

CHAPTER III

METHODOLOGY

In this chapter, the researcher explains the methodology used for the present study. It explains the rationale of the study, aim of the study, specific objectives, research questions, study design, area of the study, sampling size, sampling procedures, sources of data collection, duration of the data collection and analysis of data.

III.1 Rationale of the study

A person is considered normal when he/she is well balance between physical, mental and social reactions. If any of this dysfunction then the person will be diverted from his/her normal functioning. Unfortunately, MSM were taken as diverted people from social functioning because of their different sexual orientation and sexual identity. Thus, they are facing sexual identity crisis in their life time which becomes one of the factors of impairment in judgment, stability, reliability, or general, social and vocational capabilities. So there is a lack of social acceptance of diversity in gender identities which in turn affects an individual self-worth and functioning. It makes them reduce their mental capability leading to stress, depression, anxiety, worried, suicidal tendency, etc. In Manipur, MSM are not free from such tensions and stress. Some of them are coming out and mingling with others and trying to live in normal life but people's acceptance towards them is very low due to social unacceptance of same sex behaviour. In such situations, they easily

engaged in risk behavior and get infected by HIV/AIDS, STD, STI, etc. The double stigma of HIV/AIDS and homosexuality identity made them face social ostracism, discrimination, prejudice and homophobia leading to low self-esteem, feeling of worthlessness, feeling of guilty, isolation, feeling of rejection and neglected, etc. Thus, the researcher is trying to understand the different factors that affect the psycho-social aspects of MSM in Manipur. What are the societal perceptions' towards MSM in regard with their sexual orientations and sexual identities? What are the prevailing risk behaviors among MSM and what type of coping mechanisms are used by them? Who are the main actors in providing the services of MSM and how far MSM are accessing the available services? And what are the scopes of social work interventions in dealing with problems of MSM?

III.2 Aim of the study

The aim of the present study is to understand the psycho-social problems of Men who have Sex with Men. The study also further aims to find out the available services of MSM provided by NGOs and GOs.

III.3 Specific Objectives

1. To study the psycho-social problems encountered by Men who have Sex with Men (MSM).
2. To understand the sexual orientation and sexual identity of MSM that affects their psycho-social aspects.
3. To find out the risk behaviors and coping mechanisms of MSM.
4. To examine the MSM perception of services of GO and NGOs.
5. To understand the scope of Social Work interventions in dealing with MSM.

III.4 Research Questions

1. What are the factors that affect the psycho-social well-being of MSM in Manipur?
2. What are the societal perceptions towards MSM community?
3. What type of risk behaviors are prevailed among MSM? Do they use any coping mechanisms?
4. Who are the main actors for providing services of MSM and how far MSM are accessing the available services?
5. What are the scopes of Social Work interventions in dealing with problems of MSM?

III.5 Operational Definition

Men who have sex with Men (MSM): MSM are the men who engage in male-male sex and self-identity as heterosexual. Their description is based on behavioural phenomenon and social perception rather than a specific group of people. It can also say that males engaging in sexual activities with other males.

Sexual Orientation: Sexual orientation refers gender i.e. male or female who is an enduring emotional, romantic, sexual, or affectional attraction to another person. Sexual orientation refers to a person's choice of partners, whether of the same sex, the opposite sex or both sexes for sexual and affectional relations. For the study, sexual orientation can be seen from four aspects: sexual attraction, sexual behavior, sexual fantasies and self-identification. The types of sexual orientations are: heterosexual, homosexual and bisexual.

Sexual Identity: Sexual identity is the cognitive construct that a person levels self in the social setting or situation that may imagine or real. It is the set of characteristics of an individual who perceives self in relation to social environment that form attitude and potential for action towards the self. There are two forms of sexual identity: private (personal) and public (social) identity. Private sexual identity refers when an individual integrates his sexuality into his own sense of identity. Thus, it is a personal definition of the self with regard to his sexuality.

Socio-cultural: Socio-cultural is the influence of social in local, nation and institution. It is the interaction between developing people and culture in which they live. For example, parent, caregivers, peers and culture at large were responsible for the development of higher order functions.

Psycho-social problems: It is one's psychological development in and interaction with social environment. It is related to intellectual, emotional, social and spiritual of an individual. Psycho-social problems are the problems that occur to an individual who has psycho-social dysfunctioning or psycho-social morbidity. It is the lack of development or atrophies of the psycho-social self that often occurring alongside with other dysfunctions that may be physical, emotional or cognitive in nature.

