

CHAPTER III

METHOD OF PROCEDURE

The main aim of the study was to identify the management practices and problems of families with disabled person in the family. The procedure followed, therefore, was as such would help to attain the aims of the study successfully. The present chapter reports the procedure through which the study was carried out.

The research design was developed after reviewing methods used in India and abroad to study problems, practices and attitudes of people. The researches abroad have concentrated on one or the other aspect of disabled person's problems, specially the disabled homemaker and her rehabilitation in her home and kitchen. This area is completely neglected in India. A study has been made of problems of disabled person but very few researches^{studies} attempt to understand the problems faced by the homemakers who have a disabled member in the family.

To understand the managerial complexities of families with disabled family member, a need was felt for a framework within which to examine the problems faced and practices followed by the homemaker. The system's approach was found to be suitable base for the framework of the present study. The family functions to meet the needs of its members through personal and managerial sub-systems. There is, however, a close interrelationship between personal and managerial sub-systems.

As shown by Deacon and Firebaugh, (1975) goals output from personal sub-system affect the family's satisfaction with

output from managerial sub-system by giving direction to goals against which managerial output is measured. This integral relation is important because satisfaction with output from the management system is measured against the personal system's goal expectation.

Theoretical Framework for the Present Study

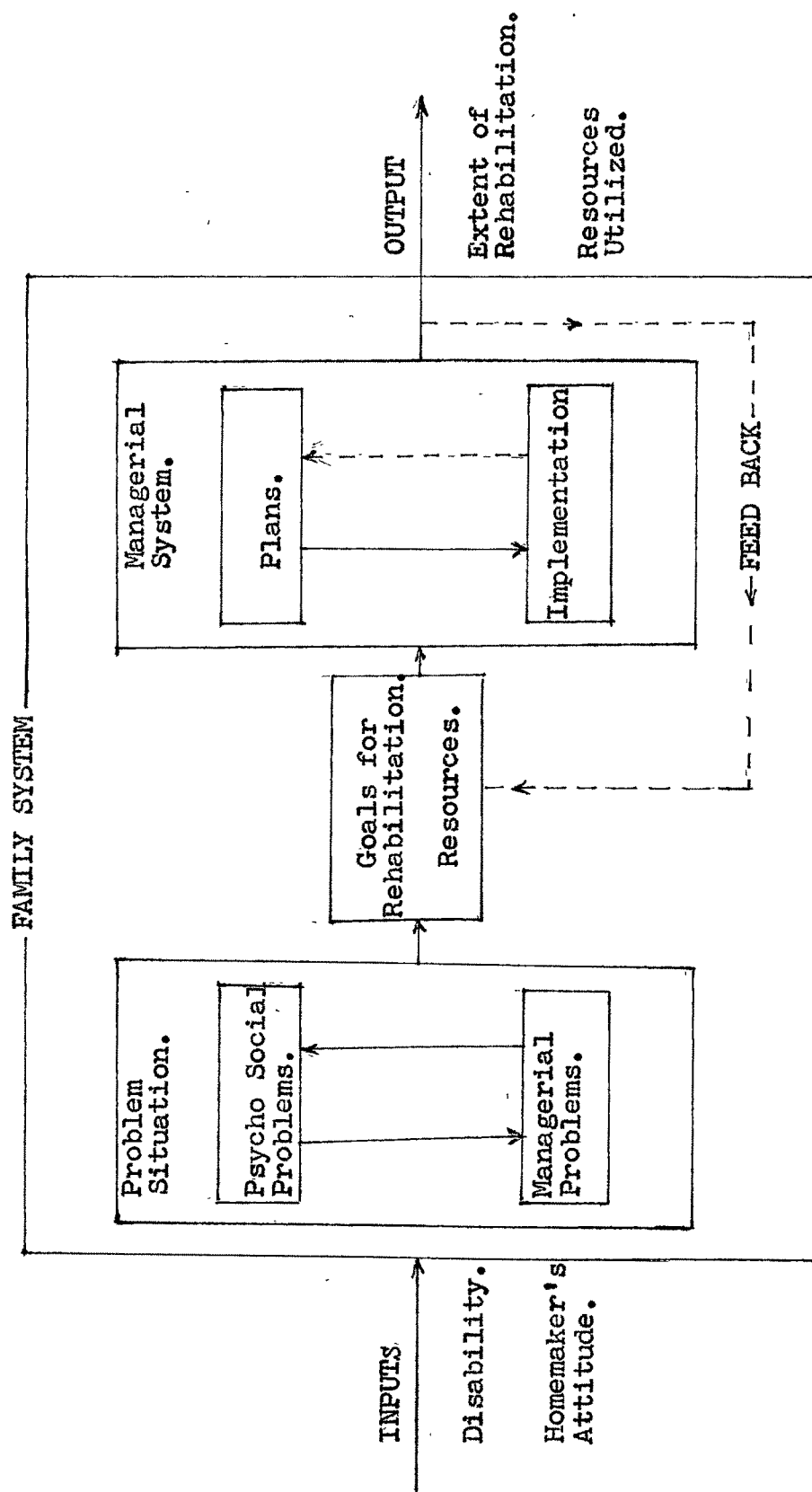
To examine the management problems and practices of the families with disabled family member a theoretical framework was conceptualized, based on system's approach. The elements of the framework (Figure - 1) are explained as follows :

