

CHAPTER III

METHODOLOGY

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CHAPTER III

METHODOLOGY

3.1 Rationale of the Study

The health of both the individual and the general population is determined by social, biological, physical and behavioural factors. Health of the individual largely depends on the efficiency of health manpower, availability of good infrastructure and easy accessibility of the said services. It has been seen from the review of literatures that utilization of health care services is influenced by the availability of health care facilities. The people with higher income have utilized the services from the private health care services, and low income go to pharmacy to take medicines without the advice of health care providers and people without any cash are left with home remedies. It has also been observed that maximum of pregnant mothers who stayed in far flung areas from the main town had hardly availed the modern health care services. They are not utilizing the services due to strong seclusion norms, long periods of physical activity, financial constraint and poor transportation system, thus women tend to take treatment from traditional practitioners. In Ukhrul district of Manipur, according to 2011 census, only 27 percent had attended full ANC and 33.7 percent had institutional deliveries. This shows that maximum of the pregnant mothers don't access the services. Likewise Tuberculosis has become societal issues where many people are not aware of the disease because of lack of information/awareness. As per the report from the tuberculosis centre in Ukhrul district hospital, in 2015, there were around 345 TB registered cases in the hospital. Moreover out of nine districts of Manipur, Ukhrul has the highest cases of HIV/AIDS with 1285 cases. There are many

people who are not aware of their health status; since they have refused to visit hospital for HIV/AIDS testing and take admission to hospitals because of fear in discrimination. There had been overcrowding in the district hospital which resulted basically from failure of sub-centres, PHCs, and CHCs to play their primary health care and first referral roles thus, people did not get proper treatment on time. The district run dispensaries and health centres are poorly equipped; doctors are not available or have not attended in time. Drugs are in short supply and often not of good quality. At the same time, doctors are reluctant to work in rural areas, because of mode of transportation and non-availability of equipments or facilities. There were times where patient who stayed in far flung villages faced serious health issues where there were no doctors. In such cases traditional and religious practitioners play the first referral point in providing health services, thus the roles of traditional practitioners are quite visible in the study area. People, who live in the rural villages especially in Ukhrul District, are the receiving end of the pockets of failed policies, bad governance, corruption, inappropriate regulation, unresponsive financial system. These factors add to the toll on people who are already deeply burdened and constraints in the utilization of health care services. Thus, the researcher tries to describe and analyze the socio-cultural and religious aspects of people that affect the utilization of health services that have been provided by hospitals in Ukhrul district of Manipur. In this study, the researcher also attempts to describe and analyze the major health problems like tuberculosis, HIV/AIDS and gynaecology (women health related problems) among the women.

3.2 Aim of the Study

The aim of the study is to understand and analyze the availability, utilization and accessibility of health care services & difficulties faced by the people of Ukhrul district in Manipur

3.3 Specific Objectives of the Study

The proposed study is intended

- (1) To study the major health problems (HIV/AIDS, Tuberculosis and Women reproductive health related problem) faced by the people of Ukhrul district.
- (2) To examine the available health programs and policies provided by government, private hospitals and NGOs.
- (3) To assess the availability, accessibility and utilization of health services by people in the study area.
- (4) To study the traditional and religious practices affecting the utilization of health services.

3.4 Research Questions

- (1) What are the major health problems (HIV/AIDS, Tuberculosis and Women reproductive health related problem) seen in Ukhrul district?
- (2) What are the health services available in hospitals and NGOs setting?
- (3) Are people utilizing the health services provided by private and government hospitals and NGOs?
- (4) What are the problems encountered by people in availing, accessing and utilizing the health services?

(5) Are the traditional and religious practices affecting the utilization of both government and private health services?

3.5 Research Methodology

Methodology is one of the important aspects of social research. It is the most systematic and logical principles which lead to scientific investigations and discovering of new facts.

3.5.1 Research Design

In this study, the researcher describes and analyzes the conditions of health care services in Ukhrul district of Manipur. It also studies the issues of socio-culture and religious practices that affect the people of the community in utilizing modern health care system. Thus, the study is both descriptive and analytical in nature.

3.5.2 Sources of Data

The sources of data for this study were both primary and secondary sources. The primary data includes observation, interviewing of the respondents and key informants through intensive field work. And secondary sources include books, journals, magazines, dissertations/thesis, newspapers, central and states records, NGOs' reports and documents.

