CHAPTER VI

METHODOLOGY FOLLOWED FOR COLLECTING DATA FOR THE STUDY

The methodology followed mainly for this research study are - questionnaire, Interview, Intensive observation of behaviour and fruits in hospital during interview, case studies, informal discussions with some specialist medical practitioners, official records including medical reports and journals. One of the difficulties is the lack of relevant data and informations as there are very few standard books on this subject.

SAMPLE:

In the present series of studies four hundred and forty (440) cases of women have been taken as sample. As regards Psychological and socio-economic problems it is necessary to know the condition of these women (both married and unmarried) before M.T.P. and after M.T.P. and therefore the women included in this series of study were taken from different hospitals of Kamrup District who came to the hospitals before and after termination of pregnancies. Random sampling method has been adopted to study the problems of 440 (four hundred and forty) women who came before and after M.T.P. from the different parts of this district. This method has been adopted to eliminate
bias in the results.

In analysing and tabulating the data, following points are taken into consideration.

Four hundred forty (440) cases of women are divided into three groups.

**Group I** - Consists of three hundred fifty four (354) married women coming to hospital for M.T.P.

**Group II** - Consists of sixty eight (68) married women who came to hospital for health check-up after M.T.P.

**Group III** - Consists of eighteen (18) unmarried girls who came to hospital for M.T.P. These unmarried girls were met by the present researcher in course of interviewing the married women.

There is a fourth (IV) group consisting of unmarried girls who should have come to hospitals for health check-up after M.T.P. However, proper studies could not be carried on this group since most of the unmarried girls do not turn up for health check-up after M.T.P. Despite repeated visits to the hospitals, this researcher could not find any unmarried girl reporting for health check-up after M.T.P. The reason of
their absence may be that they want to maintain secrecy about M.T.P.

In analysing and tabulating the data first an attempt has been made to isolate those variables that will play the primary role in influencing responses to the core questions. Among these variables are recorded - age, religion, marital status, number of children, educational status, attitude towards M.T.P. etc. These variables from the questionnaire are taken into consideration and Group I, Group II and Group III are analysed and tabulated separately.

In the case of unmarried girls, that is, the cases belonging to group III, there are some questions in the questionnaire such as marital status, number of children, age at time of marriage etc. about which these unmarried girls are not concerned and as such these are avoided in case of unmarried girls.

The two main problems Psychological problems and socio-economic problems are analysed and tabulated separately.

In analysing the psychological problems of these cases of women are divided into two groups -

**Group IV**: Consists of three hundred and five (305) married women suffering from Psychological problems and
coming to hospital for A.T.P. and health check up after M.T.P.

**Group V** : Consists of sixteen (16) unmarried girls who came to hospital for A.T.P. and suffered from Psychological Problems.

In the cases of socio-economic problems women are divided into one group.

**Group VI** : Consists of three hundred thirty five (335) married women suffering from poor socio-economic problems who came to hospital for A.T.P. and health check up after M.T.P.

All the eighteen (18) unmarried girls who came to hospital for M.T.P. were suffering from poor socio-economic problems. These cases have been analysed earlier in group III.

The (Chi-square) has been done to show the significance of the results.

**REFERENCES**

Like their counterparts in many other parts of the country the women of this region also generally do not enjoy
equal status with the men folk in social, economic and educational fields. Some steps and methods are undertaken and adopted to get a comprehensive idea about the education of women in this particular area. One method that was undertaken is the library work, which helps in understanding the women's position in different parts of India. Information is collected from census reports like the reports of commissions/committees published in books, periodicals, journals, departmental publications, from hospital records and from various other personal sources. I have been immensely benefitted by library works particularly in matters of collecting documents and various other dates and records relevant to this thesis.

By studying the books and journals available in libraries, the researcher has developed keen interest to gather more knowledge about M.T.P. and other methods of population control and their acceptability which have an important bearing upon the reproductive performance of the couples. It is observed that although the women of this region are not altogether ignorant of the modern birth control methods still their attitudes towards them are not very encouraging.
DATA COLLECTION:

For collecting data for the present research work, questionnaire, case histories, interviews, personal observation are used as techniques. The primary data are collected by the researcher herself by way of interviewing the women personally and one by one and with the help of questionnaire. The secondary data are collected from the official records including medical reports and from journals etc. The data and information thus collected have been properly tabulated. The tables so prepared reveal information regarding different problems of women of the district who reported to hospital before and after R.T.P. which in turn provide the oasis of study. Following are some of the techniques used in the study.

QUESTIONNAIRE:

A comprehensive questionnaire has been prepared for the purpose of collecting data and other relevant informations for this study. (Appendix - 1 ). It is not easy to set the questionnaire on this topic chiefly because of emotional religions and moral implications. The model of the questionnaire has been taken from the questionnaire prepared by the Indian Council of
Medical Research for short term sequelae of abortions
(Descriptive study). The questionnaire has been prepared on the basis of socio-economic status, religion, education, occupation, physical health, mental health etc. of the women. The questionnaire is aimed at eliciting facts about the matter under investigation. The procedure followed is first to formulate questions that will help in eliciting the desired information or to use a set of questions that have served a similar purpose. The questions then are put before the women coming before and after M.T.P. The answers given become the raw-material which is used to derive pertinent conclusion or generalisation, relative to the purpose of questionnaire.

