടെ വിശാലമായ തുറന്ന ചിന്തകൾ പ്രധാനമാണ്.

ഈ അഭിമുഖത്തിൽ നിന്ന് ലഭിക്കുന്ന എല്ലാ വിവരങ്ങളും രഹസ്യസ്വഭാവമുള്ളതായി തുടരും, ഗവേഷണ ഉദ്ദേശ്യങ്ങൾക്കായി മാത്രം ഉപയോഗിക്കും. വ്യക്തിഗത വിവരങ്ങൾ ഒരു കാരണവശാലും ആരോടും വെളിപ്പെടുത്തില്ല.

1. വസ്ത്രം ധരിക്കൽ, ഭക്ഷണം തയ്യാറാക്കൽ തുടങ്ങിയ നിങ്ങളുടെ ദൈനംദിന പ്രവർത്തനങ്ങൾ വിവരിക്കാമോ? ഈ പ്രവർത്തികളിൽ മറ്റുള്ളവർ നിങ്ങളെ സഹായിക്കുന്നുണ്ടോയെന്നും ഈ പിന്തുണ നിങ്ങളുടെ മൊത്തത്തിലുള്ള ക്ഷേമത്തിൽ എന്ത് സ്വാധീനം ചെലുത്തുന്നുവെന്നും വിശദീകരിക്കാമോ?
2. നിങ്ങളുടെ ജീവിത സാഹചര്യത്തെക്കുറിച്ചും നിങ്ങളുടെ സാമ്പത്തിക കാര്യങ്ങൾ കൈകാര്യം ചെയ്യുന്നതിനെക്കുറിച്ചു നിങ്ങൾക്ക് എന്ത് തോന്നുന്നു? നിങ്ങൾ ഇവ എങ്ങിനെയാണ് കൈകാര്യം ചെയ്യാറുള്ളത്?

പ്രോബുകൾ: സാമ്പത്തികമോ ഗാർഹിക ഉത്തരവാദിത്തങ്ങളോ കൈകാര്യം ചെയ്യുന്നതിൽ നിങ്ങൾ അഭിമുഖീകരിക്കുന്ന എന്തെങ്കിലും വെല്ലുവിളികൾ ഉണ്ടോ? ഏത് തരത്തിലുള്ള സഹായമാണ് ഈ ജോലികൾ കൈകാര്യം ചെയ്യുന്നത് എളുപ്പമാക്കുന്നത്?

