Adaptation of Health-Specific Self-Efficacy Scales for use in Bangladesh

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Abstract

The aim of the present study was to adapt a 'Health-Specific Self-Efficacy Scales (HSSES)' for use in Bangladesh. For this purpose, 155 respondents (age range 18 to 42 years) were selected using convenient sampling technique from different departments (students, facultiesand stuff) of IUBAT University. The scales were adapted following five steps such as ensuring construct equivalence, forward translation, focus group discussion, back translation as well as a pilot study. The findings demonstrated that the Bangla Version of 'Health-Specific Self-Efficacy Scales' has sound reliability [Cronbach Alpha 0.79 ('Nutrition Self-Efficacy (NSE)' 0.84, 'Physical Exercise Self-efficacy (PESE)' 0.76,'Alcohol Resistance Self-efficacy (ARSE)' 0.82), Split-half reliability 0.73 (Spearman-Brown) and 0.76 (Guttman method), test-retest reliability 0.67] and satisfactory validity. These results exhibit that Health-Specific Self-Efficacy Scales ('NSE', 'PESE' and 'ARSE') are reliable and valid instruments for assessing nutrition, physical exercise and alcohol resistance-related self believes as well as health consciousness. Furthermore, this study uncovers the opportunity for further health-related research projects in Bangladesh.

Keywords: Alcohol Resistance Self-efficacy; Health-Specific Self-Efficacy Scales; Nutrition Self-Efficacy; Physical Exercise Self-efficacy; Self-Efficacy.

1. Introduction

Self-efficacy refers to the belief of an individual's that he or she is capable of performing a task (Bandura, 1977, 1986, 1997). Higher self-efficacy proliferates the confidence of an individual. Difficult situations provoke individuals with low self-efficacy to relinquish without facing the challenge. Individuals with low self-esteem perceive the situation from a negative perspective and consider the task as threatening rather than challenging (Md and Ali, 2009; Zimmerman and Bandura, 1994). On the contrary, individuals with high self-efficacy perceive difficult situations as a challenge and try harder to achieve their goals (Locke and Latham, 2002). A study conducted by Yusuf (2011) depicted that self-efficacy is significantly associated with enhanced learning attainment. Also, the effect of self-efficacy has been found to be crucial for various areas of health psychology, such as self-management of chronic disease, smoking cessation, alcohol use, eating, pain control, exercises etc. Findings of a research conducted by Porter et al., (2008) support that patients with low self-efficacy face explicitly higher levels of pain, fatigue, lung cancer symptoms, depression, and anxiety, and noticeably worse physical and functional wellbeing.

Another study by Michaelidou and Hassan (2008) concluded about significant impact of the effect of health consciousness and self-efficacy on consumer's choice of food products. Consumers with lower nutrition self-efficacy take food decisions on the basis of health unrelated food attributes, such as taste, whereas individuals with higher self-efficacy input more cognitive effort regarding food choices. Another study conducted on the African American women found a significant positive association between self-efficacy for exercise and physical activity (Robinson, 2009). Furthermore, one study by Wiklund (2016) indicated that for total daily energy expenditure, voluntary exercise is the most important component which can also influence our balance of liveliness. Hence, physical activity and exercise have remarkable magnitude in the solution to the ongoing obesity epidemic.

Self-efficacy has importance in the field of social psychology and health psychology, as a result, many tools were developed by the researchers to measure this phenomenon (Ashford et al., 2010). Health Specific Self-Efficacy Scales (HSSES) are notable among these scales. Here, health-specific self-efficacy refers to a person's self-belief about his or her ability to resist desires and to adopt healthy lifestyles. In 2006, Schwarzer and Renner first endeavored to develop HSSES. After the development, the scales are widely used in many countries for research and medical purposes, such as, for assessing individuals' health consciousness (Trummer et al., 2006). In the HSSES, there are three subscales named Nutrition Self-Efficacy (NSE), Physical Exercise Self-Efficacy (PESE) and Alcohol Resistance to Self-Efficacy (ARSE). Here, NSE means nutrition-related beliefs that can govern our dieting, weight

control as well as preventive nutrition. PESE means confident self-beliefs of being able to act appropriately and ARSE means beliefs about resisting alcohol as well as drug prevalence (Anderson *et al.*, 2007).