3.5.3 Area of Study:

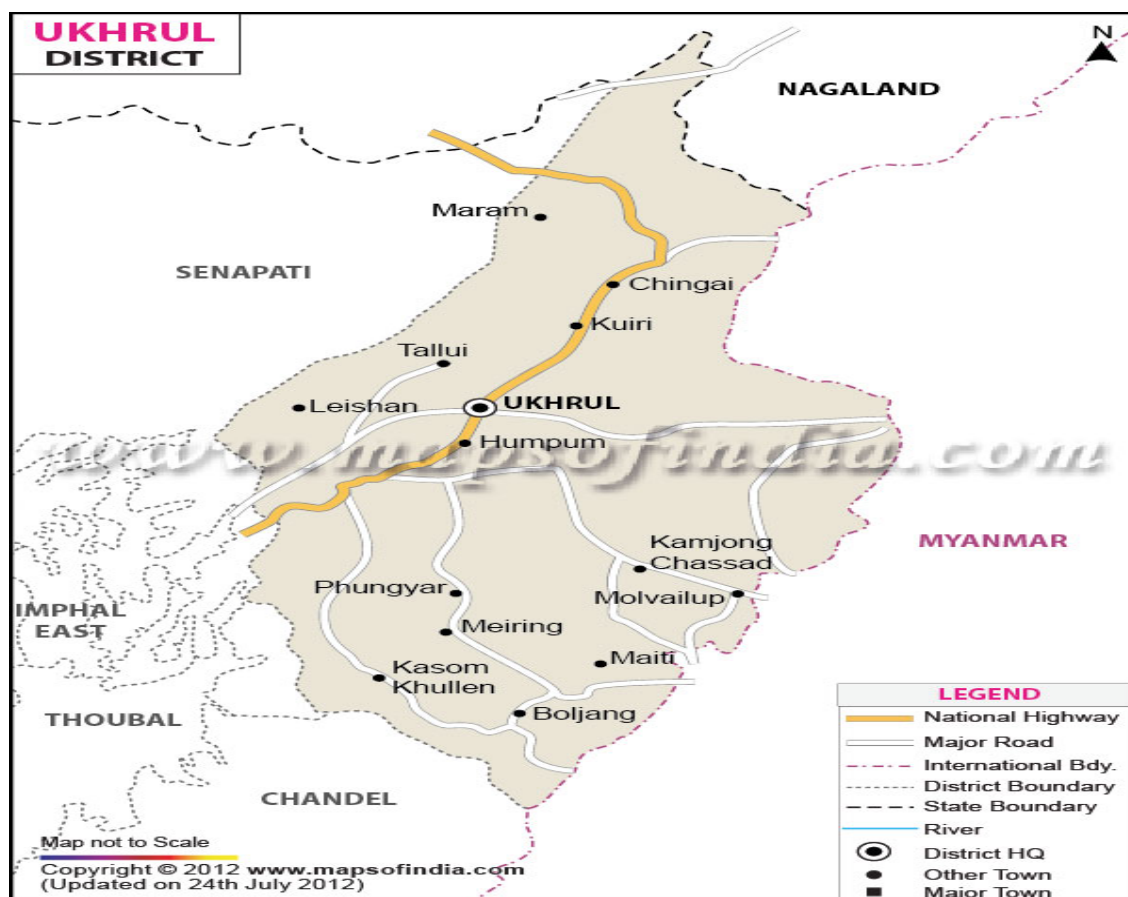


Chart No.1.4: Map of Ukhrul District

Ukhrul district was marked as a sub-division in the year 1919 by the British. It has 222 villages and 1, 83,115 population according to 2011 census. The Tangkhuls are the dominant tribe of the district with a population of more than 80%; whereas, other smaller tribes/communities include Kukis, Nepalese and Meiteis. Ukhrul district is one of the backward districts in Manipur in terms of health care. It has one District Hospital with 50 bedded capacities, and two private hospitals with 50 bedded and 25 bedded capacities respectively. There is one Community Health Centre (CHC) located at Kamjong village and eight Primary Health Centres (PHCs) located at Chingai, Khangkhui, Shongran, Phungyar, Ramva, Jessami, Talloi and Kasom Khullen. There are two dispensaries under District Civil Hospital and two dispensaries under

“autonomous district council”. There are more than five NGOs operating in the district on health care services, mostly functioning on HIV/AIDS related programs.

