Chapter 3

Research Methodology
CHAPTER-3
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3.1 Introduction

This chapter deals with the problem statement, scope of the study, research objectives, research design, questionnaire development and its administration. Further, this chapter briefly describes the research strategy and tools of analysis employed in this study. Finally, the problems faced and limitations of the study are discussed.

3.2 Problem Statement

India's urban population has increased from about 286 million in 2001 to 377 million in 2011 (Census, 2011), migration is one of the significant factors for this increased. Deshingkar et al., (2012) mentioned that migration cannot be stopped in this industrialized society. Women constitute an overwhelming majority of migrants in Indian population of the migrants, so it is important to look at the health of the women migrants to create an overall healthy society, Reproductive health indicators (including maternal health & HIV related awareness) among migrant women, are poor due to many interrelated vulnerabilities, like, “Rural-to-urban migrant women's unawareness of maternal health service, together with their vulnerable living status, influences their utilization of maternal health care” (Shaokang et al., 2002), migrant and mobile people may have little or no access to HIV information, prevention (condoms, STI management), health services (IOM, 2005) taking into account of such vulnerability of migrant women especially who are living in the outer part of the city, far from the health and other urban facilities this research has defined its objective.

The respondents of this study are the women who migrated to Aligarh city (A city in the State of Uttar Pradesh, India).

3.3 Scope of the Study

- The present study covers the married migrant women in Aligarh city dwelling on the outer fringes/roadsides (suburbs) of the city, belonging to the reproductive age group, and also who delivered in the last two year.
The study has been conducted during the period from February 2010 to June 2014, during this period Maternal Mortality Rate (MMR) has been noted as 178 in 2010-12 (Mehta, 2013). This is the prime time to accomplished the set objective of the Millennium Development Goal (MDG) targeted to 109 by 2015 (Gao1 -5), and HIV/AIDS has to be halted by 2015 and to reverse the spread thereafter (Gola-6).

The study has taken the women migrant who migrated within the last 6 month to the 8 years. Migrant who migrated earlier and before the set time are out of the scope of the study.

3.4 Research Objectives

As discussed above, the central objective of this research is to study the reproductive health of the migrant women through looking at their maternal health condition and awareness level for HIV/AIDS. The study aims to find out, how much they are vulnerable in the new place or host place for their maternal health, what are their believes and practices for ANC, PNC and delivery and their level of awareness for contraceptive and HIV/AIDS which could make them susceptible or prone to the maternal death/morbidity and for HIV/AIDS.

In the light of the above discussion the study would be undertaken with the following objectives:

1. To study the status and reasons of migration;
2. To assess the socio-economic condition of migrant population and their consequent vulnerability;
3. To study the prevalence and attitude of those migrants towards the Ante Natal Care and Post Natal Care;
4. To find out the kind and quality of delivery practices among the migrants;
5. To find out the contraceptive prevalence among the poor migrants; (with special consideration to the use of Condom as a duel protector);
6. To assess the awareness level of the migrant women regarding HIV/AIDS;
3.5 Research Design

"Research designs on the Social issues are classified mainly in four categories: exploratory, descriptive, diagnostic and experimental. All four design types have their own merits and demerits, but all have their relevance under particular situations, depending upon the subject and nature of the research" (Akram, 2008). The present work has been designed from the descriptive perspective as, "Descriptive research design aim at giving a detailed account of a somewhat less known matter" (ibid). The purpose of this study is to describe and give detailed account of the knowledge/awareness and condition of the migrant women with respect to their HIV/AIDS and maternal health condition respectively.