3. നിങ്ങളുടെ നിലവിലെ ജീവിത ക്രമീകരണങ്ങളെക്കുറിച്ച് എന്നോട് പറയാമോ, നിങ്ങൾ സന്തുഷ്ടരായ കാര്യങ്ങൾ എന്തൊക്കെയാണ്? നിങ്ങൾ സന്തുഷ്ടരല്ലാത്ത കാര്യങ്ങൾ എന്തൊക്കെയാണ്?
4. നിങ്ങളുടെ കുടുംബത്തിനും സുഹൃത്തുക്കൾക്കും ഇടയിൽ ആരോടാണ് നിങ്ങൾക്ക് ഏറ്റവും അടുപ്പം തോന്നുന്നത്? വൈകാരികമായോ പ്രായോഗികമായോ നിങ്ങളുടെ ദൈനംദിന ജീവിതത്തിൽ അവർ നിങ്ങളെ എങ്ങനെ പിന്തുണയ്ക്കുന്നു? ഈ ബന്ധം നിങ്ങളുടെ ക്ഷേമത്തെ എങ്ങനെ ബാധിക്കുന്നു?
5. നിങ്ങൾ ബുദ്ധിമുട്ടുള്ള സാഹചര്യങ്ങൾ അഭിമുഖീകരിക്കുമ്പോൾ അല്ലെങ്കിൽ പ്രധാനപ്പെട്ട തീരുമാനങ്ങൾ എടുക്കുമ്പോൾ ആരിലേക്കാണ് തിരിയുന്നത്? മറ്റുള്ളവരിൽ നിന്ന് നിങ്ങൾക്ക് ലഭിക്കുന്ന പിന്തുണയെക്കുറിച്ച് നിങ്ങൾക്ക് എന്തു തോന്നുന്നു? വൈകാരികമായി പ്രധാനപ്പെട്ട തിരഞ്ഞെടുപ്പുകൾ നടത്താൻ അവർ ഏതു വിധങ്ങളിൽ നിങ്ങളെ സഹായിക്കുന്നു?
    പ്രോബുകൾ: ഒരാളുടെ വൈകാരിക പിന്തുണയോ ഉപദേശമോ ഒരു കടുത്ത തീരുമാനം എടുക്കാൻ നിങ്ങളെ സഹായിച്ച ഒരു സമയം നിങ്ങൾക്ക് ഓർമിക്കാൻ കഴിയുമോ? ആശ്രയിക്കാൻ ഒരാളെ ലഭിക്കുന്നത് നിങ്ങളുടെ ക്ഷേമത്തെ എങ്ങനെ ബാധിക്കുന്നു?
6. നിങ്ങളുടെ കമ്മ്യൂണിറ്റിയിൽ നിങ്ങൾ ഉൾപ്പെട്ടിരിക്കുന്ന വ്യത്യസ്ത ഗ്രൂപ്പുകളെയോ ഓർഗനൈസേഷനുകളെയോ (ഉദാഹരണത്തിന്, കുടുംബം, മത ഗ്രൂപ്പുകൾ, മുതിർന്ന പൗരന്മാരുടെ അസോസിയേഷനുകൾ, സ്വയം സഹായ ഗ്രൂപ്പുകൾ) വിവരിക്കാൻ നിങ്ങൾക്ക് കഴിയുമോ? ഈ ഗ്രൂപ്പുകളിലെ നിങ്ങളുടെ പങ്കാളിത്തം കമ്മ്യൂണിറ്റിക്കുള്ളിലെ നിങ്ങളുടെ ബന്ധത്തെ എങ്ങനെ സ്വാധീനിക്കുന്നു?
    പ്രോബുകൾ: ഈ ഗ്രൂപ്പുകളുമായി നിങ്ങൾ എത്ര ഇടവിട്ട് ഇടപഴകുന്നു? അവയിൽ നിങ്ങൾ എന്ത് പങ്കാണ് വഹിക്കുന്നത്? ഈ ഗ്രൂപ്പുകളിലെ നിങ്ങളുടെ പങ്കാളിത്തത്തെക്കുറിച്ച് നിങ്ങൾക്ക് എങ്ങനെ തോന്നുന്നു, അത് നിങ്ങളുടെ സാമൂഹിക ജീവിതത്തെയോ മാനസിക ക്ഷേമത്തെയോ എങ്ങനെ ബാധിക്കുന്നു?
7. നിങ്ങളുടെ കമ്മ്യൂണിറ്റിയിലെ മറ്റുള്ളവരുമായുള്ള നിങ്ങളുടെ ബന്ധത്തെക്കുറിച്ച് നിങ്ങൾക്ക് എങ്ങനെ തോന്നുന്നുവെന്ന് വിവരിക്കാമോ? ചുറ്റുമുള്ളവരുമായി ചേരുമ്പോൾ നിങ്ങൾ അവരിൽ ഒരാളായി തോന്നാറുണ്ടോ? ഇവ നിങ്ങളുടെ ദൈനംദിന പ്രവർത്തനങ്ങളെയും മാനസിക ക്ഷേമത്തെയും എങ്ങനെ ബാധിക്കുന്നു?

പ്രോബുകൾ: നിങ്ങളുടെ കമ്മ്യൂണിറ്റിയിൽ നിങ്ങൾക്ക് അടുപ്പമോ മൂല്യമോ തോന്നുന്ന ഒരു അനുഭവം പങ്കിടാൻ കഴിയുമോ?

ഈ ബന്ധങ്ങൾ നിങ്ങളുടെ സന്തോഷത്തെ എങ്ങനെ ബാധിക്കുന്നു?