Risk-behaviour: A risk is something that can be potentially dangerous to anyone. So risk behaviour is when an individual is put at risk for a bad consequence. It is a behaviour that is against social norms. For example, having multiple sex partners, not using condoms regularly and consistently with every sexual encounter,

substance use and drug abuse, and not undergoing examination or treatment for STDs/ HIV/AIDS, etc. are all risk behaviours .

Coping mechanism: Coping mechanism referred in this study is the total sum of ways in which an individual deal with minor to major stress and trauma in their day-today life. It can also be said that it is a set of practiced that learned behaviour that helps better respond to stress. It involved keeping of multiple partner, mingle with friend, avoidance of stigma and discrimination, seeking for information related to homosexuality, gay, etc.

III.6 Study Design

For the study, it was necessary for the researcher to highlight the problems /issues encountered by MSM which affects their psycho-social well-being. Thus, in order to achieve all the above mentioned objectives, researcher has adopted descriptive research design for the present study.

III.7 Study Area

Imphal West

Imphal West district is a tiny plain at the Centre surrounded by other districts viz. Senapati District on the north, on the east Imphal East and Thoubal, on the south by Thoubal and Bishnupur Districts, and on the west by Senapati and Bishnupur Districts. The total area of the district is 558 sq. kms and constitute of 514,683 persons (Census 2011). The district lies at the latitude of 24.30 o N to 25o N and longitude of 93.45o E to 94.15o E.

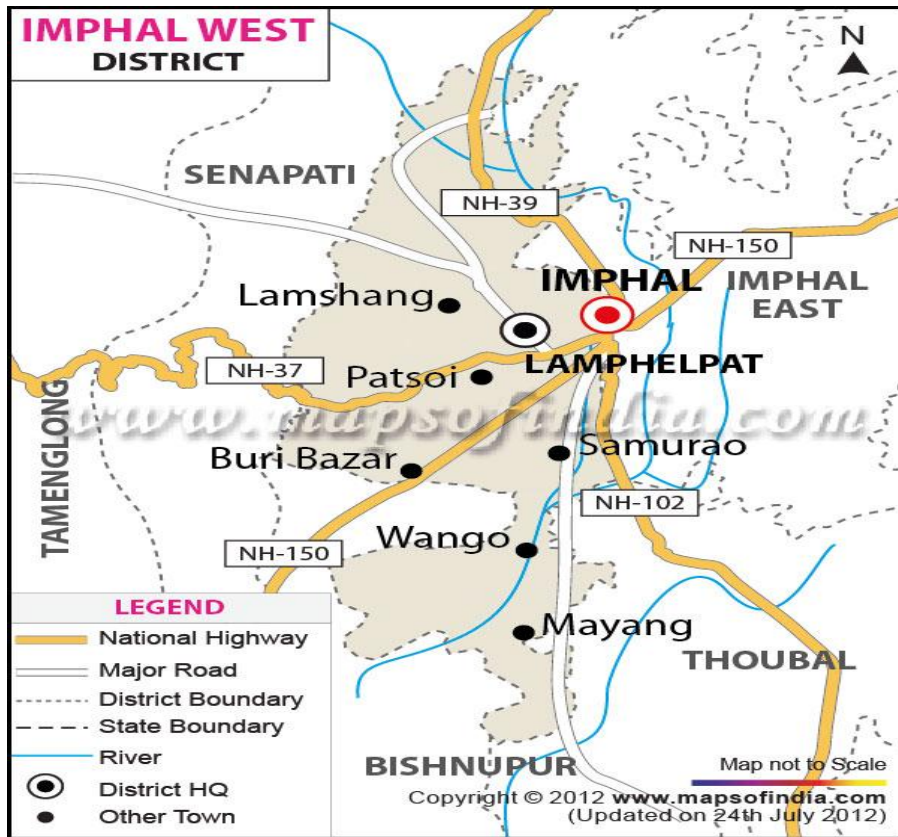


Figure 3.1: Geographical map of Imphal west

The altitude of the district is 790 m above MSL. There are two National Highways that cross the district i.e. N.H.No. 39, Indo-Burma/Myanmar Road and N.H.No.53, New Cachar Road. The district is divided into four sub-divisions viz. Patsoi, Lamsang, Wangoi and Lamphelpat. There are ten towns, 117 inhabited villages and one Zilla Parishad. The sex ratio of the district is 1007 (per thousand male) and population density is 847 people per sq. km. The literacy rate of the district is 80.61 percent which have 89.1 percent and 72.24 percent for male and female respectively.

