CHAPTER - III

RESEARCH METHODOLOGY

INTRODUCTION

This study investigates the quality of life of women with locomotor disabilities. This chapter describes the statement of the problem, significance of the study, field of study, research objectives, research hypothesis, research design, sampling techniques, tools for data collection, pre-test, sources of data, operational definition, analysis and interpretation of data, limitations of the study and chapterization of the study.

FEMINIST RESEARCH METHODOLOGY
Feminists engage both the theory and practice of research beginning with the formulation of the research question and ending with the reporting of research findings. Feminist research encompasses the full range of knowledge building that includes epistemology, methodology, and method.

Feminist research takes many twists and turns as a mode of social inquiry. In this introduction, we provide a brief overview of some of the “critical moments” in the legacy of feminist theory and praxis. We take up the dialogues surrounding issues of epistemology, methodology, and method. Feminist research begins with questioning and critiquing andocentric bias within the disciplines, challenging traditional researchers to include gender as a category of analysis.

Virginia Woolf, Simone de Beauvoir, and Betty Friedan, speaking many decades later, express their deep feelings of exclusion from the dominant avenues of knowledge building, seeing their own experiences, concerns, and worth diminished and invalidated by the dominant powers of their society. In some ways, the origins of feminist research’s epistemological and methodological focus draws on these insights and struggles; feminist empiricism, standpoint theories, post-modernism, and transnational perspectives all recognize the importance of women’s lived experiences to the goal of unearthing subjugated knowledge. Each perspective forges links between feminism, activism, and the academy and women’s everyday lives.

Feminist perspectives also carry messages of empowerment that challenge the encircling of knowledge claims by those who occupy privileged positions. Feminist thinking and practice require taking steps from the “margins to the center” while eliminating boundaries that privilege dominant forms of knowledge building,
boundaries that mark who can be a knower and what can be known. For Virginia Woolf, it is the demarcation between the “turf” and the “path”; for Simone de Beauvoir, it is the line between the “inessential” and the “essential”; and for Dorothy Smith, it is the path that encircles dominant knowledge, where women’s lived experiences lie outside its circumference or huddled at the margins. Consequently, feminist research is expected to yield new conclusions about women’s place in a society where men have enjoyed historical advantages over women.

STATEMENT OF THE PROBLEM

Women with disabilities experience discrimination owing to their disability and gender. This is evident from the data of The National Trust (2014) that women face double discrimination. Women with disabilities are multiply deprived through their status as women, as persons with disabilities and most living below poverty line (Rao, 2004; Braithwaite & Mont, 2009). Chaudhari (2006) has further substantiated that the women with disability suffer triple jeopardy on the account of gender, disability and class. Educational needs and health problems of women with disabilities are not homogeneous and both the educational and health care system are not inclusive in meeting out their required needs. Further, they are denied access to better employment and they are left out of family interactions and community activities (Rao, 2004).
According to Census 2011, the total number of disability women population is 2,523,221 which is 0.2 percent of the general population of India. Since the population of women with disabilities is treated as a minority, it could be believed that the Government is systematically rejecting their due rights. Even though the Government and civil society organisations have developed enabling policies and programmes exist for protecting and promoting rights and mainstreaming of women with disabilities, the implementation level is not to expected standard. Raha (2009) believed that the existing legal framework for the rights of persons with disabilities fails to address specific problems faced by women with disabilities and emphasised for revision of the legal framework by adopting a gender-sensitive approach. If the women with disabilities are denied access to social justice system, they have to live in an enforced space of discrimination and violence.

This study attempted to analyse the quality of life among women with locomotor disabilities in Pudukkottai District. Researches on quality of life using WHOQOL-100 instrument is largely done on general population among women with locomotor disabilities. Number of studies were conducted in various countries using this tool proves the applicability and reality. In India, specific study on women with locomotor disabilities requires greater attention. The identified research gap is that the study about the quality of life among women with locomotor disabilities is minimum.

The purpose of this research study is to examine the quality of life of women with disabilities, with a specific focus on women with locomotor disabilities. To fulfill this purpose, both qualitative and quantitative study has been conducted by
collecting primate data from women with locomotor disabilities in Pudukottai district of Tamil Nadu, India.

SIGNIFICANCE OF THE STUDY

Socioeconomic deprivation and locomotor impairment retard the growth of the women with locomotor disabilities and it further aggravates their situation. It could be stated that the women with locomotor disabilities is one of the most vulnerable groups in India owing to their disability, gender, class as well as caste for many. They either lack access to or denied access to institutional and community resources and services. They are deprived of education and employment. Routinely, they experience dependency, inequalities and exploitation in both family and society.

This study would aid the feminist perspective to investigate further into understanding the quality of life of the persons with locomotor disabilities. The study would help in formulation state or national policies on addressing the vulnerable women with locomotor disabilities.

