CHAPTER – III

METHODOLOGY OF THE STUDY

3.1 INTRODUCTION

The successful outcome of any study or research is entirely dependent upon the methodology used. A thoroughly planned approach at the problem in question makes it a systematic and detailed study. The planning and the research design are vital at every stage of the research. This chapter depicts the various aspects that have been considered in the design of this study. It contains the field or the area in which the investigation were undertaken, the tools and the techniques of the study, the modes of their usage and finally in the subsequent chapters, the analysis and conclusions drawn from it are the issues that have been explicitly brought forth, in this chapter.

3.2 SAMPLE OF THE STUDY

A total of 400 respondents belonging to various age groups were chosen through stratified random Sampling Technique, out of 400 respondents, 200 were insured and the other 200 were non-insured. They were contacted personally in ten selected hospitals, with prior information to the concerned authorities of those particular hospitals. All the ten hospitals were located in the city of Mysore. The criteria for the selection of these hospitals were that all of them were having 100 beds or more, multi-speciality hospitals.

In the pretext the respondents were handed the two questionnaire based on their Insurance status. If the respondent had a health insurance he/she was handed with questionnaire which had specific set questions related to those who had
health Insurance policy and the other questionnaire was handed to the person who did not have health insurances, which had specific set.

3.2.1 Sampling Technique

The technique used for the sampling is stratified sampling. Further based upon the size, a random size has been arrived at from the subpopulation. The sample size for the present study was calculated using online sample size calculator provided by ‘Creative Research Systems’ in their website ‘http://www.surveysystem.com/sscalc.htm’.

Sample Size Calculator is presented as a public service of Creative Research Systems survey software. One can use it to determine how many people one needs to interview in order to get results that reflect the target population as precisely as needed. One can also find the level of precision you have in an existing sample.

Roughly more than 2,00,000 individuals in and around Mysore city are covered under health insurance either by private agencies or by the government. For a population of 2,00,000 with 5% of the confidence interval and 95% of confidence level, the required minimum sample size was 383. However, the researcher has taken 400 in total as sample for the study.

3.3 TOOLS USED IN THE STUDY

3.3.1 Preparation of the Tools

Two questionnaires were prepared meeting the study subject in mind; one was addressed to the responded who had health insurance and the other to respondents who didn’t had any kind of health insurance. Both the questionnaires were tagged with a header stating that all the information collected will be
confidential and will not be discussed and further will be only be used for research purpose.

3.3.2 Questionnaire for Insured Respondents

This questionnaire consisted about five parts; the first part dealt with personal information or demographic information of the individual respondents where the respondents were asked about their age, sex, education/qualification, annual income of the respondent.

The second part handled the respondent’s background regarding his awareness of health insurance and as such queries.

The third part was about the respondent’s health insurance policies and information about their benefits.

The fourth part dealt with respondent’s medical expenditure, their feedback on aspects dealing with difficulties of reclaiming and as such. It also contains the availability of insurance, treatment issues and time spending to obtain claims.

The fifth part dealt is an open ended question. Here, the respondents were asked to give opinion in their own words. This part is titled as suggestions.

In whole the questionnaire consisted of 58 questions closed and one open ended Question. Out of the 58 questions, 33 were common with the questions asked to the uninsured also.

The questionnaire was validated by few experts in the academic and educational field.

3.3.3 Questionnaire for Non-Insured Respondents

This questionnaire consisted of 35 questions, the initial questions dealt with personal information such as age, sex, annual income where more of demographic information was elicited in this part.
The other part of the questionnaire elicited responses on health related queries such as respondent’s medical history, individual respondent’s critical area in emergency situation where he/she feels more difficult and individual’s medical expenditures per annum. This questionnaire too as in Insured Questionnaire had all the other general queries.

Fifteen questions for both the insured and the uninsured were used to compare and correlate between the availability of medical care, cost, treatment quality issues and time spending. There were more questions (06) in the insured questionnaire than in the uninsured questionnaire for the above parameters. The uninsured questionnaire, thus had only two questions which were individual than in the insured questionnaire. Therefore the total number of questions is 33.

Both the questionnaires are enclosed as Appendices I and II.

3.4 DATA COLLECTION METHOD

The data collection method is one of utmost steps of research. Hence, the data collection method includes using the existing data through questionnaire.

In present research the data collection methods are both by bibliotheca and field.