Inputs.

Inputs refer to the disability of the family member and the homemaker's attitude towards disability. Both form the inputs to the problem situation created by the disability.

Disability. Disability of a family member is a major crisis in the family. It refers to the limitations of physical and/or mental functions, whether locomotor, sensory or affecting special organs. When a family member is thus affected, the impact can be seen on the homemaker's and especially mother's personal sub-system. When the homemaker is the mother of the disabled person, she is psychologically and socially very much affected by the presence of the disabled child. As a wife of the disabled person, especially if she is physically fit herself the reactions and the nature of psycho-social problems she faces are completely different. On the other hand, if she herself is

Figure-1. THEORETICAL FRAMEWORK FOR EXAMINING THE MANAGEMENT PROBLEMS AND PRACTICES
OF FAMILIES WITH DISABLED FAMILY MEMBER.



disabled the problems assume a different pattern. The relationship of homemaker other than mentioned above lead to yet another set of problems.

Attitude. Along with disability, the attitude of homemaker towards disability also forms the input to the problem situation. The attitude of the homemaker towards disability thus may aggravate or reduce the problems faced by them. The attitude here, refers to the reaction of the homemaker towards disability. If the attitude of the homemaker is positive she would accept the limitations of the disabled family member and take it up as a challenge to rehabilitate him/her not only physically but emotionally and financially too. The negative attitude of the homemaker on the other hand may affect her own mental and physical well-being and may also leave their mark on the personality of the disabled person. The physical, psychological, social, educational and vocational rehabilitation of the person, therefore largely depends upon the attitude of the homemaker.

The Problem Situation.

The presence of a disabled person in the family leads to a number of psychological and managerial problems, faced by the family in general and the homemaker in particular. The present study limits its scope to the problems faced by the homemaker herself.

Psycho-Social Problems. Psycho-social problems refer to the problems faced by the homemaker herself in the area of psychological and social adjustments she needs to make, to accept the disabled family member. The psychological problems include worry and anxiety over the future of disabled person, in terms of

his physical, emotional and financial dependence. The lack of understanding about the disability also upsets the homemaker emotionally. It may lead to feelings of embarrassment, shame and guilt in some of the homemakers.

The social problems include adjustments to reactions of family member, friends, neighbours and society towards presence of disabled family member and also the restrictions placed by the dependence of the disabled family member on the extent of her socialization. Both of these problems leave their mark on the mental and physical health of the homemaker.

Homemakers with positive attitude towards disability may reduce these problems and take disability as a challenge rather than burden. Those with negative attitude would either suffer themselves to the extent of affecting their own mental health as well as neglect the disabled family member.

Managerial Problems. The managerial problems centre around the provision of resources to rehabilitate the disabled family member and the demands created by the extent of dependence of the disabled family member. The homemaker needs to mobilize, different family and community resources in order to make the disabled person self-reliant in his day-to-day activities. The awareness, availability and utilization of resources and facilities also affect the problems faced in this respect. The problem situation thus created motivates the family to set forth the goals for the rehabilitation of the disabled family member. The goals set and the resources available from the inputs to the managerial system and give direction to the plans.

Goals for Rehabilitation.