FIELD OF STUDY

The field of study is Pudukkottai district of Tamil Nadu in India. Pudukkottai district is bounded by Thanjavur district on the northeast and east, on the southeast, Ramanathapuram and Sivagangai districts on the southwest and Tiruchirapalli district on the west and northwest. The district lies between 78° 25' and 79° 15' east longitude and between 9° 50' and 10° 40' of the north latitude. The district has 13 blocks, 497 Village Panchayats, 2 Municipalities and 8 Town Panchayats.
The district has an area of 4663 square kilometers with a population of 1,618,345 according to Census 2011. The sex ratio of the district is 1015 females per 1000 males. The literacy rate of Pudukkottai district is 77.19 percent, of which 85.56 percent are male literates and 69 percent are female literates. Of the total population, 88.66 percent of them are Hindus, 6.70 percent of them are Muslims and 4.55 percent of them are Christians. About 17.60 percent of the populations are scheduled castes and 0.08 percent of the populations are scheduled tribes (Pudukottai District Statistical Office, 2014).

According to Census 2011, the total disabled population of Pudukkottai district is 24478. Of the total disabled population, 25.03 percent (6128) of them are persons with locomotor disabilities and the remaining 74.97% of them have different disabilities. The total number of women with locomotor disabilities in Pudukkottai district is 2408 (Census India, 2011).

RESEARCH OBJECTIVES

The overall aim of this research is to observe the causation of quality of life among women with locomotor disabilities by using WHOQOL-100 instrument, in order to assess the factors beneficial or detrimental for their quality of life. In order to achieve the overall aim, the following objectives are pursued:

i. To study the socio-economic profile of the women with locomotor disabilities.
ii. To find out the levels of facets of physical, psychological, level of independence, social relationships, environment and personal beliefs domains.

iii. To examine the levels of facets of WHOQOL domains in relation to socioeconomic, disability characteristics of women with locomotor disabilities.

iv. To understand the quality of life based on the physical, psychological, level of independence, social relationships, environment and personal beliefs domains.

v. To analyze the levels of quality of life in various aspects in relation to socio-economic, disability characteristics of women with locomotor disabilities.

RESEARCH HYPOTHESES

1. There is no relationship between the physical domain of the respondents and the socio-economic and disability variables.

2. There is no relationship between the psychological domain of the respondents and the socio-economic and disability variables.

3. There is no relationship between the level of independence of the respondents and the socio-economic and disability variables.

4. There is no relationship between the social relationships of the respondents and the socio-economic and disability variables.

5. There is no relationship between the environment domain of the respondents and the socio-economic and disability variables.
6. There is no relationship between the personal beliefs domain of the respondents and the socio-economic and disability variables.

**RESEARCH DESIGN**

Descriptive research design is adopted in this study to describe the levels of the quality of life among the women with locomotor disabilities in Pudukkottai district in Tamil Nadu. The causative factors that determines the quality of life of the women with locomotor disabilities is observed. This study describes about the socio-economic conditions of the women with locomotor disabilities and the physical health, psychological health, level of independence, social relationships, environment and personal beliefs of the women with locomotor disabilities.

**SAMPLING TECHNIQUES**

The researcher obtained data from the District Differently Abled Welfare Office on the registration of women with locomotor disabilities in Pudukkottai district. In the month of June 2014, as per the available record, the number of women with locomotor disabilities is around 3000 (Pudukkottai District Differently Abled Welfare Office, 2014).

**Table 3.1**

**Sampling Selection of the Respondents**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Block</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Annavasal</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Arimalam</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Kunnandarkoil</td>
<td>16</td>
</tr>
</tbody>
</table>
As the universe of this study is 3000 women with locomotor disabilities, it was decided to select 10 percent samples from the study population. Stratified Proportionate Random Sampling was employed in the selection of the samples. The number of women with locomotor disabilities in each block was considered as ‘strata’ and the total sample planned was 300. There are 13 blocks in Pudukkottai district and the samples were proportionately selected from each block. The total number of samples collected is 300. Sampling selection is described in the preceding table 3.1.

**TOOLS OF DATA COLLECTION**

The World Health Organization (1998) through the Department of Mental Health and Substance Dependence developed a WHOQOL-100 instrument for analyzing the quality of life of any individuals. There are 100 questions with response scales that are distributed into six domains such as: (i) physical health, (ii)
psychological health, (iii) level of independence, (iv) social relationships, environment and (v) personal beliefs. Five points Likert scale was used for all the facets of the six domains.

Determinants of quality of life:

I. **Physical health domain**: It measures pain & discomfort, energy & fatigue, and sleep & rest.

II. The **psychological health domain** measures positive feelings, thinking, learning, memory & concentration, self-esteem, body image & appearance, and negative feelings.

III. **Level of independence domain** measures mobility, daily life activities, dependence on medications or treatments, and work capacity.

IV. The **social relationships domain** includes personal relationships, social support, and sexual activity.

V. The **environment domain** measures physical safety & security, home environment, financial resources, health & social care, accessibility & quality, opportunities for acquiring new information & skills, participation in & opportunities for recreation & leisure activities, and physical environment (pollution, noise, traffic, climate, and transport).