Now a days, drug addiction has become an issue of concern for Bangladesh. People in Bangladesh, specifically, adolescent and young adults are being addicted to drugs or alcohol. Overcoming addictive behavior, such as, substance use, smoking, and alcohol consumption is very challenging for substance users. In order to help and provide appropriate intervention, the professionals, such as, doctors and psychologists need to measure the alcohol resistance self-efficacy among the substance users. Besides, substance use among educational institute- going adolescents and young adults can be prevented by the government with the help of measuring the Alcohol Resistance Self-Efficacy (Hawkins *et al.*, 2004). Again, the mental health professionals like doctors or psychologists can measure the NSE or PESE of patients or clients for better treatment, since, both are related to prevention or improvement of many longterm health conditions commonly observed in clinical practice. Unfortunately, efforts to help patients to adopt an exercise program are often unsuccessful.

Considering that, NSE and PESE scales can be promising to help with exercise program. At present, peoples' food habit is also concern of grave. So, many consumer organizations want to explore the consumer's health consciousness regarding food or determining factors behind the consumers' food choice; which can be identified by using NES scale (Chen, 2009). Therefore, the present study has been designed to adapt HSSE scales into Bangladeshi culture. So the objective of the present study was to adapt a HSSE Scales for use in Bangladesh.

2. Material and methods

2.1 Respondents

As the objective of the present study was to adapt HSSE Scales to measure the level of self-efficacy towards health, a total number were sought of 155 adult respondents (including university students, faculties and Staff) from different departments of IUBAT following convenient sampling technique. Among the respondents 84 (54.2%) were males and 71 (45.8%) were females. Again, 7 (4.5%) respondents belonged to the upper class, 146 (94.2%) respondents belonged to the middle class and the remaining 2 (1.3%) respondents were from the lower-class group. The respondents' age ranged from 18 to 42 years (22.09 ± 3.50).

2.2 Measuring Instruments

To collect data of the present study, we used the following instruments:

2.2.1 Personal Information Form (PIF)

A PIF was used to collect personal and demographic information of the respondents such as, gender, age and perceived socio-economic status.

2.2.2 Description of the HSSE Scales

HSSE Scales were developed by Schwarzer and Renner (2006). There are three subscales in this scale named NSE, PESE and ARSE. 'General Self-Efficacy Scale' (Schwarzer and Jerusalem, 1995) was used as a baseline in the construction of this questionnaire and this questionnaire was developed under the project of "Berlin Risk Appraisal and Health Motivation Study" (Schwarzer *et al.*, 1996). In total, there were 13 items and the scaling system was 4-point Likert-type which ranged from 1 (very uncertain) to 4 (very certain). This scale has three subscales which are as follows:

Subscale/Factor 1: First subscale is designed to measure NSE. Among the 13 items of the main scale, it includes total 5 items. Among these items, no item required reverse scoring.
Subscale/Factor 2: Second subscale is designed to measure PESE. Among the 13 items of the main scale, it includes total 5 items. Among these items, no item required reverse scoring.
Subscale/Factor 3: Third subscale is designed to measure ARSE. Among the 13 items of the main scale, it includes total 3 items. Among these items, no item required reverse scoring.

In case of internal consistency, the three subscales' internal consistency coefficients were as follows: α = .87 (NSE); α = .88 (PESE); α = .79 (ARSE). The test-retest reliability (six months) of NSE was also moderate (α = .59) (Schwarzer and Renner, 2006).

