

CHAPTER II

RESEARCH METHODOLOGY

2.1 INTRODUCTION

An effective RTIs prevention and management strategy can only succeed if it is supported and linked to a comprehensive programme of research. Research on RTIs shall in conjunction with research in all aspects of STIs and HIV/AIDS, and be viewed as a cross-cutting intervention to inform policy. Such research shall be action-oriented, interdisciplinary, multi-faceted, and cost-effective. Critical research gaps already identified in on-going programmes are the following: the need to study the changing patterns of anti-microbial susceptibility to STIs, in-depth study to clarify and explain the issues of risk perception and use of preventive methods, study on health seeking behaviour to determine the level and where symptomatic RTIs patients seek care, studies to understand local perceptions and beliefs on reproductive morbidity, need for a follow up study on pricing and availability of STIs drugs with the view to making them. The study attempt to fill some of these gaps and also interventions are suggested to improve health seeking behavior of females in reproductive age.

2.2 OBJECTIVES

- I. To examine the pattern health seeking behaviour of women who reported with the problems of RTIs/STIs.
- II. To assess the magnitude and nature of infections as diagnosed through medical examination, including both laboratory and clinical diagnoses.
- III. To probe the variation in magnitude and nature of RTIs across women with different socio-economic and demographic characteristics, and life style patters.
- IV. Understand the interaction between reproductive tract infections and family planning, child survival, safe motherhood, and HIV prevention.
- V. To evaluate a social work intervention to increase awareness on STI/RITs and to improve the nature of Health Seeking behavior among select sample.

2.3 HYPOTHESES

The present study has formulated the following hypotheses to test their validity.

1. Knowledge on Reproductive Health bear effect on incidence of RTS/STD/AIDS.
2. Awareness on STD/RTI/AIDS is still meager among young married couple.
3. Life style pattern strongly influence Reproductive Tract Infections (RTIs) especially among young husbands.
4. Timely health seeking behaviour strongly influences Reproductive Tract Infections (RTIs)
5. Practice of good Personal hygiene influence on reduction of rate of Reproductive Tract Infections (RTIs).
6. Symptoms and Diseases of Reproductive Tract Infections (RTIs) vary between males and females.
7. The programme factors including regularly weekly reach of qualified health assistant /Nurses to the client at their residence with sanitation kits and medicines have positive bearing on motivation of young couple to adopt safe practices at Home and with husband.
8. Medical personnel nature of initial reaction influences the repeated visit of RTI infectors to the clinic.
9. Sympathetic attitude of Health Service providers will improve the morale of STD, AIDS infectors.
10. Youth awareness camps both at panchayat and block level improves the knowledge and create positive attitudes among youth to avoid sexual diseases.
11. Effective design of short films and regular presentation in all T.V. Channels will make people understand the problems of neglecting simple health needs.

2.4 METHODOLOGY

The present study avails both primary and secondary data. These were: conducting with schedule. The schedule included aspects of women's lives that were probable to have relation with having RTIs. These factors included: economic status, education, obstetric and gynaecological history, contraceptive history, hygiene practices, knowledge regarding RTIs and their experiences of RTI symptoms.

2.4.1 Research Design

The clinical study method was adopted to carry out the present work. The sample unit was the females in the age group of 15-49 years with experience or RTI/STIs and their husbands. The study was planned in Two general hospitals located at Tirupati and Kadapa cities in Rayalaseema Region of Andhra Pradesh. The district wise samples selected are shown in the Table.

Sample Design

Sl.No.	Region	District	Total
1	SVRR Hospital (RUIA) Tirupati	300 (Females & Husbands)	300
2	Government General Hospital Kadapa	300 (Females & Husbands)	300
Total			600

2.4.2 Data collection

The researcher obtained prior permission from the superintendents of two selected hospitals. Every day more than hundred patients with RTI/STD problems are visiting the hospitals from all parts of the two districts. The researcher started interviewing the patient after Sankranti, i.e. from 17th January 2013, and continued up to July, 2013. The superintendents were kind enough to instruct the staff nurse of gynecologist dept. to render help in selecting names of patients from the register. Thereafter, the patients were selected for the study after consultation. The sample was selected on convenient method based on the inclusive criteria, viz., availability of time, cooperation, cooperation of husbands and interest in participation for the interview. Everyday 4-5 females and their husbands are identified for interview. Care has been taken to see that the sample covers different age groups starting from 15 to 49. The interview was carried out in staff nurse room near the gynecology ward.

2.4.3 Statistical analysis

The data were entered and analyzed using SPSS statistical software. Descriptive statistics were obtained through frequencies and cross tabulations. Significance of relation between groups was observed using the χ^2 tests. Factor Analysis has been computed to elicit the exact number of factors responsible for the cause and consequences of Reproductive Tract Infections (RTIs).

2.5 LIMITATIONS

This study has the following limitations.

1. The study may have been subject to selection bias, specifically towards selecting symptomatic women.
2. Even when treatment is sought, women tend to follow a sequence of options, ranging from self-treatment or home remedies to visiting traditional healers, unqualified practitioners or qualified allopathic providers. The study collected information about the treatment option that was last sought, thereby limiting the ability to shed light on the range of treatment.
3. Some patients felt inconvinced to give information when their husbands are nearby.