

CHAPTER-III

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METHODOLOGY

This chapter gives the details regarding the methodology that has been taken up by the researcher to carry out the present study. It covers the rationale of the study, objectives, research design, types of data, sources of data, tools of data collection, sampling, process of data collection, analysis of data, operational definitions and limitations of the study. The methodology has been adopted keeping in view the nature of the research problem, purpose of investigation, source and availability of the data, observation, experience as well as capability of the researcher.

Rationale of the study

Relatively less importance is given to the reproductive health of non-pregnant woman. Especially in India and other third world countries the problem is more. Due to inhibitions or lack of perception of causes of disease, women usually do not contact or consult gynaecologist. Lack attention is given to the gynaecological diseases as compared to other diseases. Till today gynaecological diseases i.e. the diseases specifically related to the women apart from pregnancy or child birth are given less importance. Apart from the medical aspects these diseases have social implications too. Social pathology of the gynaecological diseases means a lot. The health habits, maintenance of hygiene, health seeking behaviour etc. has a close relation with the disease situation. Women of reproductive age group are more vulnerable to gynaecological diseases because this group is sexually active. Thus, the sexual habits and reproductive behaviour of the women also have some contribution to such diseases. Various studies also revealed that STD, STI, RTI etc. spread through unprotected sex, use of multiple partners, unhealthy practices etc. The reproductive behaviour such as age of marriage, age of child bearing, fertility rate etc. also affects the disease situation.

Cost of treatment and social taboos also make the situation worse. In the literature, there is also paucity of research studies. We have seen various studies conducted abroad as well as in India. Some studies focus their attention on the gynaecological morbidity pattern; some studies take into account the correlation of socio-economic factors with the occurrence of the gynaecological diseases. A few studies try to reveal the perception of the women about various gynaecological diseases and some others were comparative studies. But till now no study has been made on the proposed area of research. Gynaecological morbidity in the current health programmes has also remained largely unaddressed. Hence, the main aim of the present study is to explore the trend and social pathology of the major gynaecological diseases of the reproductive age group in the Barak Valley and find out ways how the sufferings can be minimized.

Objectives

The specific objectives of the present study are as follows:

1. To know the socio-economic background of the gynaecological patients reported in S.M.C.H. in order to know the context of the study.
2. To develop an understanding on the trends of the major gynaecological diseases among the women of reproductive age in Barak Valley during last ten years.
3. To ascertain the causes of gynaecological diseases under the study and explore the social pathology pertinent to the same.
4. To get an idea of the health seeking behaviour of the rural and urban patients under the study.
5. To assess the problems of social taboos, misconceptions, early detection, treatment facilities and so on faced by the women of reproductive age group reported in S.M.C.H., and to suggest social work intervention to improve the situation.

Methodology

Research Design

The Diagnostic Research Design is used for conducting the proposed study. Diagnostic design refers to scientific differentiation among various conditions or

phenomena for the purpose of accurately classifying conditions. In its broadest sense diagnosis corresponds to the fact finding aspect of clinical practice. Diagnostic Research Design consists of four steps:

- (i) The emergence of a problem,
- (ii) A diagnosis of its causes,
- (iii) Formulation of all the possible avenues of remediation, and,
- (iv) Recommendation for a possible solution.

The present study is all about the diagnostic aspect of the major gynaecological diseases among the women of reproductive age group coming to S.M.C.H.

Types of data required

The following types of data are required to carry out the present study:

- (a) Information regarding the socio-economic background of the gynaecological patients reported in S.M.C.H. in order to fulfill the first objective of the study.
- (b) Information about the trends of the major gynaecological diseases among the women of reproductive age in Barak Valley during last ten years.
- (c) Information regarding the causes of gynaecological diseases under the study and their social pathology.
- (d) Information about the health seeking behaviour of the rural and urban patients under the study, i.e. whether they follow the allopathic system of medicine, homeopathy, ayurvedic, unani or they go to quack doctors first when they fall sick.
- (e) Information regarding the problems such as social taboos, misconceptions, early detection, treatment facilities and so on, faced by the women of reproductive age group of Barak Valley reported in S.M.C.H.

Sources of data

- (a) In order to meet the first objective of the study i.e. to know the socio-economic background of the gynaecological patients reported in S.M.C.H. primary source of data is used.
- (b) To fulfill the second objective of the study, data is collected from secondary source. To understand the trends of the major gynaecological diseases among the women of reproductive age in Barak Valley during last ten years records from the out patient department of Obstetrics and Gynaecology, S.M.C.H. is collected.
- (c) In the third objective, there are two parts. First part of the data is collected mainly

from secondary source i.e. the textbooks on gynaecology and interpretation of doctors based on the basic concepts. To fulfill the second part of the objective, data is collected from the primary sources only i.e. from the patients, doctors, observation of social situations, etc.

(d) To get an idea of the health seeking behaviour of the rural and urban patients under the study, which is the fourth objective, data is collected from the primary source i.e. from direct interview of the patients.

(e) To fulfill the last objective of the study primary source is used for data collection. To determine the problems such as social taboos, misconceptions, early detection, treatment facilities and so on faced by the women of reproductive age group of Barak Valley reported in S.M.C.H. interview or informal discussion is conducted, which is a primary source.