8. നിങ്ങളുടെ വീക്ഷണത്തിൽ, കാലക്രമേണ സമൂഹത്തിലെ ധാർമ്മിക മൂല്യങ്ങൾ എങ്ങനെ മാറി? മുൻകാലങ്ങളുമായി താരതമ്യപ്പെടുത്തുമ്പോൾ ആളുകൾ ഇപ്പോൾ പെരുമാറുന്ന രീതിയെക്കുറിച്ച് നിങ്ങള്ക്ക് എന്താണ് തോന്നുന്നത്?

    പ്രോബുകൾ: ഈ മാറ്റങ്ങൾ നിങ്ങൾ ശ്രദ്ധിച്ച പ്രത്യേക ഉദാഹരണങ്ങളെക്കുറിച്ച് പറയാമോ ? ബന്ധങ്ങളും ഇടപെടലുകളും മാറിയ രീതിയെക്കുറിച്ച് നിങ്ങൾക്ക് എങ്ങനെ തോന്നുന്നു?

9. നിങ്ങളുടെ അഭിപ്രായത്തിനോ പ്രവൃത്തികൾക്കോ ഇനിമേൽ സ്വാധീനമില്ലെന്ന് തോന്നിയിട്ടുണ്ടോ?

    പ്രോബുകൾ: നിങ്ങളുടെ അഭിപ്രായങ്ങൾ അവഗണിക്കപ്പെട്ടുവെന്ന് നിങ്ങൾക്ക് തോന്നിയ ഒരു അനുഭവം പങ്കിടാമോ? അത് നിങ്ങൾക്ക് എങ്ങനെ തോന്നി, നിങ്ങൾ എങ്ങനെ പ്രതികരിച്ചു?

10. വർഷങ്ങളായി സമൂഹത്തിലെ മാറ്റങ്ങൾ നിങ്ങളുടെ സ്വത്വബോധത്തെയോ സമൂഹത്തിനുള്ളിൽ നിങ്ങളുടെ സ്ഥാനത്തെയോ എങ്ങനെ ബാധിച്ചു? ഈ മാറ്റങ്ങളുമായി പൊരുത്തപ്പെടാൻ നിങ്ങൾക്ക് ബുദ്ധിമുട്ട് തോന്നിയിട്ടുണ്ടോ?

    പ്രോബുകൾ: ഏതൊക്കെ നിർദ്ദിഷ്ട മാറ്റങ്ങളുമായി പൊരുത്തപ്പെടാൻ നിങ്ങൾക്ക് ബുദ്ധിമുട്ടാണ്? അവ നിങ്ങളുടെ ബന്ധങ്ങളെയോ കമ്മ്യൂണിറ്റിക്കുള്ളിലെ നിങ്ങളുടെ ലക്ഷ്യബോധത്തെയോ എങ്ങനെ സ്വാധീനിച്ചു?

നിങ്ങളുടെ വിലയേറിയ ഉൾക്കാഴ്ചകൾ പങ്കിടാൻ സമയം ചെലവഴിച്ചതിന് നന്ദി. നിങ്ങളുടെ പങ്കാളിത്തത്തിന് ഞാൻ ശരിക്കും നന്ദിയുള്ളവനാണ്, നിങ്ങളുടെ അഭിപ്രായങ്ങൾ ഈ പഠനത്തിന് വളരെയധികം പ്രയോജനകരമാകും.

ANNEXURE VII

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
Thiruvananthapuram - 695 011, Kerala, India
(An Institute of National Importance under Govt. of India)
Grams : Chitramet, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

Institutional Ethics Committee

CDSCO Registration No: ECR/189/Inst/KL/2013/RR-24
DHR Registration No:EC/NEW/INST/2022/2775

SCT/IEC/2330/DECEMBER/2024 17.01.2025

Dr. Devika Prasad
MPH Student, AMCHSS
SCTIMST, Thiruvananathapuram

Dear Dr. Devika Prasad,

The Institutional Ethics Committee held on 30th December, 2024, reviewed and discussed your application to conduct the study titled "**ASSESSING THE ROLE OF SOCIAL SUPPORT, SOCIAL PARTICIPATION AND ANOMIE ON THE SUBJECTIVE WELL-BEING OF COMMUNITY-LIVING ELDERLY PERSONS IN PATHANAMTHITTA DISTRICT, KERALA**" (IEC /2330) .