Imphal East

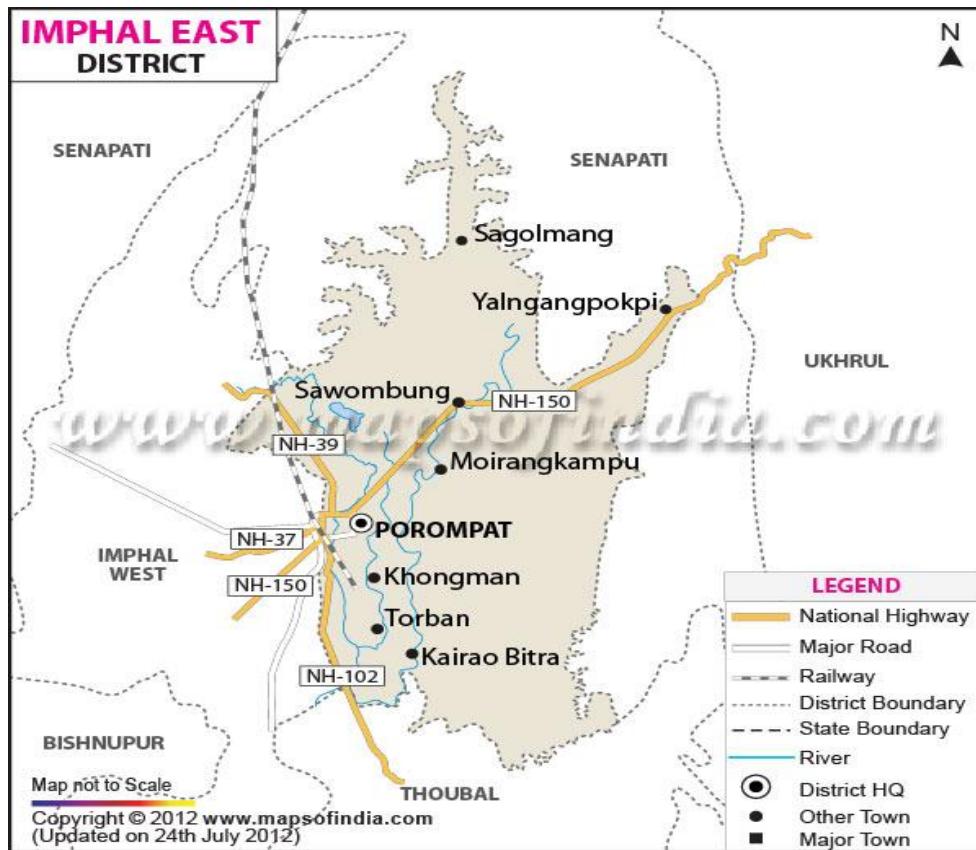


Figure no. 3.2: Geographical map of Imphal East

Imphal East District came into existence on 18 June 1997 with its headquarters at Porompat. Imphal East district is separated by two valleys i.e. Central Valley and Jiribam Valley. The total area of District is 469.44 sq. km. approximately. The District is situated at an altitude 790 metres above the M.S. Level. The District is connected with N.H. 39, N.H. 53 and N.H. 150. According to the 2011 census, Imphal East district has a population of 452,661. The population density of the district is 638 per square kilometer. Its population growth rate over the decade of 2001-2011 was 14.63%. The sex ratio of the district is 1011 females for every 1000 males. The literacy rate of the district is 82.81%.

III.7.1 Setting

The present study was conducted in Imphal West and Imphal East districts of Manipur. The study was carried out to those MSM who are living under the jurisdiction of Imphal West and Imphal East districts of Manipur.

III.7.2 Universe

- a) MSM who are living in the jurisdiction of Imphal West and Imphal East districts of Manipur.
- b) Parents or family members of MSM who are living under the study area.
- c) NGOs and GOs working for MSM community.

III.7.3 Study Population

MSM who are living in the jurisdiction of Imphal West and Imphal East districts of Manipur are taken for the present study.