The family has to set specific goals for the all round rehabilitation of the disabled person. They need to set goals for making the disabled person self-reliant in day-to-day activities, educate him and train him for certain vocation so that he can get a job or be self-employed and thereby become financially independent. For those who cannot be educated or trained the family has to set forth goals for their future care and attention as well as his financial independence. The family also has the responsibility of helping the disabled to become a psychologically and socially well adjusted person.

Resources.

Resources refer to all the human and non-human resources which the family can use to meet the demands of the situation and the goals set for the rehabilitation of the disabled family member. The major task before the homemaker is therefore to identify, assess and utilize all possible human, material and community resources. The homemaker can utilize her own attitude, knowledge, interest and ability and also that of the other family members to find ways of meeting the various problems she faces and the goals she wants to achieve. The time and energy of the homemaker and that of the other family members too can be utilized to meet the goals for the rehabilitation of their disabled family member.

Money of **course** is the most important resource and needs very careful and wise handling. The investment in time and labour saving equipment, physical aids, and making changes in existing equipment, furniture and housing conditions to suit to the needs of the disabled family member contribute to a great extent in

reducing demands on homemaker's time and making disabled person self-reliant. The community resources in terms of help from welfare agencies in guidance, counselling, education and training should also be utilized by the family. The facilities, programmes and benefits provided by government and voluntary organizations also are important resources to the family.

Managerial System.

The managerial system includes the planning of the use of resources and implementation of the plans to meet the demands.

Plans. Plans refer to the allocation of resources to be made in future. The family with a disabled family member, needs to completely reorganize the family resource management. The goals set for rehabilitation of the disabled family member give direction to the plans made for the use of the resources of the family. The homemaker has to assess all the resources, make specific allocations and may have to substitute resources in order to meet the demands. A lot of adjustments are therefore required to meet the demands of the situation and the goals set by the family.

Implementation. The plans made, have to be implemented, in order to get desired output. The homemaker has to check the progress of her plans and make necessary adjustments so that the goals can be achieved. Thus a number of adjustments may be needed when the plans are being executed.

Output.

Output refers to the extent of rehabilitation of the disabled family member and the resources used in the process.

Extent of Rehabilitation. Extent of rehabilitation refers to the extent of achievement of goals the family set forth for the rehabilitation of the disabled family member, the extent to which the disabled family member has been made independent in day-to-day activities, the level of formal education given^{and} the vocational training provided to him so that he can be financially independent too. The emotional security provided by the family is also important.

The Resources Utilized. The resources utilized in the process are also the output. Resources used are evaluated in terms of the amount of money, time and energy spent on care attention and treatment of the disabled person, the knowledge and interest used in finding place for providing education and training to him, the alterations made in the physical facilities to meet his needs and the help taken from social welfare agencies for rehabilitation of the disabled family member.

Feedback. Feedback refers to the information fed back for the input into managerial system for further improvement of management. It is a positive or negative response to action that reflects to the managerial system, the effects of any changes in plans, interpreting subsequent steps. The feedback also goes on within the managerial system. When the plans are implemented, information is fed-back to the plans and necessary adjustments have to be made to facilitate success of the plans in progress.

The present study being the first attempt of its kind needs to be exploratory in nature, in order to survey the problem situation and gain insight into the management practices and problems of families with disabled member in the family. It would help to

discover hypotheses which can be further studied in a much more controlled group situations. As pointed out by Kerlinger,

"Most researches in education are conducted on small size non-random sample; the hypotheses thus discovered can be further supported through further research before they can be generalized".

An exploration of the problem situation created by the presence of a disabled member in the family would reveal a true and comprehensive picture of situation and help to find out factors affecting the problems and identify the causes and interrelationships among the factors which could be studied in greater detail and in controlled group situation at a future date.

The exploratory nature of such a research design would permit the consideration of many different aspects of the situation and help to plan subsequent more structured studies.

Phases of the Study.

The present research was conducted in three phases.

Phase I - The pilot study phase.

Phase II - The case study phase.

Phase III - The follow up stage.

The Pilot Study Phase

A pilot study was conducted with following aims :

- i) to pretest the instruments to be used in the study and establish their validity and reliability in collecting data.
- ii) to assess the extent of disability of the disabled person in order to determine the basis for selecting sample, for the final study.