2.2.3 Adaptation Process

The adaptation of 'Health-Specific Self-Efficacy Scales' was completed following and accepting the guidelines of International Test Commission (ITC). The procedure for cross-cultural adaptation of psychological instruments was maintained strictly which includes five steps:

2.2.3.1 Step one: Ensuring construct equivalence

To make a decision whether the constructs of the English version of the 'Health-Specific Self-Efficacy Scales' have the uniform meanings in Bangladeshi culture as in English culture, the constructs studied previously have been reviewed. Again, three subject matter experts from the Department of Psychology, University of Dhaka, judged the construct equality between the two (English and Bangladeshi) cultures. They reached on a consensus that the constructs under the present study have similar definitions equally applicable to Bangladeshi culture.

2.2.3.2 Step two: Forward translation (English-Bangla)

In this step, four translators individually translated the 'Health-Specific Self-Efficacy Scales' from English to Bangla version. All of them were Subject Matter Experts (SME), faculty members in the Department of Psychology, for translating this questionnaire. Bangla was their first language and English was their second language and they were also acquainted with English culture. So, they tried their level best in selecting the most suitable words, items or expressions for translating their respective Bangla versions. By this process, the initial Bangla version of the questionnaire was well ordered. A professor of linguistics of the university checked the quality of translation, the language structure and conceptual correspondence of words or phrases. Modification of some items, words or meanings was made following his suggestions.

2.2.3.3 Step three: Focus Group Discussion

A formal focus group discussion was organized at 'The Mir Fkharuzzaman Memorial Psychological Laboratory', University of Dhaka. The total group members of this FGD session were 10, who were selected purposefully from different departments including Psychology, English, Bangla, Linguistic, Communication Disorder department. Then, the forward translated items including original items were presented to them to explore whether they can understand the actual meaning of the translated items to which they were intended to measure. Their feedback was also included for the revision of the translation of items into the Bangla version. This FGD session was completed on 45 minutes.

2.2.3.4 Step four: Back translation (Bangla-English)

Again, four translators were selected who translated the Bangla version of the 'Health-Specific Self-Efficacy Scales' to English. Among these translators, two were the faculty members of English department at the University of Dhaka, one was the faculty member of English language in the Institute of Modern Languages and the rest was a graduate from English department. The exactness of forward translation was cross-checked by the panel members' back-translation reviews.

2.2.3.5 Step five: Pilot study

A group of 31 convenient samples was used in this pilot study including both male (13 respondents) and female (18 respondents) before conducting the finalized Bangla Version of HSSE Scales to a large extent. The objective and significance of the study were informed to the respondents and the participants, who were willing to participate, were selected in this study.

2.2.4 Questionnaire administration

The adapted Bangla version of HSSE Scales was administered on 155 respondents selected through a convenient sampling technique. After taking informed consent, the participants who had volunteered to participate, were gone through written and verbal instructions. They were assured that the confidentiality of this study would be strictly followed and these data will be used only for the research purposes. This study was conducted following self-completion questionnaire format which directed the respondents to answer every question honestly without escaping any item. They gave (√) mark among the five alternatives which were the most preferable for the respondents. They filled the scale and returned it to the researcher. The whole task required approximately 5-8 minutes to complete. Some of the respondents were also informed that they could be given the same scale again for a re-test. After two weeks, the same procedures were followed for re-test.

Finally, respondents' response to each item was used to determine corrected item-to-total correlation to identify the suitability of each item (Item Analysis), reliability (Test-retest, Cronbach's Alpha and Split-half), validity (face, content, construct/factorial) of the Bengali version of the 'Health-Specific Self-Efficacy Scales' by using SPSS software version 20.0.

3. Results and Discussion

Available data were analyzed in two phases.

3.1 First Phase

3.1.1 Item analysis

Item analysis of a Likert-type scale is done by calculating the correlation between individual item's scores with the total score. For HSSE Scales, all 13 items were systematically scrutinized and corrected item-total correlation coefficients were found out and presented in Table 1. From that corrected item-total correlation value, all 13 items were detected as standard ($r > .03$) in assessing what the full HSSE Scales, questionnaire was supposed to measure. Thus, items were not needed to score reversely to consider any cultural variation issues. Finally, the full scale was found to have significant (at than 0.05 level) correlation coefficients which ranged from 0.31 to 0.59. So, it was concluded that all 13 items had a satisfactory level of internal consistency ($r = .79$) and selected for the final Bangla version of HSSE Scales.