In bibliotheca data collection method, the investigation of research literature and other studies is done in libraries and referring to books and articles. In the field of this research the data collection are carried out through questionnaires which are designed for this purpose.

3.4.1 Procedure

The procedure in this study has been that of conducting a pilot study and based upon its outcome, the main study has been made.
3.4.2 Pilot Study

A pilot study was conducted on a small sample of 10 respondents among them 5 were insured and remaining 5 were non insured respondents. This was conducted to test the feasibility of the tools used. The purpose of the pilot study was:

a. To check the clarity of the items enlisted in the selected questionnaires.
b. To get an approximation of time required to complete the questionnaire.
c. To ensure the feasibility of the tools selected for the study.
d. To have a fair idea of the respondents reaction towards research study and questionnaires.

The following observations were made during the pilot study

1. Most of the respondents expressed their desire to respond to the various test in the local language i.e., in Kannada. Hence the investigator decided to translate all the items on the tests into Kannada by the services of an interpreter.
2. Since the data collection was done on a small sample the instructions were given to each individual separately.
3. Some respondents wanted some feedback about the test results and some guidelines which were incorporated in the main study.

3.4.3 Main Study

As per the researcher’s need, an introduction letter was obtained from the Institute of Development Studies, Mysore, so that the hospitals and respondents could recognize me and address me as a research scholar of the department. Then the researcher interacted with the management of ten hospitals in the city of Mysore; subsequently the researcher, with appropriate permission and
authorization visited different sections of the hospitals and interviewed their patients. The patients were met and were introduced formally and a good rapport was established by making them understand the need and purpose of the study, so that the patients can answer with at most ease and comfort. If the respondent faced any difficulty in grasping the language or the questions, an immediate assistance was provided to assist the respondent by helping him understand the questions in their regional or understandable language.

Once the data were collected, they were checked for completeness, and a master chart was prepared and fed to the computer using SPSS 16.0 for Windows.

3.5 STATISTICAL METHODS APPLIED

3.5.1 Descriptive Statistics

The Descriptive procedure displays univariate summary statistics for several variables in a single table and calculates standardized values (z scores). Variables can be ordered by the size of their mean (in ascending or descending order), alphabetically, or by the order in which the researcher specifies.

3.5.2 Frequencies

The Frequencies procedure provides statistics and graphical displays that are useful for describing many types of variables. In the present study, frequencies and percentages were calculated for the responses collected from health insured and non-insured respondents.

3.5.3 Chi-Square Test

The Chi-Square Test procedure tabulates a variable into categories and computes a chi-square statistic. This goodness-of-fit test compares the observed and expected frequencies in each category to test either that all categories contain
the same proportion of values or that each category contains a user-specified proportion of values. In the present study, Chi-square test was applied to find out the significance of differences between groups of frequencies of responses.

3.5.4 Contingency Coefficient Analysis

The Crosstabs procedure forms two-way and multi-way tables and provides a variety of tests and measures of association for two-way tables. The structure of the table and whether categories are ordered determine what test or measure to use. Contingency coefficient analysis was employed in the present study. In the present study Contingency coefficient test was applied to find out the association between independent variables employed and the responses of the sample studied. All the statistical methods were carried out through the SPSS for Windows (version 16.0).

3.6 LIMITATIONS

The first of the limitations of this study is the fact that the study was made in Mysore City, it cannot be universally applicable as the findings for all over India or elsewhere. This is due to various factors such as the culture, economy and other social considerations.

The barrier which the researcher faced is mainly communication. The researcher had to use the services of an interpreter for the same and was successful in obtaining the necessary information.

Despite of the fact that there are 64 hospitals in Mysore City which provided treatment under the Health Insurance Schemes of both the Government and the private players, only ten of them provided with all the necessary information. The others either provided with only partial information or did not cooperate at all.
Some of the respondents were reluctant to provide with information regarding their personal income. Hence the income parameter is approximately taken as such.

Some of the insurance companies through their representatives also did not permit the respondents to respond freely initially. As it was an academic work, they cooperated eventually.

3.7 ETHICAL ISSUES

1. Written informed consent was obtained from each respondent participating in the study.

2. It was made sure that none felt offended when addressed with questionnaire rendering personal information.

3. All the questions were made sure to be un-prejudiced in all the domains of the two questionnaires.

4. Confidentiality was assured and maintained.

5. The subjects were explained about the nature of study and informed that participation in the study is voluntary and they have the right to opt out at any time.