The instruments used in the pilot study were; (i) a guided interview schedule developed and pretested for clarity and completeness in collecting data; (ii) A descriptive rating scale prepared to quantify the problems faced by the family and the practices followed by them in meeting the situation was tested for feasibility in collecting the data. (iii) A Likert type attitude scale was prepared and tested for reliability in analyzing the attitudes of homemakers towards disability.

Selection of Sample for Pilot Study.

The investigator contacted various local social welfare agencies and institutions to find out the total number of disabled persons registered with them. The information was also gathered about the age and sex of the disabled person, the nature of disability and income group to which they belonged.

It was found that the maximum people were orthopaedically handicapped (602), almost equal number of blind and deaf-mute (150, 148) and 73 mentally retarded. A door to door survey conducted by V-one Society in 1972 also revealed that there were 511 orthopaedically handicapped, 139 deaf-mutes, 93 blind and 43 mentally retarded people in Baroda.

The agewise distribution revealed that there were two major groups; the school going group was from 5-18 years and employment group 18 and above. The V-one Society survey revealed that 50 percent of the disabled were in the age group of 8-25 years.

The income group data revealed that some institutions catered to the low and middle income groups while others catered to all income groups.

The list of population was prepared keeping above information in mind and some families personally known to the investigator were also included in the list. From the list, thus prepared a sample of 50 families was selected. As maximum number were in the orthopaedic group, 20 families were randomly chosen from this category, 10 from blind, 10 deaf-mutes and 10 mentally retarded. An effort was also made to choose the sample keeping in mind, age of the disabled person and income of the family.

Construction of Research Tools

The various research tools used by the investigator to collect relevant data are presented below :

Schematic Presentation of the Research Tools Used for Collecting Data (APPENDIX I)

Research Tool.	Nature of Data.
1. Hewett's and Newsons Handicap Scoring Sheet.	To assess the extent of disability.
2. A Problem and Practices Rating Scale.	To collect informations on management practices and problems.
3. An Attitude Scale.	To find out the homemaker's attitude towards disability.
4. An Interview Schedule.	To develop case studies.

The purpose, the procedure followed and the reliability and validity tests conducted for preparation of various tools used in the study are reported on the following pages.

Hewett and Newson's Handicap Scoring Sheet.¹

In order to identify the problems which a disabled person presents to his family, some measures of the degree to which his disability affects day-to-day living is essential. The medical diagnosis and categories are not much of help from this point of view. For example, if a person has hemiplegia, it conveys no notion of the extent to which he is prevented from walking, talking, feeding or dressing himself, nor does it give any indication of the extent to which his actual mobility (regardless of ability to walk) is affected in his own home. These are things which the homemaker can only tell, and although she could not give an account in terms which would satisfy a physiotherapist or doctor, she can give very useful description of what disability means in practical terms.

The handicap scoring sheet included items which helped to measure the extent of disability in terms of dependence of the disabled person in different areas viz. movement, dressing and bathing, feeding, continence, special senses and general health. A score was allotted to each item starting from zero, in ascending order, in accordance with increase in the extent of dependence of the person in above mentioned areas.

¹ Sheila, Hewett, John and Elizabeth Newson; The Family and the Handicapped Child., London, George Allen and Unwin Ltd., 1970 pp 215 - 220

A Problems and Practices Rating Scale.

One of the objectives of the present study was to test the relationship between the intensity of problems faced by the families with disabled member in the family and the extent of disability as well as position of the disabled person in the family. A need was thus felt to quantify the problems and express them in specific descriptive statements. A schedule consisting of several statements was prepared for this purpose.

The practices followed by the homemakers were also quantified and expressed in form of specific descriptive statements, in the second section of the descriptive rating scale, to identify the ones which were commonly followed by homemakers in solving the problems faced by them because of having a disabled member in the family and to determine the frequency with which these practices were followed.

A preliminary review of literature was carried out in order to assess the problems faced by families with disabled members in the family and the practices followed by homemaker in solving these problems.

The investigator found that certain aspects of problems faced by families of disabled person were studied from time to time by different people. The psycho-social aspects had been extensively explored but problems related to economic aspect, management of household by homemakers and the housing facilities were not explored at all.

