

CHAPTER 3

CHAPTER 3

Methodology

The previous chapter has given an overview on relevant literature. This chapter provides the details regarding the methodology that has been adopted to carry out the present study. It encompasses rationale of the study, aim of the study, specific objectives, research design, sources of data, construction of tools, sampling, process of data collection, nature of analysis, etc. The actual limitations, those the study admits, are also included here.

3.1 RATIONALE OF THE STUDY

Review of literature has revealed different issues. It has come to the notice that adolescent girls tend to be poorly informed regarding their own sexuality and physical well-being, their health and physiological changes. Often they have incomplete knowledge and information and are subjected to confusion that is due to reluctance among the parents, teachers and health providers to impart relevant information. Studies have shown awareness amongst adolescent girls' about menstruation and other changes during puberty are poor.

The review of literature also reveals that the proponents of the Reproductive and Child Health programme who talk about reproductive health framework believe that reproductive health is linked to the subject of reproductive rights and freedom, and to

girls' status and empowerment; but RCH Programme focuses only on HIV/AIDS/STI/STD, family planning and immunization services for mothers and children. The aspects of reproductive health are undoubtedly important: programmes need a wider perspective that considers adolescents' broader general health, emotional and physical needs that are in turn linked to cultural and societal perceptions towards adolescents and the status of adolescents in the society as well.

As our review of literature has not revealed the existence of such services in practical for adolescents in India, in this situation it is possible that in Manipur, in the Higher Secondary schools the curriculum rarely touches upon issues of sexuality and reproductive health; teachers may often find the topic embarrassing and avoid it. Our review of literature shows that the teachers are not trained for any counseling skills with regard to sex education. In such situation in the colleges there would be no facilities for counseling of students where students can seek help. Thus, information on sexual matters would tend to come either from peers, who may be equally uninformed, incorrectly informed.

In the context of the study, we need to examine what is happening in Manipur. Is RCH Programme addressing the concern of adolescents' health? It is understood that there is a need to tackle the adolescent girls' health problems through services available. As there is no study in Manipur on adolescent girls' health of RCH Programme, the researcher is trying to look and understand the kind of services available in Thoubal District, and Chandel District of the school going girls who are better off studied. If the health conditions of socio-economically better situation of girls are not good then it will be worst for poor adolescent girls. The study is trying to examine what are the health services, infrastructures available for adolescents within

RCH Programme? Are the workers being trained for services in sex education and counseling? What are the roles of NGOs in utilizing Information, Education and Communication Programme (IEC) to reach out the adolescents with regard to their health? What are the socio-cultural factors and who are the main players associated with the health of adolescent girls? What are the type of education and facilities needed in schools? It's also examining whether the teachers are being trained for providing sex education and counseling to the students in schools.

3.2 AIM OF THE STUDY

The main aim of the study is to understand the gap between the needs of adolescent girls' health and RCH Programme in the context of socio-economic and cultural set up of Manipur. It will suggest in overcoming the problems of adolescent girls' health.

3.3 SPECIFIC OBJECTIVES

1. To study the socio-economic and cultural factors operating for the adolescent girls' health in Thoubal and Chandel districts of Manipur in order to understand the context of the study.
2. To assess the health care needs of the adolescent girls who study in the Higher Secondary schools under the study.
3. To explore the perception and awareness level of the adolescent girls pertaining to health care services available with the current RCH Programme.
4. To examine the RCH Programme implemented by government hospitals and NGOs and find out accessibility of health services for adolescent girls.

3.4 RESEARCH DESIGN

It was necessary to explore different aspects and establish facts related to the adolescents' girls health needs and socio-cultural factors operating behind in shaping adolescents' health in Manipur. This study also examines, in RCH Programme, different actors who were responsible for accessibility and availability of health services for adolescents. Hence, researcher has to do literature review, experience survey and interviewing of adolescents, parents, teachers, and some of the NGOs as well as hospitals of two districts under the study. Experience survey was made through focus group discussion and interview. Focus group discussions were conducted among the adolescent girls in schools to cover some portion of the study and informal interviews were conducted among adolescents, parents and key informants. Thus, the present study used an exploratory research design.