INTERVIEW:

A total of four hundred and forty (440) women have been interviewed and the questionnaire was filled in by direct questioning. The questionnaire has been used in case of these women to elicit relevant information in connection with M.T.P. These questionnaire were used specially in case of the women who came to hospital for M.T.P. and health check up after M.T.P.
The interview was conducted personally by the present investigator one by one mainly in the Guwahati Medical College, Hospital, Civil hospitals, primary Health Centres. Help of the hospital staff was taken and sometimes home visits were made in rural areas of Kamrup District for collecting data, particularly as regards the psychological and socio-economic problems of the married women coming for and after M.T.P. from the rural areas. During visits in the rural areas, the investigator came to know about the illegal abortion done by some women. To meet these women the investigator had to visit some homes in remote rural areas after collecting their home addresses from the hospital register book.

As prescribed by law termination of Pregnancy can be done only by the registered practitioners, certified for the purpose in some approved centres, mainly in the govt. hospitals. Therefore, the Primary Health Centres are not authorised to do M.T.P. But the govt. hospitals are few and far between. According to the recent survey reports govt. hospitals in the district of Kamrup in Assam are only seven (7) and the number of Primary Health Centres are fourteen (14).¹

¹Assam at a glance 1984. Directorate of economics and statistics, Assam, p. 32.
From the visits to the rural areas the researcher has come to know that although many women, according to their convenience come to the hospital for M.T.P., there are many others who cannot afford to avail such facilities. Specially the rural women for their inconvenient transport facilities and poor economic conditions are not able to avail the facilities available in govt. hospitals. Naturally, these women come to the nearby Primary Health Centres if and when it is possible. To gather informations about such cases the researcher had made personal contacts with these women in such centres in the rural areas. While obtaining fresh and first hand informations about the problems of women and their attitude towards M.T.P. the interviewer also obtained specific data that can be subjected to statistical treatment. The interviewing also afforded opportunity to study subtle behavioral responses of the person interviewed.

CASE HISTORY 1

Another method used in the study is the case history method. While visiting the hospitals the present researcher has applied case history techniques to collect data regarding
socio-economic background, educational development, present activities, interests and health of the women.

DATA ANALYSIS:

In the present series of studies the following scheme for case taking was adopted in all cases for data analysis:

The case number age in years, residence, religion, educational status, occupational status marital status, Age of the women at the time of their marriage, number of children number of previous M.T.P. with reasons, reasons for present M.T.P., attitude of women towards M.T.P., attitude of women towards family planning. These informations are recorded in a specially made proforma. A complete history has been taken and careful analysis done afterwards.

DISCUSSION ABOUT M.T.P. WITH SOME SPECIALIZED MEDICAL PRACTITIONERS

Medical practitioners specially gynaecologists are the most important persons who do M.T.P. and take sole responsibility for the physical health of women. Therefore, it is natural that gynaecologists working in the Guwahati Medical College have sufficient knowledge about the M.T.P. cases.
The present researcher felt it necessary to have some discussion with the expert gynaecologists of the Guwahati Medical College. Though informally held, the discussions have helped the researcher to know some very important aspects related to R.T.P. These aspects mainly are, septic abortion which is regarded as the most important cause of maternal mortality, attitude of women towards R.T.P., socio-economic problems of R.T.P., cases found by them, contraceptive coverage after R.T.P., behavioural problems of R.T.P. cases, problems of unmarried mothers etc.

As the gynaecologists are regularly dealing with such cases, of women, they gather much knowledge about R.T.P. cases. Therefore, to know about these women specially to know their emotional and psychological problems the investigator sought help from these gynaecologists and also from the doctors of the department of Psychiatry, Guwahati Medical College.

During the field investigation, the investigator met 18 (eighteen) unmarried girls who came for R.T.P. practically the number of abortions done on unmarried girls are not very few, but for socio-economic reasons these girls do not come to recognised institutions for R.T.P. They want to do it in real secrecy.
Data on unmarried mothers is not available as there has been no attempt made to examine the prevalence of this problem. Some indications are available in the report of the suicide enquiry committee which studied suicide cases in Gujarat between 1960-64.² Unmarried mothers never come to hospital after A.T.P. for health check-up. The present investigator has not come across any unmarried mother who came for health check up after A.T.P. This is mainly to hush up and avoid social stigma for which these girls suffer a lot. Nevertheless, it remains a social problem. One of the causes of high rate of suicide among women has been illegitimate pregnancy.³ Sometimes back a leading gynaecologist had observed that after passing the A.T.P. act there was marked increase in the number of abortions sought by unmarried girls.⁴

From the problems of these unmarried mothers the investigator thinks it necessary to study the problems of unmarried mothers along with the married women.


³Report 1st Dec. - 1973, Workshop on Abortion organised by international Alliance of women and All India women's Conference in Bombay. p. 6

⁴Ibid.
As an inhabitant of Kamrup District the investigator selected this particular district of the area of study. In 1961, population census could not be conducted in Assam and as such the actual size of the population along with other demographic particulars are not precisely known. Though census has been conducted in 1991, till now data are not available. Therefore, the present researcher had to collect some necessary data from the census report of 1971. Further, while realising the provisional 1981 census data for India, the Registrar General has given the projected population figures for the state and some data has been taken from this projected works.

At present, the State of Assam has twenty three (23) districts. The District of Malbari was created in August, 1985. Therefore, present Kamrup District which has been selected as the area for study includes Malbari District also.

During the field investigation different methods were applied depending on the nature of the information required. In order to obtain authentic information proper care had been taken by adopting systematic and scientific approach to the subject.