

CHAPTER-III

RESEARCH METHODOLOGY

The study of Reproductive and Child Health Programme has been a priority area in the social welfare programmes of our country. In order to know the efficacy of any such programme, the empirical data about benefits and beneficiaries becomes a quite essential.

Study area and justification:-Assam is a large state consisting of 23 districts and area is covered by high mountains, valley and plain area. Ethnically, it is very composite with caste like Hill Tribes and Plain Tribes. In this given complexity it is difficult to cover entire area and other parts of Assam specially Hilly areas are prone to insurgency problems. Therefore, the study is confined to the selected villages of Barak Valley in Assam.

Rationality-The rationale behind the study was that after the implementation of the RCH Programme, there has been no efforts made to know whether any improvement or impact made by the programme on the health status of the people. There are studies at national level on isolated component of the programme, but lacks for overall programme. In this regards, Assam lacks in studies both on the whole programme and isolated component of the programme to define the benefits of the programme to the people of Assam.

Research Design:-For the proposed study the exploratory design was considered suitable keeping in view the above objectives. It is proposed to adopt

exploratory research design to explore the benefits, feeling, opinions, attitudes of beneficiaries and functionaries of Reproductive and Child Health Programme. Further villages under Reproductive and Child Health Programme have been selected among the districts of Cachar, Hailakandi and Karimganj. Among the three districts data has been collected from the villages as indicated below-

DISTRICT	BLOCK PHCs	RCH VILLAGES			TOTAL Villages
		LARGE	MEDIUM	SMALL	
KARIMGANJ	PATHERKANDI	1	1	1	12
	NILAMBAZAR	1	1	1	
	GIRISHGANJ	1	1	1	
	KALIGANJ	1	1	1	
CACHAR	BARKHALA	1	1	1	12
	SONAI	1	1	1	
	KALAIN	1	1	1	
	LAKHIPUR	1	1	1	
HAILAKANDI	KALINAGAR	1	1	1	12
	ALGAPUR	1	1	1	
	LALA	1	1	1	
	KATLICHARA	1	1	1	
TOTAL VILLAGES COVERED					36

In each district 12 villages (04 large, 04 medium and 04 small) covered by Reproductive and Child Health Programme were selected for the study and a total of 36 villages studied.

Sampling design: - A multi stage stratified random sampling technique was used to select villages and beneficiaries covered by Reproductive and Child Health Programme. From each district, four Primary Health Centre areas, from

each PHC area three villages (01 large, 01 medium and 01 small) and from each village 10 beneficiaries (Mother and Child beneficiary) were selected by using purposive sampling technique. From each district as mentioned earlier 120 beneficiaries were interviewed. Thus a total of 360 beneficiaries were interviewed for the study. Further, from each of the three districts 12 ANMs (01 ANM from each village), 12 LHVs (01 LHV from each village), and 04 Medical Officers (01 from each PHC) were interviewed for the purpose of evaluating the Reproductive and Child Health Programme. And also five field level NGO workers/personals, who are working for the Reproductive and Child Health Programme, were interviewed to elicit information on education and community participation.

Types and Sources of data:-There were two types of data collected for the study i.e Primary data and Secondary data. The sources for primary data were beneficiaries, (mother and children), ANMs, LHVs, Medical Officers and NGO workers and sources for secondary data were the research studies, journals, books, news papers, magazines, institutional/Govt. departmental reports etc.

Tools of data collection: - The tools used for data collection from Primary sources of data were mainly Interview Schedules for beneficiaries, (mother and children) and ANMs and Interview Guides for LHVs , Medical Officers and NGO workers and Observation techniques for overall primary sources of data.

Data Analysis:- The primary and secondary data collected from the different beneficiaries and functionaries has been fed to the computer and processed by

SPSS to calculate the Chi-square goodness of fit test on the variables under the purview.

Reference period: - The study was conducted to evaluate the impact of the RCH Programme on the beneficiaries since its inception in the year 1997 to the beginning of RCH-II in the year 2005.

Research Gap:- There are two major research gaps in respect of RCH program-

1. There is no study on management of RCH services from planning level to service delivery level, how the services are planned and delivered.
2. Gap also exists in the area of involvement of communities, Voluntary organization and NGOs and their role in implementing the RCH Programme.