The problem areas identified thus, by the investigator were categorised into psychological, social, educational, employment, marriage, economic and management of household.

Inadequacies in housing conditions and facilities for the disabled person were also studied.

A schedule of 106 statements was thus developed by the investigator in order to describe various aspects of problems faced by the families with disabled person in the family. The statements describing the practices, were based on good management practices as advocated by experts in the field of home management. A set of all 55 statements were developed for this purpose in the second section of the scale.

Content Validity. The schedule prepared by the investigator was then given to ten judges; four of which were home management experts, two social workers, two child development specialists and two experts from welfare organizations; for clarity. The judges were requested to indicate how clearly each statement described the problems faced by homemaker and the family. The responses were rated on a four point continuum in order to have a measure of descriptive strength of content of each statement. The statements which were marked as "very clear" were given a score of three points, those marked as "clear" were scored with two points and "ambiguous" statements were allotted a score of one while those marked as "not applicable" were scored zero.

The responses of the judges thus scored, were coded and tabulated. The statements were screened according to the following criteria :

- 1) Any statement classified as "not applicable" by more than two judges was rejected.

- 2) Those statements where there was agreement among six judges or more were included in the final schedule.
- 3) The maximum possible score for each statement was 30. The statements for which the total score of the judges regarding the descriptive strength of the statement was 20 or more were included in the schedule. Those statement with score between 16 and 20 were screened out for reframing and improvement of their clarity scores.

Based on the above criteria 91 out of 106 statements related to problems and 52 out of 55 statements describing the practices were included in the final schedule.

Social Acceptability Test. The statements prepared for the descriptive rating scale on problems faced and, practices followed by the families with disabled member in the family were further judged by ten homemakers for their social acceptability. The purpose of such a test was to increase the validity of the instrument and assess the willingness of the homemakers to respond to the statements. The homemakers who had a disabled person in the family were requested to judge the statements.

The responses of the homemakers were rated on three point continuum from 0-2 points. No score was given to a statement to which the homemakers were "not at all" willing to respond, one point was allotted to statements to which they "were hesitant to respond" and two to those to which they would "respond readily."

The responses of homemakers were scored, coded and tabulated. The criteria used to screen the statements from this point of view were as follows :

- 1) Any statement classified as "not at all" willing to respond by more than two judges was discarded.
- 2) Those statements where six or more judges were willing to respond readily were included in the final schedule.
- 3) A maximum score of 20 was possible for each statement. The statements where social acceptability score given by the judges was 16 or more were accepted and included in the final schedule. The statements with the score between 10-15 were reframed to improve their acceptability.

Out of 91 statements describing problems 78 statements were accepted and 13 were reframed to make them acceptable. All statements in the section on practices were found to be acceptable.

The statements which were reframed to improve clarity and acceptability were further checked by three judges for appropriateness of the description. The clarity and acceptability level of these statements were improved and then they were also incorporated in the schedule. Thus a total of 91 statements in the section on problems and 52 statements in the section on practices were used in the final schedule.

Attitude Scale.

The investigator was interested to measure the attitude of the homemakers towards disabled people in general. Therefore,

an attitude scale had to be constructed to assess the attitude of respondents. The Likert type, summated rating scale was prepared.

Fiftytwo statements were prepared concerning behaviour and needs of disabled persson, and the aspects emphasized were personality charecteristics, social life, education, employment, marriage and special treatment to be given to the disabled person. The statements related to both positive and negative attitudes were framed.

In preparing the statement the criteria suggested by Thurstone and Likert were borne in mind.

1. The statement should be as brief as possible so that it does not fatigue the subjects.
2. Double barrellled statements should be avoided.
3. The statements should express behaviour and not facts.
4. Statements should be such that they can be endorsed or rejected in accordance with their agreement or disagreement with the attitude of the respondent.
5. No statement should involve double negative or other confusing expressions.
6. Statements should be of a mixed nature so that the model reactions to some is towards one end of the continuum and to others more in middle or towards the other end.

Content Validity. In order to test the validity of the statements prepared, the fiftytwo statements were categorized and submitted to a panel of ten judges for indicating how clearly the statements reflected attitude in a particular category. The judges were also requested to categorize each statement as to

whether it reflected positive or negative attitude.