3.6 Data Sources

Primary as well as secondary data sources have been used for this study. The primary data for this study have been collected from the Aligarh’s peripheral areas (suburbs). The mode of data collection from primary sources has been explained in Section 3.7.1. For secondary data, various studies were perused at different libraries. Much of the data have been collected from the libraries of Delhi University, New Delhi, United Nations Children Fund (UNICEF), Aligarh Muslim University (AMU) Aligarh, and Urban Health Initiative (UHI), Aligarh. Various international journals published by Emerald, Science Direct, Springer, Inderscience, etc. were also accessed and were very helpful to the researcher. A substantial part of the data was also sourced from Maulana Azad Library, AMU, Aligarh and Seminar Library of the women’s studies and Department of Social work, AMU, Aligarh.

3.7 Development of Interview Schedule

In India migration is an indispensable aspect of every city, earlier it was considered and studied mainly in relation to the metropolitan cities, and very few studies has been studied in smaller and medium cities so far, and that to on the health perspective, there are studies on migration and HIV/AIDS, but very few on maternal health and migration along with the HIV/AIDS. This study attempts to address the crucial maternal health condition of the migrant women along with the prevalence of contraceptive and their level of awareness on HIV/AIDS.
To address the problem, a schedule based survey was conducted. The Interview schedule was designed after reviewing the available literature and extensive discussions with four experts attached with Urban Health Initiatives, Aligarh (UHI) and Community Medicine Department JNMCH respectively and with two academicians of related field.

To increase the response rate and to facilitate respondents, the interview schedule included close-ended questions, with a little flexibility provided through **others** as an option. However, there were some questions that had opened ended as well. The interview schedule had five sections. **Section A** dealt with the profile of the respondents. **Section B** focused on the socio economic condition of the migrant’s family, along with the questions related to the migration **Section C** assessed extent of maternal health condition of migrant women, and **Section D** on contraceptive prevalence and section E for awareness related to HIV/AIDS.

3.7.1 Tools and Techniques of Study

For collecting data separate interview schedule has been used for the research, with some of the cases shortlisted for deeper study depending upon the criticality and have been included in the case studies, personal observation has also been made while interacting with the respondents.

3.7.2 Interview Schedule

The research techniques employed in this study is survey research based on empirical field study. Individually, personal interview has been adopted for this study. The Interview schedule based survey research is an established approach to obtain respondents’ opinion on a range of issues related to a research problem. In the present research, it was used to gain an insight in terms of breadth as well as depth, regarding the maternal health issues of migrant woman and there awareness regarding HIV/AIDS.

Being the empirical based study, interviewing was the principal method of data collection. For the purpose of collecting and recording the primary data an interview schedule was prepared in English which was translated into the local language while taking interviews, which aimed at collecting personal information of the respondent including name, birth place, marital status, age, education, and income and
expenditure of the family etc. along with the living and housing condition as well as questions for the analysis of their awareness about, health believes, pre natal care, post natal cares, preference of the place of deliveries, knowledge about the safe sex, HIV/AIDS etc. has been designed carefully. In the interview schedule, most of the questions were structured, listing alternative answers. The respondent had to choose the appropriate ones according to their own judgment, understanding and experience. Some of the questions were open. In such questions, the respondents gave answers as they wishes.

The interview schedule was constructed on the basis of an outline prepared earlier including the desirable items to be included for the analysis of migration, their associated vulnerabilities, health problems and maternal health believes and on HIV awareness. The working of some questions was changed in order to make them understandable to the respondents.

3.7.3 Case Study

“To gain insight into the reason, impact, and strategic solution of the problem, case study method is felt to be most appropriate. It has been defined as an ‘empirical inquiry that investigates a contemporary phenomenon within its real life context, when the boundaries between the phenomenon and the context are not clearly evident, and in which multiple sources of evidence are used’” (Yin, 1989). As per the nature and demand of this research, researcher selected few cases, during the first phase of the data collection, to study in depth in the second phase. In the second phase researcher again met those selected cases for the detail investigation.