Limitations: - While conducting the study, the scholar has encountered the following limitations-

1. During the summer due to heavy rain fall, it was difficult to reach remote villages, specially the villages without concrete roads resulting in delay in data collection.
2. During the starting of data collection few posts of health functionaries of selected PHCs were vacant and researcher had to wait until the filling of the vacant post.
3. To find the maximum respondent, the scholar scheduled the data collection during major vacations such as summer and puja vacations, but actually it was found that beneficiaries were more busy in visiting their

relatives and enjoying festivals during that time resulting in rescheduling of data collection time frame.

Research Questions

Basically the study is exploratory in nature. The most important research question proposed in the study was that whether there is any positive impact on the health status of the mother and children as result of the reproductive and Child Health Programme, a national programme implemented since 1997 in all over the country including Assam. No hypothesis was proposed in the study.

Conceptual Framework

Health: Health is a state of complete physical, mental and social wellbeing not merely absence of disease or infirmity.

Reproductive Health: It is generally indicate the health of woman in her reproductive age i.e.15-45 years

Block: A unit for rural planning and development comprising approximately 100 villages and abut 80,000-1,20,000 population.

Exploratory: Examination or investigation of something to explore its affects.

Auxiliary Nursing Midwives (ANM): A female health worker responsible for delivering primary health services to people specially to women and children at village level.

Lady Health Visitor (LHV): A female health assistant responsible for supervising and managing the health services delivered by ANMs.

Mother: Here Mother refers to the both an expectant and nursing mother.

Child: Child here specially refers to the newborn upto the age of 6 years.

Beneficiaries: Here beneficiaries refer to the Mother and Children who are the recipients or of the services of this programme.

Multi Stage Stratified Sampling: Using a form of random sampling in each stages and strata where there are two or more stages and strata.

Infant Mortality Rate: It is the ratio of deaths under one year of age per 1000 population in a given year to the total number of live births.

$$\text{IMR} = \frac{\text{No. of deaths under 1 year of age} \times 1000}{\text{Total No. of live births.}}$$

Child Mortality Rate: No. of deaths in the age group of 1-4 years in a given year , per 1000 to the total No. of Children in that age group at the mid point of the year.

$$\text{CMR} = \frac{\text{No. of deaths in the age group of 1-4 years in a given year} \times 1000}{\text{Total No. Children in that age group at the mid point of the year.}}$$

Morbidity: A departure, subjective or objective from a state of physical well being.

Pare-Natal: It is period starts after the 28 weeks of pregnancy and lasts upto the Seventh days after birth.

Oral Rehydration Therapy (ORT): It is kind of treatment can be safely and successfully used for treating Cholera and Diarrhoea due to aetiologies in all age group.

Health Sub-Centre: It is most peripheral contact point between health care system and community and covers a population of 5000 for plain areas and 3000 for hilly areas.

Primary Health Centre (PHC): It is first contact point between a Medical Officer and community and covers a population of 30,000 for plain areas and 20000 for hilly areas.

Community Health Centre (CHC): It is next form of community level health centre manned by four specialists i.e. Surgeon, Physician, Gynecologist and Pediatrician. It covers a population of 1, 20,000 for plain areas and 80000 for hilly areas.

Safe Motherhood: It means the prevention of pregnancy related deaths and disability.

Nutritional Anaemia: It is a condition in which the concentration of hemoglobin in the blood cell reduced. It is caused by Iron deficiency in the body.

Abortion: Is the termination of pregnancy before foetus become viable or capable of living.

Sexually Transmitted Infection (STI): It includes infections related to procedures such as unsafe deliveries, abortion and IUD insertion and infection due to the over growth of organism found in the genital tract.

Reproductive Tract Infection (RTI): It includes a variety of bacterial, viral and protozoal infections of the upper and lower reproductive tract of both the sexes.

Contraceptive: It is a preventive measure of avoiding unwanted pregnancies and can be permanent and temporary in nature'

Condom: A condom is thin latex sheath made for covering man's organ to prevent the entry of sperm into vagina.

Oral Pills: The oral pills are easy, safe and effective and reversible contraceptive for women.

Intra Uterine Device (IUD): Intra Uterine Device is a small T-shaped device made of polyethylene having copper wire wound around its vertical arm with a thread attached at the end of the vertical arm. It is inserted into a woman's uterus through the vagina.

Sterilization: It is a permanent method of termination of pregnancy that can be used by either sex.

Large Village: Here a large village is meant for the village with a population of 1000-1200.

Medium Village: Here a medium village is meant for the village with a population of 800-1000.

Small Village: Here a small village is meant for the village with a population of 500-800.