Principal Investigator	Dr. Devika Prasad, MPH Student, AMCHSS, SCTIMST
Co-Principal Investigator(s)	Dr. Ravi Prasad Varma, Professor, AMCHSS, SCTIMST
Duration of the study	6 months

The following members of the Ethics Committee were present at the meeting held on 30th December, 2024

SL. No.	Member Name	Highest Degree	Gender	Scientific /Non Scientific	Affiliation with Institution(s)
1.	Dr. Manoj Murhekar	MD (Preventive & Social Medicine)	Male	Social Scientist	No
2.	Dr. Annapurna.Y	MD	Female	Basic Medical Scientist	No
3.	Adv. Priya Kaimal	LLM, MBL	Female	Legal Expert	No
4.	Dr. Indu PV	MBBS, DPM, MPhil, PhD	Female	Clinician	No
5.	Dr. Rejnish Kumar	MBBS,MD ,DNB	Male	Clinician	No
6.	Smt. Rekha Radhakrishnan	M.A (Eng.); B.Ed	Female	Lay person	No
7.	Dr. Biju Soman	MBBS,MD, DPH, MSc, DLSHTM	Male	Basic Medical Scientist	Yes
8.	Dr. Syam K	MBBS, MD, DM	Male	Clinician	Yes
9.	Dr. Srinivas G	PhD	Male	Basic Medical Scientist (Member Secretary)	Yes

The following documents were reviewed:

Original submission

1. IEC Application Form
2. Permission letters
3. Funding details and Budget
4. Covering letter addressed to the Chairperson, IEC, SCTIMST dated 09.12.2024 forwarded by HOD
5. Interview schedule in English and Malayalam
6. Consent Forms in English and Malayalam
7. Participant Information Sheet in English and Malayalam
8. Checklist Form
9. Proposal
10. Declaration Form
11. CV of PI and Co-PI
12. Permission from EuroQOL- Malayalam version EQ5D5L
13. Permission letter for using PSQ4D - Malayalam version

Revised submission

1. Covering letter addressed to the Member Secretary, IEC, SCTIMST dated 13.01.2025 with response to IEC comments
2. IEC recommendation letter dated 09.01.2025
3. Proposal
4. Participant Information Sheets in English and Malayalam
5. Informed Consent Forms in English and Malayalam
6. In-depth Interview guide in English and Malayalam

IEC Decision
The IEC approved the conduct of the study in the present form.

Remarks:
The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

There was no member of the study team / Guide who participated in voting / decision making process. The ethics committee is organized and operated according to the requirements of Good Clinical Practice and the requirements of the Indian Council of Medical Research (ICMR).

Sincerely,

Dr. G. Srinivas
Member Secretary, IEC

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE (IEC)
SCTIMST, THIRUVANANTHAPURAM

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
INSTITUTIONAL ETHICS COMMITTEE (IEC)
SCTIMST
THIRUVANANTHAPURAM

ANNEXURE VIII

Pandalam Thekkekkara Gramapanchayat

Thattayil (PO): 691525,Pathanamthitta,Phone No: 04734-228498
E mail : pandalamthekkekara@gmail.com

No. A3-4169/24 Date: 28/10/2024

From
Secretary
Pandalam Thekkekara Gramapanchayat

To
Dr. Devika Prasad
MPH Student
Achutha Menon Centre for Health Science Studies
Sree Chitra Tirunal Institute for Medical Sciences & Technology,
Medical College Campus, Thiruvananthapuram, Kerala 695 011

Sir,

Sub : Permission for doing the study on the title "ASSESSING THE ROLE OF SOCIAL SUPPORT SOCIAL PARTICIPATION AND ANOMIE ON THE SUBJECTIVE WELL-BEING OF COMMUNITY LIVING ELDERLY PERSONS IN PATHANAMTHITTA DISTRICT, KERALA" in Pandalam Thekkekara Grama Panchayat.

Ref : Your request letter dated 24/10/2024.