3.5 TYPES OF DATA REQUIRED

1. In order to achieve the first, second and third objectives, we needed the following types of data:

3.5 (i) From the adolescent girls

- Personal data of 15-19 years of adolescent girls, which included age, religion, community, caste, educational qualification, nature of family, etc.
- Socio-economic characteristics, the household and family structure of adolescent girls which included type of accommodation, number of rooms, number of persons in a room, toilet facility, bathroom facility, source of water, electric facility, family income, number of earning members in the family.
- Societal and cultural aspects that included physical and emotional changes, family attitudes, societal attitudes, restrictions to girls by taboos, and health problems.

- The health care needs and RCH Programme that included the types of health complaints from the adolescent girls and medical services of both Government and private doctors, awareness of RCH Programme, division of HIV/AIDS/RTI/STD, risk behavior responsible for transmission of HIV/AIDS, etc.
- The perception and awareness level of adolescent girls that included the source of information on RCH Programme, syllabus in the schools, any counseling center in schools, the functions of NSS unit, NGOs working on reproductive health in schools and community and their services.

3.5 (ii) From the parents

- Personal data that included age, sex, occupation and educational qualification and nature of family.
- Household structure that included types of accommodation, family income, number of rooms, toilet facility and source of water.
- Societal and cultural aspects that included cultural factors and societal factors associated towards girls, festivals, taboos, religious practices towards girls' physiological changes, decision-making, etc.
- Reproductive health and health care needs that included health problems of adolescent girls, health seeking medical services, health facilities available through RCH Programme.
- Awareness level that included the source of information related to reproductive health, HIV/AIDS/STD, NGOs working on reproductive health and their services in the schools and the community.

3.5 (iii) From the teachers

- Personal and school related data that included designation, educational background and years of working of teacher in the schools; staffing pattern, subject streams, and infrastructure facilities like counseling center, library facility, NSS unit, facility of sports activities both indoor and outdoor in the school.
- Health care needs and awareness programme available in the schools, which included NSS unit conducting health education on relevant health issues, and courses; any training programme the teachers had undergone on sexual health where they can handle the students problems, etc.

2. With regard to achieve the fourth objective, the following types of data were required:

3.5 (iv) From the doctors

(a) About the hospitals:

- Head of the institution, type of hospital, historical background, its philosophy, mission and vision, objectives, area of operation, target group, organizational set-up, infrastructural facility, programmes implemented and on- going programmes, sources of funds, numbers of staffs, monitoring and evaluation.

(b) About the RCH Programme:

- Objectives of RCH Programme, target group, various components, facilities available for adolescent group, types of health complaints come form adolescents, IEC unit, counseling center and health care facilities to carry out RCH Programme, duration of Programme, area of operation, resources utilized in the Programme, nature of participation, referral system with other Government and NGOs, health care expenditure, monitoring and evaluation.

(c) About the doctor:

- Personal data that included the designation, educational qualification, work profile, training programme attended.
- The general health problems of adolescents and the services available through Reproductive and Child Health Programme.
- The problems of health services available in RCH Programme for adolescent girls that include information, education, communication and treatment care.

3.5 (v) From the nurses and community health workers

- Personal data that included name, age, sex, marital status, designation, educational background, number of years of working in the hospital, number of training programmes attended.
- The work profile included number of working days in a week, total number of working hours in the hospital; types of client's problems, and change in the work profile after RCH Programme came in.
- The general health problems of adolescents group and the services available through Reproductive and Child Health Programme.
- The problems of health services available in the government RCH Programme for adolescent girls that include information, education, communication and treatment care.

3.5 (vi) From the NGOs

- Head of the institution, type of NGO, historical background, its philosophy, mission and vision, objectives, area of operation, target group, organizational set-up, infrastructural facility, programmes implemented and on- going programmes, sources of funds, number of staff, monitoring and evaluation.

(a) About the RCH Programme:

- Objectives of RCH Programme, target group, various components, facilities available for adolescent group, types of health complaints come from adolescents. IEC unit, counseling center and health care facilities to carry out RCH Programme, duration of Programme, area of operation, resources utilized in the Programme, nature of participation, referral system with other Government and NGOs, health care expenditure, monitoring and evaluation.

3.6 SOURCES OF DATA

Keeping in view the objectives of the study, researcher collected data from secondary as well as primary sources.