III. 8 Sampling

According to State AIDS Control Society, there were 700 MSM in both the districts. Out of these 700 MSM, 35 of them were HIV positive and 7 were suffering from AIDS and undergoing antiretroviral treatment. In this study, samples of 150 MSM were being selected for the present study. The breaking of the sample size is shown below:

Table 3.1 Categories of the people selected for the Sample

Sl. No.	Category	Numbers
1	MSM B	150
2	Family members	50
3	NGOs: Awaken Artisan Shelter Association (AASHA) Social Awareness Service Organization (SASO)	1 Project Director who are engaged in MSM project, 3 Peer Educators and 2 outreach workers Total=6 1 Project Director who are engaged in MSM project, 3 Peer Educators and 2 outreach workers Total=6
4	GO: Manipur AIDS Control Society (MACS)	1 Project Director who are engaged in MSM related project, 2 Field Co-ordinators. Total= 3

Total Respondent=215

III.9 Sampling Technique

For this study, non-probability sampling was used for selecting MSM respondents. Among the type of non-probability sampling, snowball sampling is more suitable sampling technique for MSM. Snowball sampling is helping to discover the unknown respondents in the study area. Unlike common people, MSM are very rare to see together at a place and only few of them are living in a specific area. Most of them are not coming out in public. Therefore, selection of respondents was started from few respondents who were known and available. Subsequently,

these respondents gave other name of the respondents that are in research criteria. This had proceeded until the researcher got adequate respondents.

Purposive sampling, a type of non-probability sampling is used for selecting the respondent of family members, key informants from NGOs, and GO. For instance, the entire family members of MSM may not have same attitudes towards them. In order to get accurate information, researcher needs to choose the family member who can provide more information. Likewise, in NGOs and GOs, the key informants such as Project Director/Project Manager, Out Reach Workers, Peer Educators were selected for the present study.

For conducting Focus Group discussion, researcher has followed three steps to conduct the discussion for present study. They are as followed:

III.9.1 Before the FGD

In this stage, researcher has followed the following process:

a) Preparing of the group

In this phase, the researcher prepared four groups for focus group discussion. While selecting the groups, researcher considered that each group must have similar behaviour and characteristics. She further selected all four groups through purposive sampling technique which is mentioned in Table no.3.2. Following table is the participant's distribution of the FGD and their characteristics:

Table 3.2 Distribution of participants for focus group discussion

Sl.No	Name of the group	No. of participants	Participants characteristics
1	Married MSM	7	MSM who got married with female partner.
2	TG Unmarried Group	6	MSM who are having more effeminate in their way of acting, dressing, walking rather than change of organ.
3	Mixed Unmarried Group	7	Group with married and unmarried
4	Youth Unmarried Group	8	Youth who were unmarried

b) Choosing of moderator/facilitator and note taker for FGD

A facilitator is a person who leads the focus group discussion. Researcher selected the facilitator for each of the selected four groups from MSM community under the study area. All the facilitators have some kind of experiences and knowledge about the issues of MSM. At the same time, the researcher also played the role of note taker for all the four FGDs where she jotted down the conversations, discussions and non-verbal communications among the group members.

c) Choosing place for FGD

Researcher had chosen places for FGD, two in the make-up-parlour i.e. Manda Beauty Parlour and Nando Beauty Parlour, and two in the organizations i.e.

Awaken Artisan Shelter Association (AASHA) and Social Awareness Service Organization (SASO). The places were chosen after taking consents from the participants as well as the above mentioned two organizations.

III.9.2 During the FGD

In the beginning of FGD, researcher introduced herself, discussed the objectives and significances of the present research study. Researcher along with participants formulated some of the guidelines/ground rules that were to be followed during the FGDs. Some of them are as followed:

- Respect each other among the participants
- Everyone has to be involved in the discussion
- There are no specific rights and wrong answers within the discussion
- Do not create hostile/ conflicts through unnecessary arguments and maintain the decorum of the FGDs
- Maintain respect to the facilitators.
- Maintain recording of the discussion (tape recording was used)
- Confidentiality will be maintained.

Facilitators initiated the discussion under the sub-theme as followed:

1. Experiences of living with MSM identity
2. Experiences of violence (family and society)
3. Reasons for taking up risk behavior
4. Use of coping mechanism
5. Perceptions towards the services provided by GO and NGO for MSM community

III.9.3 After FGD

In this stage, researcher thanked to all the participants for their active contributions in the whole discussion. She adjourned the discussion by mentioning that discussion would be made confidential and used only for the purpose of the study

III.10 Sources of Data

Primary data for the study were collected from MSM, family members, officials of Government and NGOs. Secondary data were collected from various books, journals, articles, reports, documents, autobiography, booklets etc.

III.11 Tools of data collection

Three self-developed interview schedules were used for the present study. One interview schedule was used for collecting information from MSM respondents, one from family members and one from key informants of GOs and NGOs respectively.