As per above reference, the Panchayat authority is ready to give the permission regarding the study of " ASSESSING THE ROLE OF SOCIAL SUPPORT SOCIAL PARTICIPATION AND ANOMIE ON THE SUBJECTIVE WELL-BEING OF COMMUNITY LIVING ELDERLY PERSONS IN PATHANAMTHITTA DISTRICT, KERALA ". The study may be conducted among persons aged 60 years and above, who has been residing at Pandalam Thekkekara Grama Panchayat area. This permission is granted for academic purpose only.

Secretary

KRISHNAKUMAR C. S.
Pandalam Thekkekara Grama Panchayat
Secretary
Pandalam Thekkekara Gramapanchayat
Thattayil P. O, Pathanamthitta
Phone No. 9496042685

ഭരണഭാഷ-മാതൃഭാഷ

നമ്പർ.400344/HRDC01/GPO/2024/5717/(2)

കടപ്ര ഗ്രാമ പഞ്ചായത്ത് ആഫീസ്

കടപ്ര
നിരണം.പി.ഓ
പത്തനംതിട്ട
Phone No:04692610246
E-mail:kadapragp@gmail.com

തീയതി : 28/10/2024

പ്രേഷകൻ

സെക്രട്ടറി

സ്വീകർത്താവ്

ഡോ. ദേവികാ പ്രസാദ്
വിജയസദനം, മങ്ങാരം, പന്തളം

സർ,

വിഷയം:- Assessing the role of social support, social participation and anomie on the subjective well being of community-living elderly persons in Pathanmathitta District, Kerala എന്ന വിഷയത്തിൽ പഠനം നടത്തുന്നത് സംബന്ധിച്ച്

സൂചന:- തിരുവനന്തപുരം ശ്രീചിത്തിരതിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് മെഡിക്കൽ സയൻസ് & ടെക്നോളജിയിൽ നിന്നുള്ള AMCHSS/MPH2023/External Letter/42/2024 തീയതി 15/10/2024 നമ്പർ കത്ത്.

ശ്രീചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് മെഡിക്കൽ സയൻസിൻറെ പബ്ലിക്ക് ഹെൽത്ത് യൂണിറ്റായ അച്ച്യുതമേനോൻ സെൻറർ ഫോർ ഹെൽത്ത് സ്റ്റഡീസിൽ എം.പി.എച്ച് കോഴ്സ് ചെയ്യുന്ന ഡോ.ദേവികാ പ്രസാദ്, വിജയസദനം, മങ്ങാരം, പന്തളം എന്നയാൾക്ക് കടപ്ര ഗ്രാമപഞ്ചായത്തിൽ കോഴ്സിൻറെ ഭാഗമായ സ്റ്റഡി നടത്തുന്നതിന് അനുമതി നൽകുന്നു.

വിശ്വസ്തതയോടെ,

OFFICE OF THE KADAPRA GRAMA PANCHAYAT
PATHANAMTHITTA DT
PIN : 689 621
NIRANAM P.O.

SECRETARY
KADAPRA GRAMA PANCHAYATH
NIRANAM P.O., THIRUVALLA
PATHANAMTHITTA PIN-689621

Pandalam Municipality

Pandalam P.O, Pathanamthitta Dist. 689501

Phone – 04734-252251, e-mail : pandalammunicipality@gmail.com

G1-2446086/2024 Date – 26/10/2024

Letter of Consent

Dr. Devika Prasad, who is undergoing the Master of Public Health Program at AMCHSS, Trivandrum is permitted to conduct a study on "Assessing the role of Social Support, Social Participation and anomie on the subjective well-being of community living elderly persons in Pathanamthitta Distrcit, Kerala". The area to carry out her study is decided as the geographical limits of Pandalam Municipality.

OFFICE OF THE PANDALAM MUNICIPALITY
PANDALAM P.O.
PIN: 501
PATHANAMTHITTA

Secretary,
Pandalam Municipality.