- To achieve the first, second and third objectives the researcher depended on primary source. The data were collected mainly from adolescent girls, parents and teachers.
- To achieve the fourth objective the researcher depended on primary and secondary source. The primary data were collected mainly from governmental health care institutions and NGOs where doctors, nurses, health workers and programme coordinators/project officers and field workers were respondents. The secondary source included Census of 2001, Government of Manipur; WHO reports; MHFW, Government of India; annual reports of the NGOs under study; books, journals and relevant articles.

3.7 THE TECHNIQUES AND TOOLS OF DATA COLLECTION

Informal interview and the observations throughout the data collection were the techniques used for the respondents and key persons such as teachers, doctors, nurses, community health workers, NGO's coordinator, Project Officer and field level staff.

Regarding tools, six tools were used. They are mentioned below:

- In order to fulfill the first, second and third objectives the researcher interviewed adolescent girls, teachers and parents. Hence, three types of tools were used by developing interview schedule for these three types of respondents. The interview schedule used for adolescent girls included personal data, household and family structure, physical changes, societal perceptions, emotional changes, societal restrictions, general health problems, reproductive health problems, health seeking behaviour, decision making regarding academic and personal matters, societal stigma, safe and supportive environment, about perception and awareness level on HIV/AIDS, STD and Reproductive and Child Health programme. In order to understand the role of parents towards adolescent girls, an interview schedule was administered that included educational qualification, family size, family income, ritual rites performed, restrictions towards girls, relationship with their daughters, general health problems and reproductive health problems girls' complaint of, treatment at government or private hospitals, safe and supportive environment in hospitals and schools, awareness level on HIV/AIDS and Reproductive and Child Health Programme and services available from NGOs and government services. Likewise for teachers, interview schedule included information in understanding the safe and supportive environment for students specially for girls, facilities available like counseling centers, health centers/ health unit, NSS unit, activities undertaken in the schools like holding any programme on health related issues, undertaken any training programme related to sex education, importance of sex education in the schools, awareness on Reproductive and Child Health Programme, etc.

- The remaining three types of tools were used in order to fulfill the fourth objective. One information proforma was used for the health care institutions of both hospital and NGO which was necessary to collect the history as well as basic information (name, address, objectives, operational areas, organizational structure, programme, staffing pattern, financial aspects, monitoring and evaluation, etc.) Information proforma for health care institutions was filled up with the help of Medical Officer or NGO coordinator or secretary. The interview schedule for understanding the RCH Programme included the objectives of programme, any specific facility available for adolescent group, safe and supportive environment for adolescents, infrastructural capacity for IEC unit for disseminating information at schools, colleges and community at large, nature of people's participation, financial aspects and monitoring part. The remaining tool was interview schedule for key informants such as doctors, nurses, community health workers, Project coordinator, Programme officer and field level staff.

3.8 AREA OF STUDY

3.8 (i) Thoubal District

The district of Thoubal, which occupies the bigger portion of the eastern half of the Manipur Valley, takes the shape of an irregular triangle with its base facing north. It lies between 23° 45' N and 24°45' N latitude and 93°45' E and 94°15' E longitude. It is bounded on the north by Imphal district, on the east by Ukhrul and Chandel districts, on the south by Chandel and Churachandpur districts and on the west by the districts of Imphal and Bishnupur. It has an area of 514 sq.kms as surveyed by the Surveyor General of India. As per 2001 census, the population of Thoubal district is 3,64,140 and the density per sq. km is 708. As per 1991 census, the population at the age group

15-19 is 31,046 where 15,294 were males and 15,752 were females. Its average elevation is not very much different from the rest of the Manipur Valley, which is about 790 meters on an average above the sea level. Although the district is a part of the valley, the area of the district is not entirely plain. The district is dotted by a few hillocks and hills of low heights. Some of them are part of Khekman range, Mantak, Kwarok and Thongam Mondum-Punam.