3.8 Pilot Study

It is always good and necessary to have a pilot study prior the actual study in order to develop more appropriate instrument “The pilot study verifies that researchers could correctly manage the test and treatment for the study, using appropriate subjects” (Thomas and Nelson, 1996) and was pretested to determine the potential effectiveness of the questionnaire. According to, Somer & Somer (1999) “the wealth of the questionnaire is also lost due to the incapability of researcher to simplify the meaning of the terms for respondents”. Therefore, the researcher thought it appropriate to take the feedback from the respondent and incorporate the changes and omit the confusing
words. Before finalizing the questions, the interview schedule so developed was interviewed to 15 respondents. The respondents were having the same characteristics to those of the target population of the survey, as recommended by Malhotra (2007).

The pilot study aimed at:

- Obtaining feedback of the technical officers of the NGOs working in the area of, health care of migrants or slum dwellers;
- Carrying out necessary additions in the interview schedule to make it even more comprehensive; Deleting those questions that may be of limited significance; and
- Refining/ rephrasing the existing questions to impart greater clarity.

A total of fifteen respondents from the migrant population were contacted to take the interviews. Accordingly, the questions were modified and the final interview schedule was crystallized.

3.9 Administration of Interview Schedule

Administration of the interview schedule was done in order to collect relevant data from the sources. The target population was analyzed and samples were drawn accordingly. Before final collection of data, pilot study was carried out for interview schedule refinement.

3.9.1 Target Respondents

The respondents comprising of the all poor migrant women in their reproductive age migrated to Aligarh between last 6 months to 8 years, and who delivered (still birth or alive) in the last 2 years.

3.9.2 Classification of Target Respondents

The respondents were classified on the basis of gender, migration, age, and location. These are explained below.

Women: who delivered within the last two years.

Migration: Classification based on the status of the respondents as a migrant (either as interstate, intra district, inter district), migrated between last 6 months to 8 years.
Age: she should be in her reproductive age (15-45).

Location: Living in the suburbs, outer fringe, or road side.

3.9.3 Universe of the Study

The present research focuses on analysis of reproductive health (maternal health & HIV/AIDS) status of the migrant women of Aligarh city. Aligarh lies in the state of Uttar Pradesh (UP), a state in north zone of India and is most populous state of India falls in the category of BIMARU state. BIMARU state is acronym used by Bose (1973) for four demographically poor performing states and hence stands in alphabetically order for Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh.

Keeping in mind the objective of the study, it is important to look at the profile of the city to understand the overall situation of the universe, where the respondents migrated and live, that is Aligarh city, profile includes its geographical position, history, and infrastructural facilities (most importantly, health infrastructure).

3.9.4 Aligarh’s Profile

![Map of Aligarh](https://www.mehronews.com)

**Figure 3.1: Map of Aligarh**
Aligarh is a city of Aligarh district which comes under Aligarh Division in the northern Indian State of Uttar Pradesh (one of the 75 districts of UP). There are 13 blocks in the district namely Dhanipur, Akraabad, Gonda, Igla, Tappal, Khair, Atrauli, Chandaus, Lodha, Jawan, Bijauli, Gangiri, Khair City and Dadon. It is located at 27.30 N Latitude and 79.40 E Longitude of the western part of the Uttar Pradesh, in the region of Doaba (Land between Ganges and Yamuna rivers), the city is located about 90 miles southeast of Delhi. It is administrative headquarter of Aligarh district as well as Aligarh Division (UHI, 2010). Aligarh is well connected to the rest of country by rail and road transport (easy destination to reach) as it is located on the Delhi-Kolkata Railway track, NH-91 (Grand Trunk Road) and NH-93. The National Highway (NH-91) connects Aligarh to Delhi on one side and to Kolkata via Kanpur on the other side while National Highway (NH-93) which connects Agra to Moradabad also passes through Aligarh. Regular buses services from the city to destinations such as Delhi, Jaipur, Agra, Mathura, Ghaziabad, Bulandshahar, Etah, Kanpur, Allahabad and Varanasi etc. Aligarh junction is the main railway station, which connects Aligarh to the cities of New Delhi, Agra, Jaipur, Mumbai, Kanpur, Lucknow, Banaras, Patna, Gaya, Muzaffarpur, Chapra, Samastipur, Dhanbad, Asansol, Kolkata etc. Aligarh city experiences a tropical monsoon type climate. The summer temperature varies from 30 to 45 degrees Celsius and winter temperatures range between 05 to 25 degrees Celsius (UHI, 2010).

