

**CHAPTER - III**  
**RESEARCH METHODOLOGY**

## **Chapter Three**

### **Research Methodology**

The chapter describes the rationale of the present study and the methodology adopted to conduct the study including the study locale, the study procedure and scope of the study.

Methodology in a wider sense means the process by which we approach a phenomenon under study and seek answers. It enables the researcher to construct and conduct the research in a systematic manner. Here, an attempt is made to outline the choice of theoretical framework selected along with the rationale for it, as well as, the major procedures, tools and techniques used in collecting and analyzing the data.

India has a population of more than 1.21 billion as per provisional report 2011, around half of whom are adults in the sexually active age group. The spread of HIV in India has been diverse, with much of India having a low rate of infection and the epidemic being extreme in the southern half of the country and in the far northeast. The highest HIV prevalence rates are found in Maharashtra in West, Andhra Pradesh and Karnataka in the south, and Manipur and Nagaland in the North-East. Estimated people living with HIV/AIDS in year 2006 are 2 million -3.1 million (MFHW GOI, India, and New Delhi (NACO2007) .This brings about need for studying the problems of Widows with HIV/AIDS.

Because of the high rate of HIV infection among IDUs, the widows of IDUs become the immediate risky group. The AIDS affected widows are stigmatized as 'HIV carrier' and blamed when their husbands die from AIDS. Their health deteriorates, and that they are prejudiced of being rejected and isolated, that instead of sharing their problems with their near ones they withdraw themselves. The AIDS-affected women particularly are economically very poor. So, it becomes a matter of utmost important to study on HIV/AIDS affected widows.

The research tries to explore the reality of widows affected with HIV/AIDS in Imphal, Manipur. After going through careful review of literature and looking at the statistics regarding HIV/AIDS cases in India and globally, which is spreading at a rapid pace and no cure is available for the victims, means of prevention and knowledge of medicine and support systems are the only ways to give hundred percent assurance for a healthy stay. Prevention of AIDS (through HIV infection) and method of treatment is possible by possessing the correct knowledge, right attitudes and appropriate approaches. The correct knowledge to prevent HIV infection includes knowledge about HIV infection and AIDS as a disease, its mode of transmission, ways to prevention etc. Once the persons are equipped with this correct knowledge, they will harbour favourable attitudes towards the persons living with HIV/AIDS and help themselves from contracting it.

This study was conducted to explore the knowledge, kinds and methods of treatment they are receiving, sources and types of support the widows and their children are getting, stigma and discrimination faced by the widows and the children at family, community and workplace and their need and plan of the widows for the livelihood of them and children. Keeping these in mind, an effort to provide a more comprehensive picture of the trials, pain, and despair and hope in short, the whole life experiences of the widows living with HIV/AIDS following objectives were framed for the study.

**Rational:**

Manipur has its unique culture and the excellent performances of its sport persons have been widely acclaimed. Unfortunately, it is also the home of various issues and problem like unemployment, insurgencies movement, rampant corruption, drug abuse, AIDS, political instability, ethnic unrest and threat to its territorial boundary. The spread of HIV/AIDS epidemic is increasing at an alarming rate. It is seen that a single AIDS related illness or death can devastate an entire household, the structure of the family, economic

relations, social interaction, responsibilities of the family member. The rising morbidity and mortality rate due to AIDS- related cases though lower in cases than other causes, can have devastating impact on long term potential like labour market, productivity and infrastructure planning (Elizabeth, 1993).With this in mind, the researcher is confined to look at the widows affected by HIV/AIDS.

The problems of widows are not only manifold but they are interrelated and affecting each other. She is sometimes deprived of even ordinary comforts. She has to bear with several restrictions which, in turn intensify her emotional suffering. There are some of the obstacles faced by the increasing number of women who are widowed as a result of AIDS. HIV/AIDS significantly adds to the burden of the already inferior status of widows.