The district came into existence in May 1983 through a notification of the Government of Manipur, [Secretariat: Revenue Department Order No.6/1/73-R (Pt.VII) dated May 24, 1983] (Manipur Extraordinary Gazette No. 76 of the same date) under the Manipur Land Revenue and Land Reforms Act, 1960. By the said notification, Thoubal sub-division of the erstwhile Manipur Central District (now Imphal district) with all its administrative units was transferred to form a new district under the name of Thoubal with its headquarters at Thoubal. Later, in November, 1983, Thoubal was bifurcated into Thoubal and Kakching sub-divisions comprising of Kakching and Waikhong Tahsils with all their existing villages (Manipur Gazette Extraordinary No. 343 dated November, 25, 1983), the headquarters of Kakching sub-division being Kakching. A study done by RCH phase I & II 1998-1999 on the general characteristics of type of houses in Thoubal district, it was found that 32.2 percent belong to Kachha, 63.4 percent in semi-pucca and 4.3 pucca which is lower than that of Manipur with 61.7 percent, 31.6 percent and 3.3 percent respectively. The percentage distribution of scheduled caste in Thoubal district (3.8 percent) is high but less in scheduled tribe (1.0 percent) compared to Manipur scheduled caste (2.0 percent) and scheduled tribe (34.4 percent). The sex ratio of Thoubal district is 998 females per 1000 males. The density of the population of this district is 713/sq.km. The literacy rate of Thoubal district is 67.90 percent in total with 80.50 percent

literacy rate of male and 55.34 percent of female (excluding 0-6 years of age) (Directorate census operations, Manipur 2002).

3.8 (ii) Chandel District

The Chandel District (formerly known as Tengnoupal District) came into existence on 13-5-1974. The District lies in the south-eastern part of Manipur. It is the border district of the state. Its neighbors are Myanmar (erstwhile Burma) on the south, Ukhrul district on the east, Churachandpur district on the south and west, and Thoubal district on north. It is about 64 km. away from Imphal. The National Highway No. 39 passes through this District.

Several communities inhabit the District. About 20 different tribes sparsely inhabit it. They are scattered all over the District. Prominent tribes in the district are Anal, Lamkang, Kukis, Moyon, Monsang, Chothe, Thadou, Paite, Maring, etc. There are also other communities like Meiteis, and Muslims in small numbers as compared to the tribes. Non-Manipuris like the Tamils, Bengalis, Punjabis, and Biharis are also settled in this district.

The Moreh town, the international trade center of the state lies on the southernmost part of the District. When the Trans-Asian Super Highway comes into existence, Chandel district will be one of the gateways to the Asian countries.

It is a hill district with an area of 3,313 sq. km. As per census 2001, the population of the district is 1, 18,327 (in rural - Male 52,124 & female 51,241 and in Urban- male 7,617 and female 7,345) and scattered in 419 villages. The literacy rate is 46.68 percent (male 57.39 percent, female 34.80 percent). The density of population per sq.

km. is 36. As per 1991 census, the population of age group 15-19 years is 7,135 whereas male 3,518 and female 3,617. Even though considered as one of the backward districts, Chandel is not left behind when the safety of the nation comes. The names of Chara Nicholas Mayon, S. Gemithang, and NL Benaingvir Mayon, who sacrificed their lives during the Kargil War, included in the list of Martyrs of India, will always be remembered by one and all (All the Statistical Data are obtained from the "*Statistical Handbook of Chandel District 1998-99*", Directorate of Economics and Statistics, Government of Manipur).

3.9 PROCESS OF DATA COLLECTION

Under the study, data were collected in five phases:

3.9 (i) First phase of the study:

In this first phase, secondary data related to the rise of Reproductive and Child Health Programme in the world, India and in Manipur and different programmes available for adolescent girls were gathered and the area for the proposed study i.e. Thoubal and Chandel districts was chosen. The researcher for review of literature on the topic visited libraries of Voluntary Health Association of India, New Delhi; Ministry of Health and Family Welfare; Center for Community Health and Social Medicine, JNU; Voluntary Health Association of Manipur; Central library, Manipur; etc. In this phase, the bibliography was also updated with new reference materials and secondary sources.

3.9 (ii) Second phase of the study:

The researcher in this phase made a visit to Manipur for the selection of the colleges and identification of stakeholders. She spent one week in two colleges Kha-Manipur

College and Kakching College of Thoubal District and one college. Komlathabi College of Chandel district. The researcher informally discussed with six teachers of Komlathabi College and three teachers each in Kha-Manipur College and Kakching College including the Principal, science teachers, social science teachers and programme officer of NSS unit about the rationale and objectives of the study. The researcher also met with few students of the mentioned colleges to build up rapport and to understand their awareness level on reproductive health. But students were found very less in the college and hence instead of colleges the study was conducted to the higher secondary schools. The researcher has also collected the address of NGOs and hospitals, CHCs, PHCs that are associating with RCH Programme.