Table 1: Item analysis of the Bangla version of the HSSE Scales

	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
NutritionSES_01	.516	.767
NutritionSES_02	.537	.766
NutritionSES_03	.525	.767
NutritionSES_04	.538	.765
NutritionSES_05	.586	.761
PhysicalESES_01	.430	.776
PhysicalESES_02	.423	.776
PhysicalESES_03	.422	.776
PhysicalESES_04	.442	.774
PhysicalESES_05	.358	.778
AlcoholRSES_01	.337	.783
AlcoholRSES_02	.329	.786
AlcoholRSES_03	.309	.790

3.2 Second phase

3.2.1 Determining Reliability

The reliability coefficients of the Bangla version of the HSSE Scales were determined by Cronbach's Alpha, Split-half (following odd-even method), test-retest (for temporal stability) methods. These computed results are shown in Table 2 and Table 3.

Table 2: Reliability coefficients of the Bangla version of the HSSE Scales

Scale Reliability Coefficient	Alpha (Cronbach's) Coefficient after Spearman-Brown (N=155)	Split-half Reliability Coefficient for Guttman Correlation (N=155)	Split-half Reliability Correlation (N=155)
Health-Specific Self-Efficacy Scales (HSSE)	0.79*	0.73*	0.76*

* Correlation is significant at the 0.05 level (2-tailed)

Table 3: Reliability coefficients of the Bangla version of the HSSE Scales

Scale	Test-Retest Reliability Coefficient (N=30)
Health-Specific Self-Efficacy (HSSE) Scales	.67*

* Correlation is significant at the 0.05 level (2-tailed)

3.2.1.1 Cronbach's Alpha

In the HSSE Scales, there are thirteen items (N=13). The Cronbach's Alpha was found 0.79. The Cronbach's Alpha was also found for each of three subscales of the HSSE Scales separately. For NSE subscale, the Cronbach's Alpha was found 0.84 for 5 items. For PESE subscale, the Cronbach's Alpha was found 0.76 for 5 items. For ARSE subscale, the Cronbach's Alpha was found 0.82 for 3 items. So, the Bangla version of the HSSE could be considered as reliable scale.

3.2.1.2 Split-half Reliability

The Split-half reliability coefficient between the odd-even numbers of items was found 0.73 after using the Spearman-Brown Correlation formula. In the Guttman method, this reliability coefficient was found to be 0.76. Both of these reliability coefficients identified that the Bangla version of the HSSE Scales are reliable (Table 2).

3.2.1.3 Test-Retest Reliability

To identify the test-retest reliability coefficient of the HSSE Scales', the Bangla version was administered to 30 respondents among the 155 respondents with a gap of 15 days. They were selected on the basis of their willingness to participate. They were informed that they would be administered the same scale again for retest which they completed 15 days before. In the two different time periods (15 days interval), the test-retest reliability coefficient was $[r\ (30) = .67\ (P < .05)]$ significant and provided moderately satisfactory level of temporal stability of the Bangla version of the HSSE Scales.

3.2.2 Determining Validity

The validity of Bangla version of the HSSE Scales was assessed by using the following methods:

3.2.2.1 Content Validity

The Bangla version of the HSSE Scales developed in Bangladesh with back translations done by members of the University of Dhaka was checked by expert panels, Bengali speaking people and the research supervisor from University of Dhaka. The expert panels gave essential comments and suggestions to revise the 13 items. Thus, after checking and correcting the final Bengali version was prepared. The essential remarks assured the content validity of this adapted questionnaire.