**Objectives:**

1. To know the socio-economic conditions of the HIV/AIDS affected Widows.
2. To understand the knowledge of widows relating to HIV/AIDS.
3. To find out the kinds and methods of treatment they are receiving.
4. To identify the sources and types of support widows and their children are getting.
5. To document the stigma and discrimination faced by widows and the children at family, community and workplace.
6. To study the need and plan of the widows for the livelihood of them and children.

**Research Questions:**

The research questions addressed in the study are as follows:

1. What is the knowledge of the widows regarding HIV/AIDS?
2. What are the supports widows received from various sources?
3. Is there any scope for Social Work Intervention for the HIV/AIDS affected widows in Imphal, Manipur?

**Universe of the Study:**

The study was conducted in Imphal, Manipur. The state has the highest HIV prevalence rate in India. There are numbers of NGOs working with and providing HIV related services to the PLWHA in

Imphal. Hence, for easy access to a numbers of widows and organizations, Imphal was selected as a study site.

The researcher includes only the widows who were affected by the HIV/AIDS in Imphal, Manipur. All the districts in the state have been affected where Imphal district accounted to be 57.23% of the total HIV positives. The epidemiological analysis of HIV/AIDS (2007) in Manipur is shown below.

**Table3.1: EPIDEMIOLOGICAL ANALYSIS OF HIV/AIDS IN MANIPUR:**

District	Number of samples screened	Number of HIV positives	Sero-Positivity rate (%)	District Percentage
Imphal	81,511	12,620	15.48	57.23
Thoubal	21,112	2,139	10.13	9.70
Bishnupur	13,218	1,291	9.77	5.85
Churachanpur	9,399	1,815	19.31	8.23
Ukhrul	6,943	1,580	22.76	7.16
Senapati	7,315	1,081	14.78	4.90
Tamenglong	2,779	100	3.60	0.45
Chandel	4,286	1,067	24.90	4.84
Total	1,46,563	21,693	14.80	98.37
Unknown	9,927	360	3.63	1.63
Total	1,56,490	22,053	14.09	100.00

District wise distribution of HIV Positives Cases (MACS 2007)

The statistical data, shows that Imphal accounted for the highest percentage of number of HIV positive. Imphal population is vast. So the number of people living with HIV is remarkably high. People living with HIV in Manipur come from incredibly diverse background, culture and life style.

### **Sampling and Sample Sizes:**

For the sample of this study the researcher depends on fifteen organizations purposively. These organizations provides supports by ways of finance, medicines, treatment or working on rehabilitation, counseling likewise to different implementing and grass root NGOs who are taking care for the people living with HIV/AIDS.

Widows, the most deprived and neglected segments of the Indian society are discriminated doubly, one as woman and secondly as a widow.

Sampling is the method of selecting a fraction of population which would be studied to draw inference about the whole population. For this study stratified random sample was taken. 15% sample was taken from the whole of universe. 15% sample proportion was maintained from each institution of its whole. The total sample constituted 120. Five case studies were conducted for getting information in details and to reach more insight into the study.

Researcher depends on the identified cases of HIV/AIDS affected widow under this previewed. As estimated, the totals of reported cases are approximately 600. So, the researcher interacts with a portion of this group. These numbers (600) here were considered as universe for this study. It is true that HIV/AIDS affected widow maybe more than those who are not reported but for this study that portion has not been included.

**Scope of the Study:**

Widowhood is considered as a social category within the society. It is particular position or status or social stigma attached to a woman after the death of her husband. It is quite natural that a woman is disintegrated when she loses her husband whatever caste or religion it may be. We usually find that a widow feels lonely, unsecured, alone and aloof after the death of her husband.

Widowhood is a growing source of phenomenon which is compounded by the rising number of people lost by AIDS. They bear the brunt of AIDS care. Many widows living with HIV have the added pressure of being ill.

The present study is a holistic study that seeks to cover the socio-economic conditions, their knowledge of the disease, kinds and methods of treatment, their supporting systems and its sources, stigma and discrimination faced by the widows at the family, community and work place, and the need and plan for the livelihood.