Aligarh is famous for the Aligarh Muslim University, a premier central university, Aligarh Fort, various tombs of Muslim saints, Shree Varshney Mandir and Mangalayatan. Mangalayatan is known as Asia's largest pilgrimage location for Jains (ibid).

3.9.4.1 History of Aligarh

Before 18th century, Aligarh was known as Kol or Koil. The origin of the name of kol is obscured. In some ancient text, kol has been referred to in the sense of tribe or caste, name of the place or mountain and name of sage and demon (Atkinson, 2007).

Sometime before Muslim invasion Kol was held by Dor Rajputs. In 1194 AD Qutub Uddin Aibak marched from Delhi to Kol and appointed Hisham Uddin Ulbak as the governor of Kol. During the reign of Akbar Kol was made a Sirkar (Province) (ibid). Kol has also finds it’s mention in Ibn Battuta’s Rihla (The Advetures of Ibn Battuta,
by Ross E Dunn). Surajmal, a jat ruler along with Jai Singh of Jaipur and Muslim army occupied the fort of Koi, later on Najaf Khan captured it and gave it its present name of Aligarh. Aligarh fort as it stands today was built by French under the command of officers Benoit de Boigne and Perron. After the British occupation of Aligarh district was formed in 1804 *(ibid)*.

3.9.4.2 Establishment of AMU (1875)

In 1877, Sir Syed Ahmad khan founded the Muhammadan Anglo Oriental College in Aligarh and patterned the college after Oxford and Cambridge University, that he had visited on a trip to England and by 1920 this was transformed into Aligarh Muslim University.

3.9.4.3 Economic Base

Aligarh has always been an important educational and business centre of Uttar Pradesh, and it is famous worldwide for its lock and hardware industry. The locks that are produced in Aligarh are exported to different parts of the world. In 1890, Johnson & Co. initiated the manual production of locks on a small scale. Aligarh is now known across the world for its lever pad locks industry. In India, Aligarh holds the largest cluster of lock manufacturing units. The city is also known for its zinc die casting and brass hard ware. There are other factories also like Heinz, Ultra tech cement and Wave Distillery.

Being situated at a railroad junction, Aligarh has developed into a commercial centre of agricultural produce, such as wheat, sugarcane, cotton, corn, barley and millet.

3.9.4.4 Demography

To understand the Aligarh’s demography we need to have a look on the demography of UP where Aligarh lies.
3.9.4.4.1 Demography of UP

Uttar Pradesh has been one of the most highly populated states in India for a long time now. The census over the years has put the state at the pinnacle in terms of population and the count was recorded at 199,581,477 of people (Census 2011). Uttar Pradesh has been one of the oldest states in the country and in every single way reflects the life and culture of India as a whole. When comparing health indicators in UP to national averages, UP is often much worse off, the total fertility rate (TFR) is 3.8 as compared to the country average of 2.7 (NFHS-3).

NFHS-3 indicates a huge disparity between the urban poor and urban non-poor in Uttar Pradesh. The urban poor of UP have a higher TFR (3.9) as compared to the non-poor (2.3) because of low contraceptive use (poor – 36%, non-poor - 56.5%) and high unmet need (poor – 19%, non-poor – 6.7%).
3.9.4.4.2 Demography of Aligarh

The population of the Aligarh district is 3,673,849 and the population of the Aligarh city is 1,209,559 of which males and females are 482,828 and 426,731 respectively with the density around 1,007 people sq/km. and the literacy rate is 70.54% (Census, 2011).