3.2.2.2 Face Validity

Adapted version of HSSE Scales has a high degree of face validity because all members of expert panel, researchers and members of focus group discussion orated that all of the items of the adapted scale seem to measure health-specific self-efficacy behavior.

3.2.2.3 Factorial Validity

Factorial validity or construct validity of the present scales was assessed by applying factor analysis. The Scree plot of factor analysis has shown that items of the Bangla version of the HSSE Scales were divided into three subscales. The Eigen values of 13 items of the HSSE Scales are shown in Table 4.

4. Extraction Method: Principal Axis Factoring (3 factors extracted)

The factor matrix of factor analysis has also provided stronger support in terms of the validity of items for three subscales for the HSSE Scales. Data of the factorial validity are shown in Table 5.

In this Factor matrix, it is shown that the variables were more strongly related to their own factor rather than related to the other factors. By examining the factor matrix, it is found that variables were loaded significantly only on one factor. It was also noticed that "cross-loadings" do also exist (variables are loaded on more than one factor), then the cross-loadings must differ by more than 0.3. Data showed that the first 5 items (NutritionSES_01, NutritionSES_02, NutritionSES_03, NutritionSES_04 and NutritionSES_05) measure the same aspect of health-specific self-efficacy in reality; these 5 items actually belonged to the same subscale 'Nutrition Self-Efficacy (NSE)'. In factor no.2, 5 items (PhysicalESES_01, PhysicalESES_02, PhysicalESES_03, PhysicalESES_04 and PhysicalESES_05) measure the same aspect of health-specific self-efficacy in reality, so these 5 items actually belong to the same subscale 'Physical Exercise Self-efficacy (PESE)'.
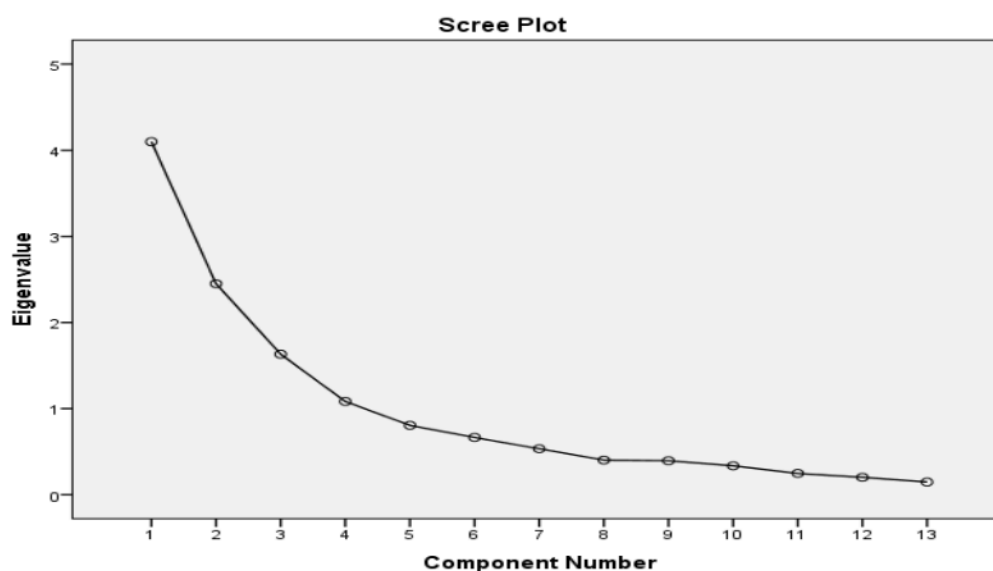

Figure 1. Scree plot of Eigen values of scale components.

In the third factor, 3 items (AlcoholRSES_01, AlcoholRSES_02 and AlcoholRSES_03) measure the same aspect of health-specific self-efficacy in reality, so these 3 items actually belonged to the same subscale *'Alcohol Resistance Self-efficacy (ARSE)'*. Since total items were factorized into 3 factor/subscales, the result showed stronger factorial validity for adapted version of the HSSE Scales.The above findings stipulate reliability and validity of the adapted version of HSSE Scales to use in Bangladesh.