**Research Design:**

A research design is the detailed plan of an investigation. This is an exploratory study. Exploratory study is a study in which there is very less information available and much has to be explored regarding that. The research design was undertaken in order to find socio economic conditions, knowledge relating to HIV/AIDS, kinds of methods of treatment they are receiving, sources and type of support, stigma and discrimination and their need and plan for their livelihood for them and children. For this purpose combinations of qualitative and quantitative methods were used, namely informal interviews and interview schedule.

Methods and tools of Data collection: Overview of the table:

Type of Data		Study Instrument	No. of respondents
Quantitative (Primary)	Widows affected by HIV/AIDS	Interview Schedule	120
Qualitative(secondary)	literature, websites, journals, articles in concerned fields and key informants from different NGOs	FGDs	3
		Case studies	5

In this study, both Qualitative and Quantitative methods were applied. The structured, pre-coded interview schedule, focussed group discussion and case studies were used as base tools for data collection for the study. The tools was designed to find out the socio-economic conditions of the respondents ,knowledge relating to HIV/AIDS, kinds and methods of treatment they are receiving, sources and types of support they are getting for them and children, stigma and discrimination they are facing and need and plan of the widows for the livelihood of themselves and children.

The primary data was collected by using interview schedule. Besides this, all relevant, secondary data was collected from literature, websites, journals, articles in concerned fields and key informants from different NGOs. Key informants were involved in this study, each from the different organization. They were made fully comfortable by giving confidence that these data will be collected for research purpose only. Good support was provided by all informants.



**Consent from widows:**

Ethical issues were kept in mind throughout the completion of the research as the subject on which research was undertaken was a sensitive one. The respondents were given full information regarding the purpose of the study; assurance was given to them regarding the confidentiality of the identity of the respondents at each and every point of the research process.

After making them fully assured about the process, oral consent was taken from them before taking interview. The respondents were also enlightened about their rights, voluntary participation freedom on not to answer a particular question, and freedom to withdraw from the study at any time without giving any reason.

**Individual Interview**

The researcher conducts the interview of 120 respondents with the interview schedule. One interview session took 75-90 minutes in average.

**Focus Group Discussion:**

The researcher conducted 3 FGD among the respondents who had already been interviewed .A checklist was used in moderating the FGD. Each of the FGDs was conducted among 5-7 participated from similar age group. One FGD took 120-150 minutes in average. Names of the participants were not taken and responses during the sessions were tape recorded with the due consent. The tape records and notes from the FGDs were transcript.

**Case studies:**

Observation was also a tool used during the interviews and specific reactions of the respondents were noted. The tape recorder was used wherever the respondent consented, which were later transcribed. Data collection was guided throughout by the principles of informed consent and also to maintain confidentiality of their identity, the names of the respondents have been changed.

Case studies were taken from 5 respondents which supplemented the information in the ground. The case studies were taken from the respondents and key informants.

### **Data Analysis:**

The collected data was analyzed to find out the socio economic conditions of the respondents, Knowledge relating to HIV/AIDS, kinds and methods of treatment they are receiving, sources and types of support they are getting for them and children, stigma and discrimination they are facing and need and plan of the widows for the livelihood of themselves and children.

After the collection of data, the processes of coding, tabulation and analysis were undertaken with the help of SPSS. All tape recorded data were transcribed and translated into English. The quantitative data has been presented in the form of simple, as well as cross tables. The qualitative data are presented in the form of case studies as well as, in the form of relevant portions of narratives of the respondents in order to bolster or counter the quantitative findings.

### **Limitations of the study:**

Every study has its own limitations. In this study, only HIV/AIDS affected widows who are registered (identified and undergoing treatment) in the GO and NGOs programme. The study does not take into account the widows who have not registered in the organizations.

### **Field Experiences:**

HIV/AIDS being concerned with socially interdictory to pin such as sexuality, addiction and homosexuality, it was difficult to gain access to this population. It being a sensitive area, the authorities of the NGOs involved in working with PLWHA had their reservation in revealing the identity of such person as they were bound to maintain confidentiality just like the investigator of this research.

