CHAPTER III

METHODOLOGY

Methodology is a catalogue of the various phases and facts relating to the formation of a research effort. It is the argument of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with social in procedure.

Concept

While many proven, cost-effective ways to save the lives of mothers, newborns, and children exist, they are not always available to those who need them most. Historically overlooked by both safe motherhood and child survival policies and programs, newborns continue to lack access to cost-effective lifesaving interventions. The quality of care that both mother and newborn receive during pregnancy, at delivery, and in the early postnatal period is essential to ensuring women remain healthy and that children get a strong start. Many stillbirths and newborn deaths could be averted if women are in good health, well-nourished, and provided with quality care during pregnancy, labor and delivery.

Operational Definitions

1. **Anaemia**: It is a condition having less than the normal number of Red Blood Cells (RBC) or less than the normal quantity of hemoglobin in the blood. The oxygen carrying capacity of the blood is, therefore, decreased.

2. **Abortion**: It is the premature exit of the products of conception (the foetus, foetal membranes, and placenta) from the uterus. It is the loss of pregnancy and does not refer to why that pregnancy is lost.
3. **Antenatal care**: The care given to the woman during the period between conception and child birth.

4. **Common cold**: A viral upper respiratory tract infection.

5. **Convulsion**: An abnormal, involuntary contraction of the muscles most typically seen with certain seizure disorders. A person having convulsion appears to be shaking rapidly and without control.

6. **Diarrhea**: A familiar phenomenon with unusually liquid bowel movements, excessive watery evacuations of faces.

7. **Hepatitis**: Inflammation of liver from any cause.

8. **High Blood Pressure**: It is also known as hypertension. High blood pressure is a repeatedly elevated blood pressure exceeding 140 over 90 mm Hg.

9. **Labour pain**: Pain that occurs during active child birth.

10. **Malpresentation**: It is an abnormal position of the foetus in the birth canal.

11. **Miscarriage**: Inadvertent loss of a pregnancy before the foetus is viable. It is a pregnancy loss before the 20\textsuperscript{th} week of gestation.

12. **Multiple Pregnancy**: It is a pregnancy where more than one foetus develops simultaneously in the womb.

13. **Obesity**: Obesity is defined as excess body fat

14. **Primary complex**: The first lymph node to be infected by tuberculosis.

15. **Prenatal care**: During pregnancy women should receive regular health care from an obstetrician or midwife. Services needed include dietary and lifestyle advice, to ensure proper weight gain and examination for problems of pregnancy such as edema and pre-eclampsia (toxemia).
16. **Postnatal care**: The care given to a woman after the birth of her child.

17. **Pneumonia**: Inflammation of one or both the lungs with consolidation.

18. **Retained placenta**: The failure of placenta to be delivered during an appropriate period usually 30 minutes, following the birth of the infant.

19. **Stillbirth**: It is a common term for death of a foetus after 20 weeks.

20. **Uterine Inertia**: Failure of the uterus to contract with normal strength, duration and intervals during childbirth.

21. **Wheezing**: It is a high-pitched whistling sound associated with laboured breathing.

**Statement of the Problem**

Several health programmes and policies related to reproductive and infant health are introduced by the government to improve the health status of pregnant women, lactating mother and infant. But still the ratio of maternal morbidity and mortality as well as infant morbidity and mortality are high in India as compared to their ratio in developed countries. Moreover, high rate of incidence of maternal and infant morbidity and mortality is found in rural areas as compared to urban centre. Lack of proper health facility, lack of health awareness, illiteracy, ignorance, inadequate nutritional food and poverty are the main causes of high rate of this incidence. Hence, it requires a scientific research to know the real situation of the maternal and infant health status.

**Significant of the Study**

Maternal and infant health is not much conceivable in modern India. The maternal and infant health status varies from region to region, because it is determined
not only by biological or medicinal factor but also it accompanied with socio-cultural factor, environmental factor, economic factor, family background and availability and utilization of health facility in the region. Many studies have explored the theoretical explanation for such happenings. It is necessary to know from the real set up of people who live in the society in this condition. Hence, this study is an attempt to explore the maternal and infant health status and major health morbidity and also to find out the causes of it.

**Objectives of the Study**

The objectives of this study are given below:

1. To study women’s role during the maternity period.

2. To analyze the health status of maternal women in terms of their health care.

3. To examine the health status of infants in terms of their health care.

**Hypothesis**

The following hypotheses have been formulated for the present study.

1. Maternal health depends on socio-demographic variables such as woman’s age, education, caste, family income and family type.

2. Maternal health is directly proportional to nutritious food taken and health awareness.

3. Infant Health depends on mother’s age, education, caste, family income and family type.

4. Infant health is directly proportional to mother’s health awareness and care.
Variables of the Study

The variables used in the study are as follows:

Dependent variable

1. **Role**: It means the role played by women during maternity period.

2. **Status**: It represents health status of women during maternity period.

3. **Nutrition**: The type of nutritious food accepted or avoided by pregnant women during maternity period.

4. **Health problems**: The health problem of maternal women and their infants depends on the health status of both of them.

Independent variable

1. **Age**: Age of respondents is an important independent variable in this study because it is one of the determining factors for variations in their health status and health care and also for variations in the health status and health care of their infants.

2. **Education**: Education of respondents plays a significant role in creating health awareness among them, and also providing knowledge about maternity and lactating aspects.