ANITHA E.B
MUNICIPAL SECRETARY
PANDALAM MUNICIPALITY
PEN NO - 949158
PHONE NO: 9188955144

90

THIRUVALLA MUNICIPAL COUNCIL

ANU GEORGE
MUNICIPAL CHAIRPERSON
THIRUVALLA
Phone : 0469 2701315, 27382205

Vilakkupattathil
kuttapuzha
Railway Station P.O, Pin: 689 111
Mob:9447121346, 9447028739

Date 24/10/2024

സർട്ടിഫിക്കറ്റ്

ഡോ. ദേവിക പ്രസാദ്, വിജയ സദനം, മങ്ങാരം, പന്തളം എന്നയാൾ ശ്രീചിത്തിര തിരുന്നാൾ ഇൻസ്റ്റ്റ്റ്യൂട്ട് ഓഫ് മെഡിക്കൽ സയൻസിന്റെ പബ്ലിക് ഹെൽത്ത് യൂണിറ്റായ അച്ച്യുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസിൽ MPH കോഴ്സ് ചെയ്യുകയാണ്. ടി വ്യക്തിക്ക് തിരുവല്ല നഗരസഭയിലെ തിരഞ്ഞെടുക്കുന്ന ഏതെങ്കിലും ഒരു വാർഡിൽ സ്റ്റഡി നടത്തുന്നതിനുള്ള അനുമതി നൽകിയിരിക്കുന്നു.

മുനിസിപ്പൽ ചെയർപേഴ്സൺ
ANU GEORGE
Municipal Chairperson
Thiruvalla Municipality-689 101
Mob: 9447121346, 9447028739

24/3869 24/10/24

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
Thiruvananthapuram - 695 011, Kerala, India
(An Institute of National Importance under Govt. of India)
Grams : Chitramet, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

AMCHSS/MPH2023/External Letter/43/2024

15/10/2024

To
The President/Secretary,
Niranam Grama Panchayat

Dear Sir/Madam,

Sub- Request support for the study on "Assessing the role of social support, social participation and anomie on the subjective well-being of community-living elderly persons in Pathanamthitta district, Kerala"

Greetings from Achutha Menon Centre for Health Science Studies (AMCHSS), the public health unit of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum (SCTIMST).

Dr. Devika Prasad, who is undergoing the Master of Public Health (MPH) program at AMCHSS would like to study "Assessing the role of social support, social participation and anomie on the subjective well-being of community-living elderly persons in Pathanamthitta district, Kerala". She plans to interview individuals aged 60 and above from four wards (twelve participants from each ward).

Our Institutional Ethics Committee will ensure that during the research work undertaken by Dr Devika during her studentship, she will adhere to the laws of the land and society's moral ethos.

Kindly provide your advice and support for Devika to conduct the study in your panchayat.

This study is conducted under the guidance of Dr. RAVI PRASAD VARMA P, Professor at AMCHSS. Kindly include the student (devikaprasad218@sctimst.ac.in) and guide (rpvarma@sctimst.ac.in) in all further communications in this regard.

Request before allied institutuon heads of offices

Please kindly accommodate this request of internee and allow to participate regarding imparting of knowledge & processes regarding your office.

Thanking You,

Sincerely

15/10/2024

Dr Biju Soman, MD, DPH, MBBS, MSc, DLSHTM
Professor & Head,
Achutha Menon Centre for Health Science Studies,
URL: www.sctimst.ac.in/people/bijusoman
tel: +91 471 252 4230 (off), 244 6433(fax), 944 786 2736(cell).
email: bijusoman@sctimst.ac.in

Ph: 94960 42621

SECRETARY
NIRANAM GRAMA PANCHAYATH
NIRANAM P.O. PATHANAMTHITTA
Ph: 0469 2610254 9495042462

തുമ്പമൺ ഗ്രാമപഞ്ചായത്ത്

(ISO 9001:2015)
തുമ്പമൺ ഗ്രാമ പഞ്ചായത്ത്, തുമ്പമൺ പി.ഒ., പത്തനംതിട്ട
ഫോൺ : 04734266292, ഇ-മെയിൽ : thumpamongp@gmail.com