3.9.4.5 Distribution of the Population

Nagar Nigam has divided the city into the seven wards based on the status of water and sanitation in the city, these are further categorized into recognized slums, most important colonies and other important colonies It is estimated that 69.10 percent of the urban population is below the poverty line. There are 68 permanent slums additionally, some new unregistered slums have mushroomed in the city which approximately 82 in numbers and also 49 areas with nomadic settlements (UNICEF, 2010).

3.9.4.6 Socioeconomic Condition of the City

The limited civic amenities are virtually collapsing due to augmenting pressure due to a rapidly growing population. Aligarh has shortfall of basic facilities and housing problems are acute due to a high rate of population growth. The city has poor infrastructure both in terms of quality and quantity of domestic water supply. Inhabitants prefer bore wells more than municipal connection, as it is more reliable in terms of supply. Because of topography (bowl shaped), stagnant pools and flooding of low-lying areas is quite common. Sewage and sanitation is for the most part missing. Child labour is the worst aspect of the city’s industries, as children are engaged in lock, brass and metal works, women and children are also engage in the home based industry, also the reason of the bulk of rural to urban migration as well as inter district migration (UHI, 2010).

District Urban Development Authority (DUDA) has been implementing several schemes for the vulnerable population and slum improvement. A few examples of DUDA endeavors are; Swarn Jayanti Sheheri Rojgar Yojna, Swarn Jayanti Sheheri Rojgar Prshikshan Yojna, Thrift and credit Yojana, Samajik Sanrachana, Valmiki Ambedkar Awas Yojna (ibid).
3.9.4.7 Health Infrastructure of Aligarh

The health facilities in Aligarh, are given by public sectors (Hospitals run by Central as well as State) along with the number of private registered clinics and nursing homes, along with approximately 587 non registered ones as per the list compiled by the UNICEF, Aligarh, catering to the city’s large slum population (UHI, 2010).

<table>
<thead>
<tr>
<th>Health Facilities</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government Health Facilities</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Health Care Facilities</strong></td>
<td></td>
</tr>
<tr>
<td>Urban Family Welfare Centre</td>
<td>7</td>
</tr>
<tr>
<td>D Type Urban Health Centre</td>
<td>11</td>
</tr>
<tr>
<td>ESI Dispensary</td>
<td>1</td>
</tr>
<tr>
<td><strong>Secondary Health Facilities</strong></td>
<td></td>
</tr>
<tr>
<td>District / Joint Hospital</td>
<td>1</td>
</tr>
<tr>
<td>District Male Hospital</td>
<td>1</td>
</tr>
<tr>
<td>District Women Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Post Partum Centre</td>
<td>1</td>
</tr>
<tr>
<td>Medical College</td>
<td>1</td>
</tr>
<tr>
<td><strong>Private Health Facilities</strong></td>
<td></td>
</tr>
<tr>
<td>Health Post/Clinics</td>
<td>89</td>
</tr>
<tr>
<td>Maternity /Nursing Homes</td>
<td>90</td>
</tr>
<tr>
<td>Abortion Providers</td>
<td>89</td>
</tr>
</tbody>
</table>

*Source: UHI, 2010*

3.9.4.8 Primary Health Care Centers

11 urban health posts and seven health & family welfare sub-centers of the city provided the primary health care. These primary health centers were created to respond to both the growing slum population and the peri-urban growth of the city (*ibid*).

3.9.4.9 Government Hospitals

Aligarh has three Government (one Central and two States) run secondary/tertiary hospitals. These hospitals cater the secondary care needs of the entire district.

Community Medicine Department of J. N Medical College, AMU also have two regular centers that is Urban Health Training Centre (UHTC) & Rural Health Training
Centre (RHTC) in two different locality of Aligarh, Community Medicine Department also organizes health camps in different slum pockets of the Aligarh City, like in Shahjalal, Razanagar, Jeevanger, and Jamaipur.

3.9.4.10 Private Health Facilities

Aligarh city have around more than 90 private clinics/nursing homes. These private clinics in the city especially in the slum areas which cater the health need of the poor population of the city (like the nursing home of Chanda nurse, mention in the 4th chapter).