3. **Caste**: It influences the health status and health care of the respondents and their infants.

4. **Family income**: It makes an impact on the health status and health care of the respondents and their infants.

5. **Type of family**: The health status and health care of the respondents and their infants are determined by their family type.
Area of the Study

The Primary Health Centre (PHC) in Agastheswaram was chosen for this study. It is situated close to Kanyakumari. It belongs to Agastheswaram Block of Kanyakumari District, which consist of a population of 148419. This block has 4 PHCs Agastheswaram, Azhagappapuram, Kottaram and Rajavoor. It also has 27 Health Sub-Centre providing health services to both coastal and inland villages, especially the maternal women and their infants. The distribution of the PHCs in Agastheswaram Block is given below.

**TABLE 3.1**

**PRIMARY HEALTH CENTRE IN AGASTHESWARAM BLOCK**

<table>
<thead>
<tr>
<th>Names of the PHC in Agastheswaram Block</th>
<th>No. of Health Sub-Centre (HSC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agastheswaram</td>
<td>7</td>
</tr>
<tr>
<td>Azhagappapuram</td>
<td>7</td>
</tr>
<tr>
<td>Kottaram</td>
<td>7</td>
</tr>
<tr>
<td>Rajavoor</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
</tr>
</tbody>
</table>
AGASTHEESWARAM BLOCK OF KANYAKUMARI DISTRICT, TAMILNADU

MAP 3
Selection of the Sample
Agastheswaram PHC was selected for this study by Judgment Sampling Method. It has 7 Health Sub-Centres (HSC). All these 7 sub-centres were taken for the study. The sample population was selected based on Stratified Random Sample with proportionate allocation. Necessary data were collected from all the Agastheswaram PHC as presented in the following table.

**TABLE 3.2**

**RESPONDENTS BY HEALTH SUB-CENTRES OF AGASTHESWARAM PRIMARY HEALTH CENTRE**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of HSC (Health Sub Centre)</th>
<th>Total No. of Maternal Women</th>
<th>No. of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Poojaperuvilai</td>
<td>58</td>
<td>44</td>
</tr>
<tr>
<td>2</td>
<td>Santhaiadi</td>
<td>70</td>
<td>53</td>
</tr>
<tr>
<td>3</td>
<td>Kovalam</td>
<td>108</td>
<td>81</td>
</tr>
<tr>
<td>4</td>
<td>Samithopu</td>
<td>73</td>
<td>55</td>
</tr>
<tr>
<td>5</td>
<td>North Thamaraikulam</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>6</td>
<td>South Thamaraikulam</td>
<td>49</td>
<td>37</td>
</tr>
<tr>
<td>7</td>
<td>Puvioor</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>472</td>
<td>356</td>
</tr>
</tbody>
</table>

**Design of the Study**

Explorative Research Design was used for the present study as it is, according to the researcher, a suitable design for this sort of study.

**Tools of Data Collection**
Interview Schedule was administered to collect primary data from the sample population. This tool covers all the variables selected for the research. Besides this, Case-Study method and Observation method were also used for collecting qualitative data for the study. Secondary data were collected from relevant literature such as research reports, books, journals, magazines and websites. Moreover some first hand information was also collected from the nurses employed in the Health Sub-Centres and doctors in PHC of Agastheswaram. The field work was carried out during September 2009 to January 2010 without interruption.

Pre-Test

Limited but knowledgeable respondents (50) from the universe were selected to test the validity and the reliability of the tool. They were drawn from coastal and inland villages for the pre-test. Based on the result the necessary modifications and corrections were carried out in the interview schedule before finalizing it.

Data Processing and Analysis

After the field work, the filled up schedule were carefully scrutinized and edited in order to ensure accuracy, consistency, and completeness. The researcher did the coding of the data manually. The classification, tabulation and further statistical treatment of data were done through SPSS. The data were qualitative and quantitative in nature. Qualitative data were converted into percentages. Most of the analyses were based on the responses presented in the form of frequency tables and analytical tables. The data thus tabulated were systematically processed and interpreted on the basis of the objectives formulated. These interpretations were carefully made and necessary conclusions were drawn. The
data were analyzed with the help of appropriate statistical tests, such as average, chi-square and analysis of variance.

**Limitation of the Study**

The researcher underwent certain difficulties to collect the authentic information from the respondents because of the interference of their family members and neighbours. Since the sample was restricted to only one PHC, broad generalizations are not arrived at. This restriction was mainly due to time and money constrains. The researcher also faced some problems in getting data from the related departments of State Government.

**Chapterization**

The study is classified into eight chapters.

The first chapter describes about the concept of maternal and infant health and other related issues.

The second chapter deals with the review of literature collected from libraries, related government departments and hospitals. It guides the research to progress in a linear way.

The third chapter explains the methodological aspect of the present study. It presents the significance of the study, selection of the study area, selection of sample, tools of data collection and the statistical techniques used for analyzing the data.

The fourth chapter delineates the demographic profile of the maternal women.

The fifth chapter describes the role of the maternal women. It includes role played by maternal women in family, related to nutrition and health.
The sixth chapter discusses the maternal health problems like pregnancy illness, delivery complications and their health care. It reflects the maternal health status.

The seventh chapter details with the infants in general and specifically their health problem and health care. It reflects the infant health status.

The eighth chapter concludes with the summary of the findings and important suggestions.