VI. The **Personal beliefs domain** measures the one’s individual beliefs.

Socio demographic parameters of the respondents were also included.
Permission was requested from the Department of Mental Health and Substance Dependence, WHO for the purpose of translation from the English version of WHOQOL-100 instrument.

The tool was administered to the monolingual group comprising of 15 women with locomotor disabilities. In this concern, a focus group discussion was conducted for 15 women with locomotor disabilities. They read the instrument and discussed the instrument in session. An elaborate discussion was conducted about the instrument’s instruction, form and content. This was moderated by a member of the bilingual panel. The comments of the monolingual group were considered by the bilingual panel and appropriate modification was done.

Eventually, the bilingual group gave approval for primary data collection by considering the original and back-translated documents based on conceptual, semantic and technical equivalence.

RELIABILITY OF THE WHOQOL-100 DOMAINS

Reliability of the WHOQOL-100 instrument is measured by conducting a pre-test with 15 women with locomotor disabilities. The translated instrument is administered. Table 3.2 shows the reliability analysis for the WHOQOL-100 domains. Reliability analysis is conducted separately for each domain. All the domains show a good internal consistency of data. The respective domains have very high combined reliability scores ranging from 0.78 with social relationships to 0.91 with level of independence domain. The overall quality of life also has a high reliability of 0.85.
Table 3.2

Reliability Analysis for the WHOQOL-100 Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>0.81</td>
</tr>
<tr>
<td>Psychological</td>
<td>0.89</td>
</tr>
<tr>
<td>Level of independence</td>
<td>0.91</td>
</tr>
<tr>
<td>Social relationships</td>
<td>0.78</td>
</tr>
<tr>
<td>Environment</td>
<td>0.92</td>
</tr>
<tr>
<td>Personal beliefs</td>
<td>0.79</td>
</tr>
<tr>
<td>Overall quality of life domains</td>
<td>0.85</td>
</tr>
</tbody>
</table>

ANALYSIS AND INTERPRETATION OF DATA

The collected and collated data were codified, fed into computer and analysed. The Statistical Package for Social Sciences was used for data feeding and analysis. The analysed tables and statistical tests were presented with suitable interpretation. Chi-square, ANOVA, t test and correlation were administered and presented.

SOURCES OF DATA COLLECTION

The primary data for the study was collected from the selected women with locomotor disabilities in 13 blocks of Pudukottai district using WHOQOL translated instrument. Secondary source data concerning to the subject matter of the study were collected from journals, books, edited books, reports, documents and websites.
The collected literature reviews were utilised for identifying the gaps in the studies and for developing the tool.

OPERATIONAL DEFINITION

**Quality of Life:** Quality of life is the general well-being of the women with locomotor disabilities that is ascertained in the dimensions of physical health, psychological health, and level of independence, social relationships, environment and personal beliefs.

**Women with Locomotor Disabilities:** Women with locomotor disability have limited movement of body parts. The causes for the limited movements could be injuries, diseases or disfigurations in the bones or muscles or any injuries of the spinal cords or the nerves.

CASE STUDY

The case study is a common qualitative method which allows for the use of multiple methods or triangulation and reflects an attempt to secure an in-depth understanding of a phenomenon in question. Defines the case study as ‘an empirical inquiry that investigates a contemporary phenomenon in its real life context, especially when the boundaries between phenomenon and context are not clearly evident’ (1994:13). In this study intended to document women’s experiences, knowledge and perspectives in food security, the case study method will be instrumental in facilitating a holistic understanding of the complexities of the social phenomena under investigation. Additionally, the case study method is likely to allow participating women to construct their own realities and arrive at their own truths.
based on their lived experiences and on their own terms. Through the case studies method the qualitative data was analyzed. Four case studies were analyzed in this study.

LIMITATIONS OF THE STUDY

✓ Some of the interviews went for a long period than expected. In such cases the respondents were tired. For certain questions the respondents stated crying & then; revealed their details. At such times the researcher consoled them.

✓ Only with the support of the personnel of non-profit organization, it was easy to approach the respondents and to collect the data from them.

✓ Considering the ethical situations, the questions on sexual activities were not given much focus since the interviewed women felt reluctant or hesitation to respond to such questions.

✓ The researcher had the transportation difficulties while travelling to the field for data collection.

✓ In spite of the above challenges, the primary data from the respondents were collected and used successfully for analysis.

CHAPTERIZATION

Chapter 1: This chapter presents the Introduction that describes about the discontentment on the subject. It contains various kinds of disability and causes of disability and concepts in feminist perspective.
Chapter II: This chapter gives Review on the Literatures on disabilities and quality of life of persons with disabilities and discloses the gaps in the research areas.

Chapter III: This chapter presents the Research Methodology that describes about the objectives, hypothesis, field of study, sampling, tools, data collection, and limitations of the study.

Chapter IV: This chapter Analyses of Data highlights about the findings of this study, which 300 women respondents collected through the interview schedule and presented in tables and with statistical tests.

Chapter V: This chapter gives the major Findings of the study, Discussion, Suggestions and Conclusion for improving the quality of life of women with locomotor disabilities.