Tools of data collection

In the entire study, interview schedule is the only tool which is profoundly used. To know the socio-economic background of the gynaecological patients under the study and to assess the social pathology of the major gynaecological diseases interview schedule is used.

Process of data collection

Data collection for the present study includes four phases. The phases are as follows:

- (i) In the first phase literature related to the major gynaecological diseases and various studies pertinent to the subject is reviewed.
- (ii) In the second phase, a trend of the major gynaecological diseases among the women of reproductive age in Barak Valley during last eleven years is explored.
- (iii) In the third phase, interview schedule is developed so that each and every aspect of the study can be covered and all the objectives are met.
- (iv) Last phase is the main phase of the data collection. The researcher conducted interview, home visit, informal discussion, group discussion etc. to find out the relevant information.

Sampling

Universe

It has been found out; ten gynaecological patients are treated every day at the outdoor of the department of Obstetrics and Gynaecology, S.M.C.H. on an average. Approximately, 3600 persons, who are exclusively gynaecology patients, are treated in a year at the same department of S.M.C.H. For the present study, patients who reported at the OPD during July 2009 to June 2010 are considered and thus the tentative universe is 3600 population.

Sample Size

In order to carry out the study, 150 respondents have been taken from the rural areas and 150 from the urban areas of Barak Valley. Total 300 gynaecological patients of reproductive age group of Barak Valley have been taken as sample.

Sampling Technique

Simple random sampling technique is used for the present study.

Sampling Criteria

Certain criteria are adopted for selecting the respondents / patients as sample.

The criteria include the following:

- (i) The respondent must be a gynaecological patient,
- (ii) The respondent should report at the outdoor of the department of Obstetrics and Gynaecology, S.M.C.H.
- (iii) The respondent must be within the reproductive age group,
- (iv) The respondent should be a resident of Barak Valley.

Analysis of Data

In the present study both quantitative and qualitative kinds of analyses are made. The quantitative responses of the interview schedule are tabulated, analyzed and interpreted. The qualitative data is analyzed in the descriptive manner to support the objective of the study. Various charts, figures, tables etc. are used for better representation of the data. Almost every table is analyzed separately for rural and the urban patients. For statistical analysis SPSS package and MedCalc software is used. According to the chapterization plan the data are arranged systematically. The data are presented in two parts.

In the first part, various information about the socio-economic background of the gynaecological patients such as their age, educational qualification, religion, language spoken, occupation, family details, income, housing, water system, ventilation etc. are presented. These data are presented in tabular forms and pictorial forms along with proper explanations. As the study is a comparative study between the rural and the urban patients, almost all the variables are analyzed in the light of rural urban divergence. With some categorical variables, chi square test is done to check the statistical significance.

In the second part, the trends of the gynaecological diseases under the study are shown with the help of bar diagram, graphs etc. Data about the gynaecological history and health seeking behaviour of the patients are also stated along with the treatment facilities. The social pathology pertinent to the gynaecological diseases is discussed here. Graphical and pictorial representation of the data is also done. Again the data are analyzed keeping in mind the comparative aspect between the rural and urban patients. Statistical analysis is done to signify the social diagnosis i.e. relationship between the variables.

All the analyses of data are done from the social work perspective and presented in a descriptive manner along with the social diagnosis.

Operational definitions

Gynaecological diseases : Gynaecology is defined by the Oxford English Dictionary as “That department of medical science which treats of the functions and diseases peculiar to women”. Thus gynaecological diseases are the diseases of women who are non-pregnant. Gynaecology is composed of two words, ‘Gynae’ meaning women and ‘Logos’ means discourse. ‘Gynae’ and ‘Logos’ are greek words. E.g. white discharge, leukorrhoea, menorrhagia, genital prolapse etc.

Health seeking behaviour: To lead a healthy and disease free life people sometimes have to seek help from others. This may be health centre, private practitioner, traditional healers etc. On the basis of the perception and personal likings, individual

select the system of medicines. All the practices and behaviour related to the maintenance of health are term here as health seeking behaviour.

Major gynaecological diseases : In the present study all the gynaecological diseases will not be included, only common diseases will be considered. These are menorrhagia, amenorrhoea, leukorrhoea, dysmenorrhoea, genital prolapse, cervicitis, vaginitis and pelvic inflammatory diseases (PID).

Reproductive age: This is the age range where the individuals are capable of reproduction. The reproductive age is generally considered from 15 years to 45 years.

Reproductive behaviour: All the practices related to the reproduction such as age of coitus, number and spacing of children, frequent of intercourse etc are termed here as reproductive behaviour.

Social pathology : The term social pathology means the social science of diseases. Social factors have an influential part to play on the disease situation. So the social pathology of the disease must be studied with the medical pathology.

Misconception: Misconception is the wrong belief or wrong conception about any thing.

Social taboo: These are the prohibition resulting from social conventions.

S.M.C.H. : Silchar Medical College and Hospital.

Barak Valley : It is comprised of three districts - Cachar, Karimganj and Hailakandi.

Limitations of the study

1. All the trends of the major gynaecological diseases under the study over last eleven years are collected on the basis of the records available at the department of Obstetrics and Gynaecology of S.M.C.H.
2. All the personally identifying variables of the respondents are kept confidential.
3. Extra marital relations of the patients are not considered in purview of this study.