എസ് സി 2 /2440/2024 05. 11. 2024

പ്രേഷകൻ,
പ്രസിഡന്റ്
തുമ്പമൺ ഗ്രാമ പഞ്ചായത്ത്

സ്വീകർത്താവ്
ഡോ. ദേവിക പ്രസാദ്
മാസ്റ്റർ ഓഫ് പബ്ലിക് ഹെൽത്ത് (വിദ്യാർഥിനി)
അച്യുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസസ് സ്റ്റഡീസ് ,
തിരുവനന്തപുരം

വിഷയം- തുമ്പമൺ ഗ്രാമപഞ്ചായത്ത് SCTIMST-തിരുവനന്തപുരം-മുതിർന്ന പൌരന്മാരുടെ ക്ഷേമകാര്യങ്ങളിലെ സാമൂഹിക പിന്തുണ, സാമൂഹിക പങ്കാളിത്തം എന്നിവ സംബന്ധിച്ച വ്യക്തികൾക്കും സമൂഹത്തിനും അലഭ്യമായ സാമൂഹികവും ഗുണപരവുമായ അറിവുകളും എന്ന വിഷയത്തിലുള്ള പഠനം നടത്തുന്നതിനായി അനുമതി നല്കുന്നത് സംബന്ധിച്ച്.

സൂചന-1. ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ സയൻസ് ആൻറ് ടെക്നോളജി തിരുവനന്തപുരം,AMCHSS 15/10/2024 ലെAMCHSS(MPH/2023/External Letter/45/2024 നമ്പർ കത്ത്.

2. ഡോ. ദേവിക പ്രസാദിൻറെ 24.10.2024 തീയതിയിലെ അപേക്ഷ.

മേൽ വിഷയത്തിലേക്ക് ശ്രദ്ധ ക്ഷണിക്കുന്നു.

സൂചന (1) (2) എന്നിവ പ്രകാരം തുമ്പമൺ ഗ്രാമപഞ്ചായത്ത് പരിധിയിലെ ഏതെങ്കിലും 4 വാർഡുകളിൽ തിരുവനന്തപുരം ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ സയൻസ് ആൻറ് ടെക്നോളജിയുടെ പൊതുജനാരോഗ്യം സംബന്ധിച്ച ***"Assessing the role of social support, social participation and anomie on the subjective wellbeing of community living elderly persons in Pathanamthitta District Kerala"*** എന്ന പഠന ആവശ്യത്തിനായി 60 വയസ്സിനു മുകളിൽ പ്രായമുള്ള മുതിർന്ന പൌരന്മാരുമായി ഓരോ വാർഡിലും 12 പേരെ വീതം അഭിമുഖം

നടത്തുന്നതിന് അനുമതി തേടിയിട്ടുണ്ട്. പഠന വിഷയം സംബന്ധിച്ച് എല്ലാ വിവരങ്ങളും സാമൂഹികവും ധാർമികപരവുമായ എല്ലാ വിധ നിയമങ്ങളും പാലിക്കുമെന്ന് ഉറപ്പ്നൽകിയിട്ടുണ്ട്.

മേൽ സാഹചര്യത്തിൽ ഡോ. ദേവിക പ്രസാദിന് ഇമ്പമൺ ഗ്രാമപഞ്ചായത്ത് പരിധിയിലെ **വാർഡ് -1, 2, 12 & 13** എന്നിവിടങ്ങളിൽ മാത്രം മേൽ പറഞ്ഞ വിഷയത്തൽ 60 വയസ്സിനു മുകളിൽ പ്രായമുള്ള ഓരോ വാർഡിലും 12 പേരെ വീതം നിയമ വിധേയമായി അഭിമുഖം നടത്തി വിവരശേഖരണം നടത്തുന്നതിന് വ്യക്തി വിവരങ്ങൾ അതീവ സുരക്ഷിതമായി കൈകാര്യം ചെയ്യണമെന്ന നിർദ്ദേശത്തോടെ ഇതിനാൽ അനുമതിയാകുന്നു.