III.12 Types of data required

In achieving the objectives of the present study, researcher required the following data:

III.12.1 From MSM respondents

- a) **Personal Information:** It include age, religion, education, occupation, monthly income, types of family, birth order, dwelling pattern, marital status, age of marriage, types of marriage, etc.
- b) **Sexual orientation and Sexual identity:** Researcher tried to draw out the experienced encountered during the process of sexual orientation and sexual identity that affects their psycho-social well-being.

- c) **Socio-cultural Aspects:** The role of socio-cultural factors affecting their psycho-social well-being. Questions were related to experiences of social ostracism like social stigma, discrimination, homophobia, prejudice, bias etc.
- d) **Risk Behavior:** The nature of sexual behavior of MSM and other factors that enhances risk behaviors among MSM.
- e) **Perceptions towards available services for MSM:** The services available for MSM such as health care services, social security, and legal system, etc.
- f) **From family members of respondents:** Information related to family members' experiences and perceptions towards sexual orientation and sexual identity of MSM.
- g) **From Key Informants of GO and NGOs**
Information related to existing programme, policies and services for MSM in the organization, challenges and difficulties encountered while dealing with MSM respondents.

III.13 Process of Data Collection

The data of the present study were collected in five phases:

III.13.1 First Phase of the study

After confirmation of the topic, researcher started working on review of literature by reviewing different reputed journals, articles, books, and collected other relevant information. She visited government organization such as Manipur AIDS Control Society (MSACS), Regional Institute of Medical Science (RIMS) ICTC Centre,

Jawaharlal Nehru Institute of Medical Science (JNIMS) ICTC Centre, Sagolmang Community Health Centre, Primary Health Centre, Sawombung. Researcher had also visited NGOs such as SASO, SAATHI Imphal; AMANA, AASHA, Maroploi Foundation, Project Orchid, etc.

III.13.2 Second phase of the study

In this phase, researcher visited Social Awareness Service Organization (SASO) and Awaken Artisan Shelter Association (AASHA), and Manipur AIDS Control Society (MSACS). Researcher collected the available materials such as reports, magazines, articles, paper publications, etc. She also involved and worked as volunteer in SASO organization for three months for getting acceptance by MSM community. Through the process, researcher could observe and understand some of the issues/problems encountered by MSM.

III.13.3 Third Phase

In the third phase, researcher developed the tools of data collection. Five types of different tools were developed i.e. interview schedule for the MSM, interview schedule for family members, proforma of NGOs and GOs, checklist of FGD and checklist of case studies. After framing the tools of data collection, researcher went to field for pilot study. In consultation with supervisors, the researcher modified the tools. Finally, the two interview schedules, one proforma and two checklists were prepared for the final data collection.

III.13.4 Fourth Phase

Researcher gathered information through interview schedules from MSM, family members within the jurisdiction of Imphal East and West districts of

Manipur. She collected data from 150 MSM and 50 family members which were identified by researcher with the help of NGOs. Four FGDs was conducted with different categories i.e. married group, teenager MSM group, TG group and adult MSM group. Each of the group has constituted 7-8 members. Likewise, 15 MSM were purposively selected for case studies.

III.13.5 Fifth Phase

In the last phase, researcher collected information from the selected NGOs and GOs such as SASO, AASHA, and MSACS. The key informants like Project Manager, two Out-Reach Workers and three Peer Educators from SASO, and from AASHA- Project Director, two Field Officers were interviewed.

III.14 Duration of Data Collection

The data were collected during the period of five months i.e. April 2013 to September 2013

III.15 Data Analysis

Both qualitative and quantitative types of data analysis were used for the present study. The available data were edited, coded and analyzed by using tables, chats, and diagrams. Then the analyzed data were interpreted in a meaningful way for drawing a valid and reliable conclusion. Information collected from the respondents were discussed at various aspects such as sexual orientation and sexual identity of MSM, socio-cultural aspects of MSM, psychological aspects of MSM, risk behavior and coping mechanism of MSM and the perceptions of MSM beneficiaries' towards the available services provided by GOs and NGOs

Thus, the chapter clearly discussed on the rationale of the study, aim of the study, specific objectives, research questions, operational definition, study design, study area, sampling, sampling procedures, etc. The following chapter will deal on the analysis of the data. The chapter will be divided into four parts viz. part 1- Profile of the respondent, part 2- Focus Group Discussion, part 3- Case studies and part 4-Interview with the NGOs personnel.

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