Once contacted, the widows were sceptical in opening up and therefore, a lot of time had to be spent to gain their confidence. A number of respondents, because of time constraints for them, had to be contacted two or more times over a period of time to gain all the information and achieve the objective of in-depth interviewing.

Initially, the researcher was apprehensive about talking to PLWHA. The idea of probing PLWHA with focusing to widows appeared daunting as HIV is highly stigmatized.

The researcher was permitted for data collection and was helped by the kind staffs of the organization that had a comfortable rapport. In every organization the research approached for the co-operation of the workers who were HIV+ too, provided list of widows affected and who were registered their names in the organization of a certain area. They accompanied the researcher during visits, either in the agency or in their house.

In the field the researcher came to know the suffering faced by them and by the family and their demoralizing the experiences the level of stigma and fear attached to the present conditions. The researcher finds several breakdown or tremendous nervousness that is discarded by their families or societies are finding it hard to survive. They are going through the largest turmoil in human life, as to say feeling of unwanted by anyone. Even though, some are trying their best to survive with the help and support of different organizations the people who are having at least the support of one of their loved ones are trying their best to make the most out of their life. They are also able to share their experiences about a lot of issues. They are never asked to reveal how they have contracted the disease. But they themselves revealed by themselves through conversation.

There are some widows, fortunate few, who have tried to fight all odds with the care and support provided by the organization and loved ones and there are some are there are some who are courageous enough to take the disease in their stride and still go on with their life.

Many are just trying to deal with different emotions, stress, stigma and discrimination so that they could live normally. The only idea that occurs to the researcher's mind is that there are great in numbers of PLWHA who are widows can make a difference to their lives and bring comfort to the family if they would get necessary care and support.

The researcher's feeling was enriched with the process of learning which had made understanding of life deeper and richer.

### **Operational Definitions of Key concepts:**

Operational Definition of Key concepts means that must be defined by the steps or operational used to measure them. Such a procedure is necessary to eliminate confusion in meaning and communication (Burns, 2000).

The Operational definitions of the key concepts used in this study are explained below;

**HIV/AIDS** : HIV stands for the Human Immuno Deficiency Virus. It is the virus that causes AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. It is the end stage of HIV positive. AIDS sometime is called "*Slim disease*" in Africa.

**Widows** : A woman having lost her husband by HIV/AIDS and she herself was affected by the disease.

**Socio-economic Condition:** Here socio-economic conditions include the respondents' income, expenditure, and education, housing condition and cordiality with the family members. It also includes the payment/expenses for the medical check -up.

**Support:** Here, support refers to the help that respondents are receiving as finance, moral, education from various sources.

**Treatment:** Here, treatment refers to the mode of treatment received by the respondents from hospitals, NGO's and other own sources.

**Discrimination:** The treating of some people unequally than others without any fair or proper reason.

**Stigma:** A powerful negative social label that significantly discredits a person. It is usually linked to socially marginalized behavior. Here, stigma indicates the interaction with pre-existing fears, about contagion and disease.

**Knowledge of HIV:** In this study, knowledge regarding HIV/AIDS includes the understanding of the affected widows regarding various processes and stages of HIV/AIDS infection and other information in relation to HIV/AIDS.

**Chapterization Plan:**

The present study has been divided into total seven chapters. The chapter One gives an overview of the topic of the study related to HIV/AIDS. The chapter Two is a review of literature related to HIV/AIDS in the general population and widow's incident. The chapter Three describes methodology adopted to conduct the present study. The chapter Four gives details about the research areas. The chapter Five gives the detailed description of the profile/characteristics of the respondents. The chapter Six narrates the five Case studies and Focus Group Discussions. The chapter Seven gives a summary of the whole study and concluding discussions with emergence of Hypothesis and Chapter 'Eight provides suggestions and scope of social work interventions.