There are many NGOs and civil societies working in Aligarh on different issues. The important ones who are working in the health sectors are as follows:

Urban Health Initiative (UHI)

Urban Health Initiative is supported by the Bill and Melinda Gates Foundation, and by Family Health International, in collaboration with a consortium of partners committed to improving urban health, in association with many NGOs (UDAAN, SHARNAM, GRAVIS, DGUS, and VMBKS and many more) cater the modern contraceptive need of the Slums and suburbs of the Aligarh city with the objective of protection and promotion of Maternal and Child Health (MCH). Aligarh city is a priority city for urban health investments (UHI, 2010).

Janani- a non-profit organization that provides family planning and comprehensive abortion care services, they have opened the Surya clinic, for their services.

Sharnam- is also working (apart from the UHI project) on the rehabilitation of the AIDS patients.

3.10 Sampling Technique

For the selection of respondents, census approach was employed. Researcher reaches to all the possible outer vicinity/slum, or suburbs to collect the data. Researcher used the Purposive Sampling technique for to collect the relevant data.

3.10.1 Purposive Sampling

"It is a non-probability sampling, this sampling also known as judgmental sampling, the researcher purposely chooses, persons who, in his/her judgment have some
appropriate characteristic required from a sample, are thought to be relevant to the research topic and are easily available to him/her. In this technique, some variables are given importance and it represents the universe but the selection of units is deliberate and based on prior judgment” (Ahuja, 2009). As the respondents of this study are the migrant women, who migrated between last six months to eight years, must be in their reproductive years and who have delivered in the last two years, to find out the respondents who fulfill the requirements of the study was in itself a challenging task, for this the purposive sampling was considered to be the most appropriate, as Das (2000) has mentioned that “Purposive sampling is based on the presumption that one can select the sample units which are satisfactory in relation to one’s requirement. A common strategy of this sampling technique is to select cases that are judged to be typical of the population in which one is interested”.

3.11 Procedure for Data Collection & Sample Size

The areas covered in this study to collect the data (200 sample size) are the suburbs periurban parts of the city, e.g. Neevri, Mahfooznagar, Bhujpura, Firdaus Nagar, across the Aligarh bypass road/G.T Road, Shahanshahbad, Raza Nagar, Patwari ka Nagla, Ali Nagar, Ram Nagar, near Numaish ground, a cluster near Law college, near unconstructed colony of ADA (Aligarh Development Authority), jhuggies along the railway line near Urban Health Training Centre (UHTC) etc.

3.11.1 Sample Size

“When purposive or accidental sampling is employed, the researcher herself/himself can decide the 'sufficient 'number of respondents. In such cases, generalization is concerned with quality rather than with quantity” (Ahuja, 2009). Sample size for this research was 200.

To get the desired respondents, researcher has approached and visited more than 1000 migrant families.

3.12 Structure and Content Validity

The questions was tested for content as well as construct validity. According to Nullally (1978) “the determination of content validity is subjective and judgmental and indicates the accuracy with which a specific domain of content is sampled and
that the instruments have items covering all aspects of the variables being measured”. Content validity primarily depends on an appeal to the proprietary of the content and the way it is presented. The selection of questions in the interview schedule was based on exhaustive review of available literature and evaluation by executives and academicians, thus ensuring the content validity of the interview schedule. The content validity was further tested during pilot survey as per the guidelines provided by Forza (2002).

After a careful review of responses during the pilot survey, some questions were modified to convey their intended meaning. A few questions were deleted as well.

3.13 Statistical Tools of Analysis

The study used the specifically developed research interview schedule as the basic research instrument to collect the data. The organized data was then calculated and analyzed using MS-Excel 2007 and simple percentage method.

3.13.1 Descriptive Analysis

“It involves the transformation of raw data into a form that would provide information to describe a set of factors in a situation that will make them easy to understand and interpret” (Hau, 2005). Descriptive analysis was used to make the data meaningful through frequency distribution.