3.9 (iii) Third phase of the study:

In the third phase, the researcher has developed the tools of data collection. Six types of tools have been developed to collect information from adolescent girls, teachers and parents, doctors, programme co-ordinators/project officers, nurses, community health workers, field level staff and for understanding RCH Programme in the NGOs and hospitals.

The prepared tools of data collection had been tested with the adolescent girls to selected areas of two Districts in Manipur during the Pilot study in the month of June-July, 2006.

3.9 (iv) Fourth phase of the study:

The researcher in this phase collected data from NGOs and schools. She visited four NGOs in two districts i.e. one mother NGO (MNGO) and one field NGO (FNGO) in

each district. These NGOs include Family Planning Association of India-Manipur Branch, Christian Volunteers for Social and Rural Development Organisation (CVSRDO), LACHUA, and Socio-Economic Development Organisation (SEDO). The researcher collected information from the both mother NGOs as well as field NGOs. From the mother NGOs, FNGOs were identified. At the NGO level, the researcher contacted respondents such as Programme Co-ordinator/Programme Officer, Field Supervisor, Field staff and also had informal discussion with other staff and the members of the NGOs.

Regarding schools, the researcher visited eight Higher Secondary Schools such as Padma Ratna English School, Kakching Higher Secondary School, Kakching Khunou Jawahar Navodaya Vidyalaya, New Residential Higher Secondary School, St. Joseph Frontier Higher Secondary School-Koraupokpi, Jawahar Navodaya Vidyalaya-Chandel, Komlathabi School, and Moreh School in both the districts. While collecting data, the scholar met the girls of 10+1 and 10+2 at least two-three times to maintain good rapport before starting the focus group discussion and interview. The researcher contacted and interviewed the Principal, class-master, NSS Programme officer and also had informal discussion with other teachers and non-teaching staff. The researcher interviewed the parents of the girls as well, both mother and father.

3.9 (v) Fifth phase of the study:

In the last (fifth) phase, the researcher contacted key informants in both Thoubal district and Chandel district such as chief medical officers of each district, Convener of District Rural Health Mission (CMO), District Family Welfare Officer (doctor-in charge), IEC Officer, Nurses. Likewise in the Community health center (CHC), the

researcher contacted with Medical Officer, Family Welfare Officer, nurse, ANM and female health workers. Similarly in Primary Health Centers researcher contacted with Medical officer, nurse, ANM and ASHA workers.

Through the data collection, the researcher gained experiences about the services and the functionalities of the programmes in the district level, which could hardly reach the adolescents in the schools. Similarly, the data collection in NGOs helped in understanding the types of efforts and contribution made by NGOs to the community and schools on preventive care though it hardly began emphasizing the service delivery/implementation of treatment part in reproductive health issues.

3.10 SAMPLING

3.10 (i) Universe:

- Adolescent girls of all the 8 Higher Secondary Schools, parents of these adolescent girls, their teachers and health care providers are universe for the study.