Table 4: Total Variance Explained of the Bangla version of the HSSE Scales

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	4.098	31.525	31.525
2	2.451	18.850	50.375
3	1.632	14.553	64.929
4	.903	6.334	71.263
5	.806	6.198	77.461
6	.665	5.118	82.579
7	.534	4.106	86.684
8	.403	3.100	89.784
9	.395	3.035	92.819
10	.335	2.580	95.399
11	.248	1.909	97.308
12	.202	1.556	98.864
13	.148	1.136	100.000

To summarize the present study was aimed to adapt HSSE Scales to use in Bangladesh. To conduct this study, 155 adult respondents were taken from different departments of IUBAT. Following convenient sampling technique, respondents were selected, aged from 18 to 42 years. The respondents came from different socio-economic backgrounds and provided consent to participate in the study. The Bangla version of HSSE Scales was used as data collection instrument. For translating the English HSSE Scales into Bangla following steps like construct equivalence, forward translation, focus group discussion and back translation were followed. Afterward, a pilot study was conducted for finalizing the instrument.

After analyzing the data, it was found that the internal consistency (r=.79) for all 13 items was quite satisfactory. The Cronbach Alpha was found 0.79. The separate Cronbach Alpha for 3 subscales of HSSE Scales was also calculated. For NSE, Cronbach Alpha was 0.84. For PESE as well as ARSE Cronbach Alpha were respectively 0.76 and 0.82. The split-half reliability coefficient was also found 0.73 and 0.76 using the Spearman-Brown Correlation formula and Guttman method respectively. Again, the test-retest reliability coefficient was found 0.67 for this study which was moderately satisfactory. To discover the validity of the Bangla version of HSSE Scales, content validity, face validity, as well as factorial validity were measured. The content and face validity were found for all 13 items in the HSSE Scales. However, to assess the factorial or construct validity, factor analysis was applied. Afterward, utilizing the factor matrix of factor analysis, it was found that principal axis factoring for 3 factors were extracted which showed that the variables were more strongly related to their own factor. So, these findings indicate that the adapted version of HSSE Scales is reliable and valid for use in Bangladesh.

It needs to be mentioned that the current study has a few limitations. First of all, the sample size of this study was not sufficient enough. Apart from that, these scales can only measure specific health related self-efficacy. However, future research can be conducted based on the findings of this study, to improve the quality of the adapted scales.

Table 5: Factor Matrix (α) of the Bangla version of the HSSE Scales

	Factor		
	1	2	3
NutritionSES_01	.685		
NutritionSES_02	.702		
NutritionSES_03	.628		
NutritionSES_04	.668		
NutritionSES_05	.723		
PhysicalESES_01		.591	
PhysicalESES_02		.590	
PhysicalESES_03		.613	
PhysicalESES_04		.588	
PhysicalESES_05		.655	
AlcoholRSES_01			.795
AlcoholRSES_02			.852
AlcoholRSES_03			.742
Extraction Method: Principal Axis Factoring (3 factors extracted).			

5. Conclusion

Although the present study has few limitations, the adapted scale is implementable to assess individuals' health consciousness which can govern dieting and resisting alcohol as well as drug prevalence. So, the adapted version of HSSE Scales will not only help the counselors and doctors to assess their clients' current health-related beliefs but also help the organizations to determine their customers' health consciousness and food choices. And these kinds of assessments will help both the mental health professionals and organizations to take proper actions. Again, people interested in assessing themselves, can also use this measurement for assessing their own health-related self-efficacy and take appropriate steps to increase their health consciousness. Furthermore, this scale will help in the advancement of future research.

Author's contribution

The study conceptualization, methodology, software, data analysis and validation were performed by M. De. S. A. Asha performed the draft preparation, review process and editing the paper.