3.13.2 Recording the Interview

The interview schedule was used not only as a guide for interviewing but also as an instrument for recording the interview.

3.14 Problems of Data Collection

The spell of field work was not entirely smooth and the researcher had to face situations at time pleasant and unpleasant. The researcher found it too difficult to work with the women when they are engaged in some work especially when they are the labourers in the construction site. Many women especially on the lower education level were not able to understand the value of such research and were, therefore, reluctant to respond. Many respondents were not willing to give out intimate details of their sexual activities. Some respondents were, however, deeply touched by the friendly interview being conducted
by the researcher and as such opened their hearts before her. The case studies stretched for more than two to three hours in more than one sitting. Many respondents were unwilling to spare too much of time. Some respondents at time were too rude in their behaviour and it was too difficult for the researcher to convince them.

It was a tedious job to find the correct respondent as per the pre defined characteristics of the study. In such cases the researcher sought the help from the Peer Educator (PEs) employ at UHI (where the researcher was a trainer) to find out the location of the *jhuggi jhopdie*. Many a time researcher did not find single women who fulfilled all criteria of the research, sometime researcher found respondent fulfilling the condition/criterion of year of migration but missing on the other condition of delivering in the last two years and vice versa.

Participation and cooperation of the respondents is a serious problem in a survey based research. Respondent think that a study is not of their use or either they believe that something is going to be given to them in return to their responses, so usually they develop some hope, with researcher, and tried to pose their problem from a particular/different angle, so, it becomes very important to make them clear about the purpose of the research so as not to expect any favor in return to their responses and only the words of gratitude expressed to them for sharing the valuable time and personal information with the researcher.

3.15 Limitation of the Study

The study assumed that the respondents were reflecting the state of the responding community. However, their individual perceptions might have influenced their responses and their views might not have represented the entire situational reality. The responses to the interview reflect only the opinions of the responding individuals which could have some element of falsehood also.

The present study suffers from a major defect common to most migration studies—that it is based on inquiries at only one end of a migration stream.

The major limitation which the researcher felt after this study is that, if the topic would be more specific then it could be easier to perform and analyze.
3.16 Data Processing

After completing the investigation or collecting the data and recording the interviews and case studies the processing of the data and the task of analyzing started. At first interview scheduled was checked and edited. Errors and omission in recording the answer were located. It was found that they were few and of minor in nature.

The collected data were categorized with the help of the categorization plan prepared for the purpose. Code numbers were assigned to each question and each response. The interview schedule was coded, the responses were transferred on code sheets and then the data was analyzed, percentage were calculated and inferences drawn accordingly. Case studies have been recorded, analyzed and then placed accordingly.

3.17 Operational Definitions

Migration: The word migration has been derived from the Latin word “Migrare”, to change one’s residence, but by the current “definitions it means rather to change one’s community” (Peterson, 1968), in simple term human migration implies some form of permanent or semi-permanent movement on the part of an individual or a group of people.

Internal Migration: Internal migration refers to a move from one area (a province, district or municipality) to another within one country.

Migrant Women: women who migrated either with their family or sometime all alone. As in Indian census, a woman is defined as migrant if she has changed her place of residence from one village or town to another one. The migrant woman must have crossed the administrative boundary of the village or town then process of changing her place of residence weather the move involves short or long distance travel.

Maternal Health: maternal health is the integral part of the reproductive health referring to the health of women during her pregnancy, delivery, and the post partum period.

HIV/AIDS: AIDS an acronym for ‘Acquired Immune Deficiency Syndrome’ is the life threatening disease. It represent the late clinical stage of infection with a virus called HIV (Human Immuno deficiency Virus) is a special kind of virus, called a Retrovirus, that’s stores its genetic information in RNA rather DNA.

Suburbs: This research taken the Peri-urban areas, outer fringe, and outer settlements as suburbs.