3.5.4 Universe

The universe of the study were patients who were suffering from tuberculosis, HIV/AIDS and gynaecology (women health related problems) and utilizing the services from the government health settings, private hospitals, NGOs and traditional & religious practitioners; and the doctors, nurses and staffs of the private and government hospitals, Community health centres (CHC), Primary health centres (PHCs), traditional & religious practitioners, headman/chairman of the neighbouring health care centres and NGOs who were involved in providing health services under the study area.

3.5.5 Population

The population of the study includes women who are in the age group of 15 to 45 years and having atleast one child and living in Ukhrul district and have got services from hospitals are considered for the study.

In case of both tuberculosis and HIV/AIDS illnesses both male and female who had registered for their treatment in the concerned department of HIV/AIDS and TB of government hospitals and NGOs were considered for the study.

3.5.5 (a) Inclusion

(i) The respondents (related to women reproductive health problems, TB patients, HIV/AIDS patients) who are utilizing the services from Ukhrul district hospital, CHC, PHCs and private hospitals, NGOs and traditional and religious practitioners from Ukhrul district.

(ii) Woman in the age group of 15 to 45 years and already has atleast one child and getting services from gynaecology department/centre in hospitals, traditional and religious practices under the study area.

(iii) Both male and female who are suffering from tuberculosis and HIV/AIDS illnesses and getting services from hospitals, traditional and religious practices, NGOs under the study area.

3.5.5 (b) Exclusion

(i). Respondents who are not utilizing the services from Ukhrul district hospital (gynaecology, tuberculosis and HIV/AIDS departments), CHC, PHCs and private hospitals, NGOs and traditional and religious practitioners of Ukhrul district.

(ii). Women below 15 and above 45 years of age in case of women reproductive related health illness.

3.5.6 Sample Size

Total 250 respondents were selected for the study. It includes beneficiaries from tuberculosis and HIV/AIDS department/centre, women beneficiaries from gynaecology department/centre, and key informants (doctors and nurses from PHCs, CHC, District and Private hospitals, traditional & religious practitioners, headman/chairman from the neighbouring health care centres and NGOs like project officer, counsellors/field workers) for the study.

3.5.7 Sampling Frame Work and Techniques

The samples were selected in the following ways.

(i). In district government hospital, one Chief Medical Officer, one doctor (Medical officer) and one nurse (patron) from each departments (i.e. Tuberculosis, HIV/AIDS and gynaecology) were selected purposively.

(ii). As there is only one Community Health Centre (CHC) in the district and has no specific department (related to the mentioned major health problems). Only two Medical Officers and two nurses were selected according to their seniority, thus purposive sampling had been employed in selecting two medical doctors and two nurses for the study.

iii). There are (eight) PHCs in the district. Out of 8 PHCs, 4 PHCs were considered for the study. The researcher used purposive sampling in selecting the PHCs by considering the distance of far and nearer to District Hospital. It includes Phungyar PHC, extreme (North); Jessami PHC which are far away from hospital. Likewise nearer distance to hospital include Lambui/Ramva PHC and Chingai PHC. There are three medical officers that include medical officer (allopathy), AYUSH and dentist. So, only one medical officer (allopathy) and one senior nurse were selected purposively for the study.

(iv). Since there are only two private hospitals in the district, both the hospitals are selected purposively for the study. From both the hospitals, two doctors including one gynaecologist and one medical officer each were selected purposively. Similarly two nurses (one patron and senior most nurse) were selected from both the private hospitals.

(v). In the district, there are eight registered NGOs working on HIV/AIDS related issues, out of eight NGOs, four NGOs are collaborated with government especially with District hospital, thus they are selected purposively for the study. From the selected four NGOs, one program manager, one counsellor/field worker each were selected purposely as key informants.

(vii). Thirteen headmen from the neighbouring villages (of selected District hospital, private hospitals, CHC, PHCs) were selected purposively as key informants.

(viii). Twelve traditional and religious practitioners (who had been practicing since last five years) were selected purposively.

(ix). Respondents who were registered in gynaecology department during one year (1st April 2014- 30th March 2015); TB centre, and HIV/AIDS centre (of three years) in Ukhrul district hospital, private hospitals, NGOs, Traditional and religious practices were considered and selected by using lottery method of simple random sampling.