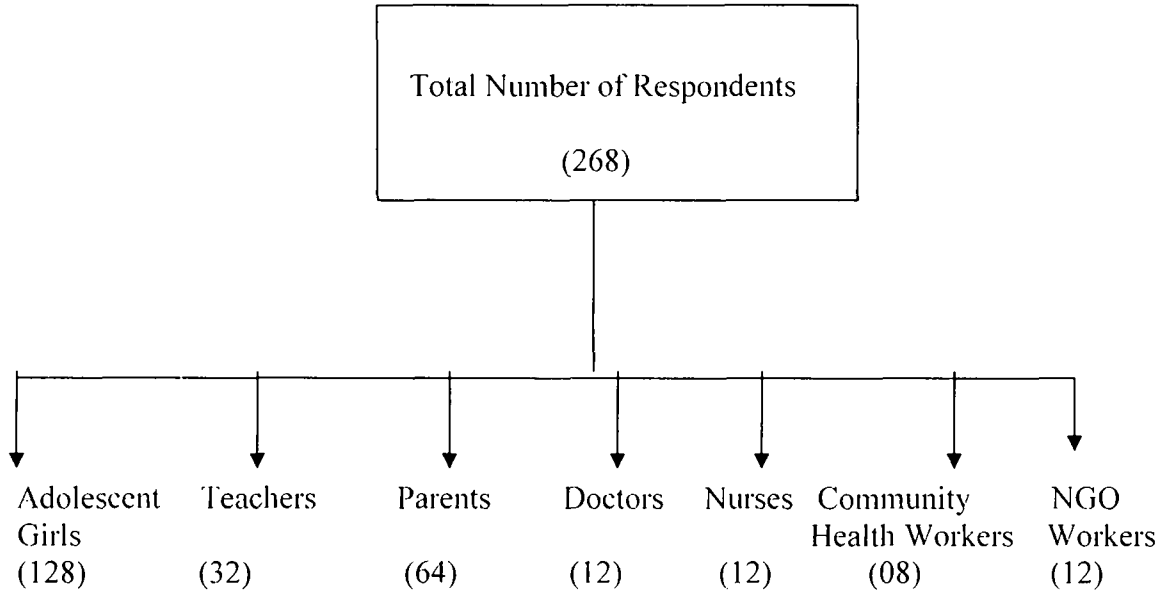
3.10 (ii) Sample size:

- 128 adolescent girls were selected as sample size from 8 Higher Secondary Schools of two districts i.e. Thoubal and Chandel districts. In each districts, two Government and two Private Higher Secondary Schools were selected. From each Higher Secondary Schools, 16 students were selected where 8 students from 10+1 and other 8 students from 10+2. Again, out of 8 students of 10+1, 4 students were chosen from rural areas and other 4 from urban. Likewise for the 8 students of 10+2.
- From 8 Higher Secondary Schools of two districts, 32 teachers were selected. In each district, 16 teachers were chosen. Again, in each school 4 teachers were chosen

where 1 principal, 1 class master of 10+1 and 1 class master of 10+2. 1 programme officer of NSS unit.

- From the two districts, 64 parents i.e. the couples parent of those selected adolescents were taken. From each Higher Secondary Schools 4 couples parent (4 mothers and 4 fathers) were chosen where 2 couples parent were selected from 10+1 and other 2 couple parents from 10+2. Again, out of 2 couple parents of 10+1, 1 couple parent was chosen from rural and 1 couple parent from urban. It was the same for 10+2.
- 12 doctors were selected from two districts. In each district 6 doctors were chosen where 1 doctor from PHC, 2 doctors from CHC (i.e. 1 doctor in-charge of Health department and 1 doctor in-charge of Family Welfare department) and 3 doctors from district hospital. (1-CMO, 1- Family Welfare Officer, 1 IEC officer).
- From two districts, 12 nurses were selected from the three tiers of health centers i.e. PHC, CHC and district level. In each district 6 nurses were chosen where 1 from PHC, 2 from CHC (1 supervisor and 1 staff) and 3 from district hospital (1 Matron, 1 supervisor and 1 staff).
- From the two districts, 8 health workers were selected. In each district, 4 health workers were chosen where 2 from PHC (1 ASHA worker, 1 ANM) and 2 from CHC (1 ANM and 1 female health worker).
- In two districts, 4 NGOs that are working on RCH Programme were chosen for the study. In each district, 2 NGOs (1 MNGO & 1 FNGO) were taken. Again, from 4 NGOs, 12 NGO workers were selected. In each NGOs 3 workers were chosen where 1 programmer coordinator/ project officer, 1 supervisory level staff and 1 field level.

Chart 3.1: Total Number of Respondents



3.10 (iii) Sampling techniques:

There are three sampling techniques such as lottery method, systematic and purposive techniques have been used in the present study.

- Random sampling method and lottery method were used for selecting the Higher Secondary schools, adolescent girls of both districts by drawing a portion (sample) of the universe that all possible sample of fixed size-n-shape and the same probability of being selected.
- Systematic random sampling was used for parents. The sample is unbiased since every member has the equal chance to be included in the sample.
- Purposive sampling technique was used for selecting government health care institutions (Hospitals), NGOs of both Mother NGOs (MNGOs), Field NGOs (FNGOs) and the key informants such as teachers of Higher Secondary schools, doctors, nurses, health workers of governmental health care institutions and the programme coordinator/project officers, supervisors and field workers of MNGOs and

FNGOs. In selection of FNGOs of both districts, the near and far distance from MNGOs was considered.