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എന്ന് വിശ്വസ്തതയോടെ,

RONY ZACHARIAH
PRESIDENT
THUMPAMON GRAMA PANCHAYAT

Gmail **Devika Prasad <drdevikaprasad218@gmail.com>**

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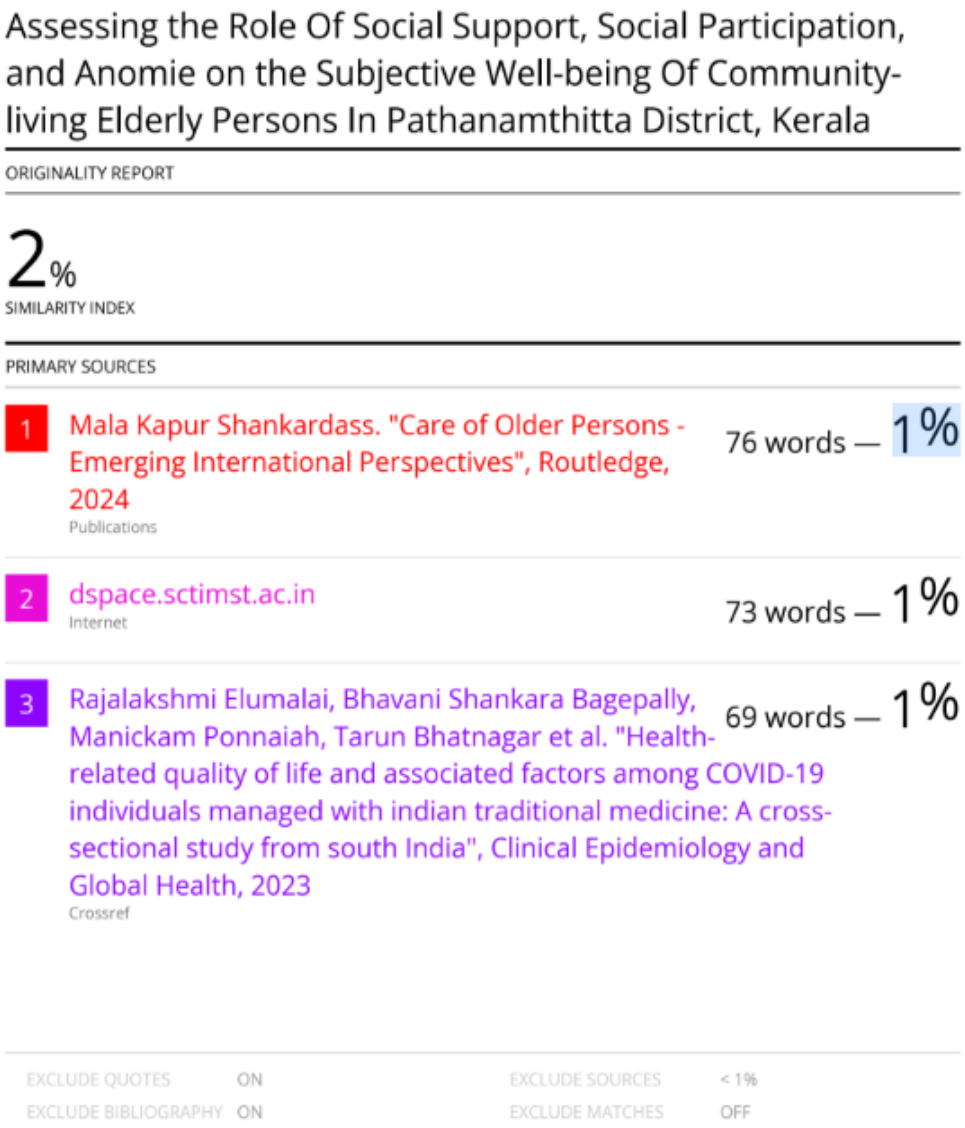
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ANNEXURE IX



Assessing the Role Of Social Support, Social Participation, and Anomie on the Subjective Well-being Of Community-living Elderly Persons In Pathanamthitta District, Kerala

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2	dspace.sctimst.ac.in Internet	73 words —	1%
3	Rajalakshmi Elumalai, Bhavani Shankara Bagepally, Manickam Ponnaiah, Tarun Bhatnagar et al. "Health-related quality of life and associated factors among COVID-19 individuals managed with indian traditional medicine: A cross-sectional study from south India", Clinical Epidemiology and Global Health, 2023 Crossref	69 words —	1%

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