3.5.8 Tools of Data Collection

Various tools were used for collecting data, such as interview schedules, observation, Questionnaire and discussions in order to get information about the health issues and problems. The information from primary data were collected by using the tools of interview schedule and questionnaires. Interview schedules were used for collecting data from the patients, headmen/chairman and traditional and religious practitioners and Questionnaire was distributed to doctors, nurses, project officers, counsellors/fieldworkers.

3.5.9 Procedure of Data Collection

3.5.9 (a) First phase

In the first phase, the researcher visited census department and hospitals of both government and private hospitals for first hand information about the hospital and patients who had come to the hospitals. For review of literature, the researcher visited few libraries like, North-Eastern Hill University, Shillong; India Council of Social Science Research (NERC), Shillong; Manipur University, Imphal; Jawaharlal Nehru University, Delhi; Delhi University, Delhi; and Assam University, Silchar. The researcher reviewed the literatures on the chosen topic and developed the objectives and research questions of the study.

3.5.9 (b) Second phase

In the second phase, the researcher developed tools like interview schedule and questionnaire. Two interview schedules were prepared; one for beneficiaries and another one for headmen and traditional healers. Questionnaire was used for health care providers of both hospitals and NGOs. Tools were prepared in consultation with the Supervisor as well as experts in this field. The interview schedule has been designed with different components such as personal details, socio-economic aspects, health aspects, government and NGOs services. The researcher went for pilot study involving 50 respondents of different department to test the interview schedule. The purpose of the study was to gain insight into various issues of health problems and to build rapport with the hospitals and respondents. Based on the pilot study, some alterations were made in the interview schedule and finalised it accordingly.

3.5.9 (c) Third phase

In the third Phase, before conducting interview, consent procedures were adopted in selecting participants in order to ensure anonymity and confidentiality. Those potential participants for the study were approached with the help of known service provider and explained them the aim of the study, interview procedures and maintaining confidentiality and at last sought their oral consent to take part for the study. Those who had agreed to be part of the study were made repeated contacts and visited the respondents (even in their villages) two-three times in order to develop a good rapport and better understanding on the topic of the study. After gaining their confidence, the researcher followed the method of gathering information through interviewing. Likewise, the researcher interviewed the headman/chairman and traditional/religious practitioners. He further interacted with doctors, nurses, project manager and distributed the questionnaire.

3.5.10 Data Analysis

The data was scrutinized and edited, statistical analysis was performed through Statistical Package for Social Sciences (SPSS) 16.0 version. The information obtained was categorised under the different heads and analysed using percentage, chart and graphs for clarity of the findings.

3.5.11 Operational Definitions

(A) Health: Health can be defined as the level of functional efficiency of a living being. In general, it is the condition of mind, body and spirit, which include social and economic environment, the physical environment. Here in this study, it focuses on the patients suffering from major health problems, (i.e. Tuberculosis, HIV/AIDS and Women reproductive health related problem).

(B) Women Health Related Problems: Married woman (mother) who already has atleast one child and in the age group of 15 to 45 years and having reproductive health problems.

(C) Health Program and Policies: Health Program and policies means the community/people who are utilizing, assessing and availing the facilities/services which are provided by the government hospital, private hospitals and NGOs.

(D) Traditional and Religious Practices: Traditional practitioners who give treatment to people whom have come for treatment from them. The mode of treatment may include massages, medicines and prayers (as God gives psychological stability in his/her sickness).

(F) Availability: Availability can be defined as the health care centres/services/facilities which are available for the benefit of the people.

(G) Accessibility: Accessibility can be defined as a facilities or services where people have the ability or easily accessed for their benefits.

(H) Utilization: Utilization of health care services refers to patients who are using the services from government, private hospitals, NGOs, traditional and religious practices.

(I) Government: Government is a body of people that sets and administers public policy and programme with certain rules and regulations within the district and provides services to the community people.

(J) NGOs: A non-governmental organization (NGOs) is any non-profit, voluntary group which is organized on a local level that operates independently from government and delivering resources, information, participation and advocating the policies through social, culture, economic and political purpose for the community.

(K) Private: Private is any individual who owned his or her own hospital or organization independently without the control of the state or central government and gives services to the people.