3.11 ANALYSIS OF DATA

In the present study, qualitative and quantitative both kinds of analysis were done. For the first objective, data were presented both quantitatively as well as qualitatively. Again for the second and third objectives, both quantitative and qualitative analysis was made. Initially the available data were reorganized to develop a common framework for examining the same. The data, those were possible to code were identified and grouped from each interview schedule. Then simple cross tabulation (with frequency) was done to understand the aspects mentioned in the objectives.

Under the second and third objectives, discussion was made for the data pertinent to the health care needs, perception and awareness level of adolescent girls. Information collected from the girls were discussed under six dimensions such as (1) safe and supportive environment of girls, (2) needs for nutrition, (3) perception and awareness level of adolescent girls pertaining to health care information available to them, (4) types of health complaints, (5) need of health care interventions, (6) parents and teachers perceptions towards the adolescent girls.

In the fourth objective, data related to health care institutions/NGO's history and existing activities were presented having followed qualitative method. In later part it is discussed qualitatively to understand the RCH Programme, implemented by government hospitals and NGOs and find out accessibility of health services for adolescent girls. In this regard, programmes of each district hospital and NGO were analyzed on the basis of following factors: background, aims, objectives, area of

operations, target groups, organizational structures, programmes and activities undertaking, staff related information, finance and people's participation.

3.12 OPERATIONAL DEFINITIONS

Adolescent girls: Under the study, it is referred to girls of age group of 15-19 years, when young people acquire not only new capacities for progress, but also a time during which rapid physical growth, physiological and psychosocial changes, the development of secondary sexual characteristics and reproductive maturation occur.

Socio-economic aspects: It implies social and economical factors such as the education, types of accommodation, nature of family, parents income, family income, etc that influence groups and individuals in the present study.

Cultural aspects: All the learned socially-meaningful conduct which is practiced in a given society including customs, norms, language, the religious, economic and political beliefs and practices.

Awareness level: It implies under the study, having knowledge of something through alertness in observing or in interpreting what one sees, hears and feels.

Perception: The act of perceiving or the ability to perceive, mental grasp of objects, qualities by means of the senses, awareness, and understanding of the concerned RCH Programme.

Accessibility: Accessibility of health services to adolescent girls, individuals and families in the community by the means acceptable to them, through their full participation and at a cost that the community and country can afford. To make it accessible the self-reliance of the community and individuals for health development are essential.

Reproductive health: Reproductive health is one of the fundamental human rights. “Reproductive health is a state of complete physical, mental, and social well being and not merely the absence of diseases or infirmities, in all matters relating to the reproductive system and its process.” defined by UN. The agenda gives a special focus on ‘safe sex’ and ‘freedom to choose and access to family planning services’ for safe motherhood. It also lays emphasis on sexual health which should improve the personal relationship to ensure an individual free from reproductive tract infections (RTIs) and sexually transmitted diseases (STDs). Thus, reproductive health has to be looked with a holistic view.

Reproductive and Child Health Programme (RCH): It addresses the needs that have emerged over years of implementing the Family Welfare Programme. The Reproductive and Child Health Programme aims to be more in tune with the ground realities concerning of – overall health needs of women, adolescents and children. RCH also covers the services offered under the CSSM and the Family Welfare Programmes.

3.13 LIMITATIONS OF THE STUDY

- This study is limited only in Manipur. As there are different socio-cultural and political aspects that influenced the entire findings, the study may not be applicable in case of other states.
- In the fourth phase, it was difficult to collect information from the NGOs and researcher needed to convince them a lot. Often they didn't want to share exact information. It was also difficult to collect information because many a times NGOs' offices were closed.

- As the study has focused only in two districts of Manipur, it is important to note that study may not be generalized with other state.

We have understood the methodology of the study that makes clear rationale of the study. its sample size, sampling procedures and so on. The following chapter will provide an overview of Manipur about demographic characteristics, socio-economic and political scenario with the current available health services.

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