Conflict of interest

The authors declare no potential conflict of interest regarding the publication of this work. In addition, the ethical issues including plagiarism, informed consent, misconduct, data fabrication and falsification, double publication and submission, and redundancy have been completely witnessed by the authors.

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Appendix

<u>Bangla Version health Specific Self-Efficacy Scales</u>

<u>পরিমাপকের বর্ণনাঃ</u>
নিমোক্ত অংশে তালিকাভুক্ত শব্দগুলো তিনটি পরিমাপকের জন্য প্রকাশ করা হল।

প্রতিক্রিয়ার ধরনগুলো হলঃ
১। খুব বেশি অনিশ্চিত
২। অনিশ্চিত
৩। নিশ্চিত
৪। খুব বেশি নিশ্চিত

প্রদত্ত উক্তিগুলো পড়ুন এবং আপনার জন্য সবচেয়ে সঠিক উত্তরটিতে টিক (✓) চিহ্ন দিন।

টেবিল-১

পুষ্টি সক্ষমতা পরিমাপকঃ
নিমোক্ত বাধাগুলো অতিক্রম করতে পারবেন এ ব্যাপারে আপনি কতটুকু নিশ্চিত?

আমি সবসময় স্বাস্থ্যকর খাবারের ব্যবস্থা করি...

বিবৃতিসমূহ	খুব বেশি অনিশ্চিত (১)	অনিশ্চিত (২)	নিশ্চিত (৩)	খুব বেশি নিশ্চিত (৪)
১। এমনকি আমার যদি প্রয়োজনীয় খাদ্যসূচি তৈরী করতে দীর্ঘ সময়ও প্রয়োজন হয়				
২। এমনকি এটা কাজ না করা পর্যন্ত যদি আমাকে কয়েকবার চেষ্টাও করতে হয়				
৩। এমনকি আমাকে যদি পুষ্টিগত বিষয় নিয়ে পুনর্বিবেচনাও করতে হয়				
৪। এমনকি প্রথম প্রচেষ্টা চালানোর সময় আমি যদি অন্যদের কাছ থেকে কোন সহযোগীতা নাও পাই				
৫। এমনকি আমাকে যদি একটি বিস্তারিত পরিকল্পনাও করতে হয়				

টেবিল-২

শরীরচর্চা সক্ষমতা পরিমাপকঃ
নিমোক্ত বাধাগুলো অতিক্রম করতে পারবেন এ ব্যাপারে আপনি কতটা নিশ্চিত?

আমি আমার শরীরচর্চার ইচ্ছাটাকে চালিয়ে যেতে সক্ষম...

বিবৃতিসমূহ	খুব বেশি অনিশ্চিত (১)	অনিশ্চিত (২)	নিশ্চিত (৩)	খুব বেশি নিশ্চিত (৪)
১। এমনকি যখন আমার দুশ্চিন্তা ও সমস্যা থাকে				
২। এমনকি যদি আমি হতাশা অনুভব করি				
৩। এমনকি যখন আমি অস্থিরতা অনুভব করি				
৪। এমনকি যখন আমি ক্লান্ত থাকি				
৫। এমনকি যখন আমি ব্যস্ত থাকি				

টেবিল-৩

এলকোহল/মাদক প্রতিরোধক সক্ষমতা পরিমাপকঃ
নিম্নোক্ত বাধাগুলো অতিক্রম করতে পারবেন এ ব্যাপারে আপনি কতটা নিশ্চিত?

আমি নিশ্চিত যে আমি আমাকে নিয়ন্ত্রণ করতে পারি...

বিবৃতিসমূহ	খুব বেশি অনিশ্চিত (১)	অনিশ্চিত (২)	নিশ্চিত (৩)	খুব বেশি নিশ্চিত (৪)
১। আমার এলকোহল গ্রহনের মাত্রা কমিয়ে দিতে				
২। কোন ধরনের এলকোহল গ্রহন না করতে				
৩। শুধুমাত্র বিশেষ অনুষ্ঠানে পান করার ক্ষেত্রে				