The responses of the judges were recorded as "clear" "ambiguous" or "not applicable". They were also recorded as "positive" statements or "negative" statements. The responses on the clarity of statement were scored on a three point continuum of zero to two. A score of zero was allotted to statements to which the judges responded as "not applicable"; one point was allotted to the statement marked as "ambiguous", and two points were allotted to those which were marked as "clear". Similarly a score of one was allotted to statements marked as "negative" and two to statements marked as "positive".

The judges responses thus scored, were coded and tabulated. The items were further screened according to following criteria :-

1. Any statement classified as "not applicable" by more than two judges was rejected.
2. A statement where there was agreement among six judges or more were included in the scale.
3. The maximum possible score for clarity of statement was 20. The statements with total score of 16 and above were considered clear and those with score between 10-15 were reframed. The statements with score below 10 were completely rejected.

Out of 52 statements 48 statements satisfied above criteria, 24 of which reflected positive attitude and 24 reflected negative attitude.

Interview Schedule.

The interview schedule was also used as a tool for collecting data. Interview schedules are difficult to construct, they are time

consuming and relatively costly but there is no other method that yields the information that they yield. The personal interviews can be very helpful in learning a respondent's own estimate of his/her reasons for doing or believing something.

The interview schedule was thus planned in form of specific questions to be asked, aimed at various facts of the problem. Each of the questions were built into the interview schedule so that they helped in collecting relevant information for developing case studies and supplement information collected by other instruments.

The interview schedule, thus included the information about the background characteristics of the families as well as the disabled person. The information was collected about the type and size and composition of the family, income of the family in cash and kind, age, education and occupation of the family members.

The information about the disabled family member included his/her age, sex, education, occupation, income and age at onset of disability and the relation to the respondent were considered. Further it included queries leading to information about nature and cause of disability as well as the treatment given and its cost. The sources used to finance the expenditures of the disabled person were also studied. The information on nature and extent of medical supervision at present were also elicited.

An enquiry^{was} also made about the goals set by the family for the rehabilitation of the disabled family members.

The decision-making pattern in the family with regards to the treatment, marriage, aids for self-reliance and measures for financial security for the disabled family member were also within the purview

of the present study and information was gathered about it.

The amount of time spent by homemakers in the care of the disabled family member and help she receives in their care also was included in the study and the homemakers were requested to give information about the time spent. An attempt was also made to find out the amount of rest and sleep and leisure time available to the homemakers in the selected families.

Personal observations were made regarding the housing conditions. The objective was to find out whether inadequacies in the housing conditions aggravated the problems faced by the homemakers in care of the disabled family member. The points considered were the adequacy of the number of rooms, toilet and bath facilities, water supply, electricity, day light and ventilation. The sanitary conditions and the amount of noise in the neighbourhood; whether the house was rented or owned; and whether it was kachha or pucca, were also considered.

Results of Pilot Study

The pilot study was planned with the purpose of testing the validity and reliability of instrument and to survey the problem situation. The findings revealed that the earlier classification of the disabled persons into four categories should be changed to five categories. An additional category of cerebral palsy group should be added to the already existing groups of orthopaedically handicapped, blind, deaf-mute and mentally retarded. This particular group suffered with a double handicap that of limitations on physical and mental abilities of the person as the brain is the affected organ in this type of disability.

As an outcome of the pilot study certain modifications were made in the tools to be used for final study.

1. The interview schedule was found to be suitable for collecting relevant data and only minor changes were made.
2. The problems and practices scale was found to be useful in determining the extent of problem faced and the practices followed. It was however felt by the investigator that problems and practices should be studied not only in the present context but also with reference to past experiences and future anticipation.
3. The attitude scale was found to be reliable. The splithalf method was used to establish reliability of the instrument. The scores on odd and even half of the scale were correlated. The correlation coefficient thus obtained was further tested for reliability by the application of Spearman Brown formula. The reliability coefficient thus calculated was 0.85 which indicated a very high degree of reliability of the attitude scale.
4. The scoring sheet developed by Hewett and Newsons was found to be suitable for establishing the extent of disability.
5. The various roles of disabled person as identified in the pilot study were that of husband, son, daughter, brother-in-law of the homemaker and the homemaker herself.

The Case Study Phase

Case studies of selected families were developed to find out the common as well as unique features of the problems faced by the families and the practices which are followed by the individual families in meeting the problem situation.

Case study can be used to examine the complex situation and combination of factors involved in a given situation so as to identify casual factors. It affords a deep analysis of interaction between the factors that produce change. Having disabled person in the family definitely creates a special situation which involves a lot of adjustments and changes.

Treatment of each case individually helped the investigator to understand the problem situation in greater depth and offer suggestions for improving the management practices of families in tackling the problem situation effectively.

Selection of Sample: .

A non-probability quota sample of 25 families with the disabled member in the family were selected for detailed study from the same population as in the pilot study keeping in mind following criteria :

- 1) Nature of disability - A quota of five families in each of the following categories were chosen - orthopaedically handicapped, blind, deaf-mute, mentally retarded and those suffering from cerebral palsy.
- 2) Extent of disability - The degree of severity of disability was also considered while choosing the sample. Families with disabled person suffering from

varying degree of disability scores ranging from 2-81 were included.

- 3) Role of disabled person in the family - The role of disabled person identified in the pilot study were considered while selecting the sample. The sample included husband as the disabled member in the family, the daughter, the son, the brother-in-law of the homemaker and the homemaker herself.

Method of Collecting Data

The data were collected with the help of the pretested tools reported earlier. Personal interview and observation of the families was carried out. The homemaker was taken as the principal respondent and at times other members including the disabled person were used to collect necessary information.

The investigator approached some of the respondents, with the reference of the social welfare organizations of which the disabled family member was a member so that it was easy to establish rapport. Some were approached directly as they were known to the investigator personally. The investigator found the respondents very co-operative and helpful whenever and at whatever time they were approached.

Analysis of Data

The procedure used in the analysis of data of the present study were, categorization, coding, tabulation and statistical analysis.

Categorization. Data related to the extent of disability; extent of problems faced, frequency of adjustments and attitude of the homemaker towards disability were categorized for further analysis (Appendix III).

Statistical Analysis. The data were analysed employing descriptive as well as relational statistics.

Descriptive Statistics. The data was expressed in frequencies, percentages and mean scores for analyzing following information :

- a) Nature, cause and extent of disability.
- b) Problems faced by the homemakers.
- c) Practices followed by the homemakers.
- d) The attitude of homemakers towards disability.

Relational Statistics. Statistical analysis was carried out to test the relationships between selected variables.

1. t-test was used to test relationship between sex of the disabled person and type of family to which he/she belonged; and the extent of problems faced by the homemakers.
2. Chi-square test was used to test relationship between nature of disability and role of the disabled person in the family; and the extent of problems faced by the homemakers.
3. Pearson's Product-Moment correlation was used to test the following relationships :
 - a) Extent of disability and
 - i) extent of problems faced,
 - ii) extent of adjustments made.

- b) Attitude of homemaker and,
 - i) extent of problems faced,
 - ii) extent of adjustments made.
 - c) Age of the disabled and the extent of problems faced.
 - d) Income of the family and the extent of problems faced.
4. Partial correlation was used to test interrelationship among the problems faced, extent of adjustments made, and attitude of the homemaker towards disability.
5. t-test was used to judge the level of significance of r-values computed by Pearson's Product Moment Correlation and Partial Correlation. The formulas used were :

$$i) \quad t = \frac{r}{\sqrt{1 - r^2}} \times \sqrt{n - 2}$$

in which,

r = the coefficient of correlation.

n = size of sample.

Degree of Freedom = n - 2

$$ii) \quad t = \frac{r}{\sqrt{1 - r^2}} \times \sqrt{n - k - 2}$$

in which,

r = the coefficient of partial correlation

n = size of sample

k = degree of freedom.

The Follow Up Stage

The third stage of the research design was the follow up stage. It was planned to find out the feasibility of the suggestions offered by the investigator after a period of six months.

months.

An interview schedule was prepared to evaluate the success or failure of the suggestions offered to the group studied in the phase II. A personal interview was conducted to collect relevant information. An interview schedule based on the suggestions given to the families was prepared and the families were asked to the extent to which they found suggestions helpful and whether they followed them or not. The reasons for the success and failure of the suggestions were also asked. The data ~~were~~ analyzed in terms of frequencies and percentages.