CHAPTER – II
METHODOLOGY
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METHODOLOGY

Globally, young people are being affected by unplanned pregnancies, sexually transmitted infections (STIs) including HIV, and other serious 'Reproductive Health' problems. Youth 'Reproductive Health' (YRH) and HIV/AIDS programs can provide youth with the information, support, and services they need to maintain their sexual and 'Reproductive Health'. The importance of involving young people in the design, implementation, and evaluation of Youth 'Reproductive Health' and 'HIV/AIDS' programs is recognized by the World Health Organization and other agencies. Youth participation increases the impact of YRH and HIV/AIDS programs through ensuring greater relevance to the problems and issues faced by young people and increasing sustainability of interventions.

In addition, a growing body of evidence suggests that youth participation in YRH and HIV/AIDS programs help young people to develop confidence, change attitudes, and establish more meaningful relationships with adults. Young people’s sexuality, sexual behavior, and ‘Reproductive Health’ are greatly influenced by the expectations, norms, and practices of peers, parents, and other adults in the communities where they live. Institutions and informal groups such as religious organizations, schools, and local authorities influence the roles and responsibilities of young people and their access to ‘Reproductive Health’ and HIV/AIDS services. Involving members of the wider community, as well as young people themselves, in YRH and HIV/AIDS programs is
essential in order to build an enabling environment for young people to improve their well-being and ‘Reproductive Health’.

**Scope and Focus of the present study:**

The present study is fully focused as issues related to adolescents and youth in the age group of 15 to 24, with emphasis on strategies on Youth – Adolescent partnership to make responsible youth. The making of responsible youth include

a) Understanding the level and improving the knowledge,

b) Improving the knowledge and moulding positive perception and attitudes on AIDS and AIDS patients.

c) Motivational strategies to youth to improve the kindness and sympathy towards victims of STD/RTI.

d) The study also focused on understanding the self-efficacy and programme participation of youth on resolving social conflicts and problems.

e) The study further concentrated on understanding the ‘Reproductive Health’ status and treatment seeking behaviour of youth. The study was carried-out on all the above aspects among youth in Andhra Pradesh.

**Research Approach:**

The research approach adopted in this Research is Descriptive quantitative research approach.
Setting of the Study

The research setting is the background area where the data collection will be carried out. The present study was planned on a comparative basis between Rayalaseema and Coastal area of Andhra Pradesh. From Rayalaseema Region Tirupati city and from Coastal Andhra region Vijayawada city selected purposively for the study.

Variables:

The study includes variables related to demographic and socio-economic background of the sample, nature of sexual behavior, level of Reproductive Health status, among youth, and variables on their concern on HIV/AIDS. The study also includes variables on Self-efficacy among the youth to understand their ability and interest in participation in health awareness camps.

General objective:

To study the level of 'Reproductive Health' status among Youth/Adolescents and their concerns over HIV/AIDS.

Specific objective

1. To study the socio-economic background, of study group and Nature of Familial Relations

2. To understand the level of knowledge of college students/youth on HIV/AIDS

3. To assess the type attitudes of youth on AIDS and patients with AIDS
4. To assess the impact of socio-economic background characteristics on nature of attitudes on HIV/AIDS

5. To estimate the level of programme participation by youth in social development activities

6. To understand the nature of treatment seeking behaviour of young mothers on ‘Reproductive Health’ and related matters as perceived by married youth.

In the present study, level of knowledge on HIV/AIDS by youth, Level of knowledge on AIDS, Nature and attitudes of youth on HIV patients, ‘Sexual Health’ practices of youth are dependent variables, and all related socio-culture, economic, psychological background characteristics are independent variables.

Hypotheses:

The following hypotheses were put for test in the present study

1. The nature and type of familial relationship at house hold level influence the behavior of youth.

2. The knowledge on AIDS and it’s transmission in poor even among educated youth

3. Many youth or not having positive attitudes towards HIV/AIDS patients.

4. Having given proper training on skills, the youth will be driving force for creating awareness on STD and AIDS.

5. The nature of ‘Sexual Health’ practice among the youth is mostly poor.

6. The knowledge among youth on Reproductive matters, and contraception is poor, even among educated youth.
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7. The Self-Efficacy and capacity to face crisis is not up to mark among present youth.

8. The concept of Sex-Education in colleges /schools is not in practice in many institutions.

9. Special programmes on ‘Youth ‘Reproductive Health’ to improve awareness and practice of better ‘Reproductive Health’ practices among youth are necessary.

The Sample:

The Male youth in the age group of 15 to 24 years are the sample for the study.

Sampling Procedure:

The study was organized to understand the behaviour of youth on Reproductive matters and attitudes towards AIDS patients on a comparative basis between Tirupati & Vijayawada cities in Andhra Pradesh.

From Andhra Pradesh, Tirupati and Vijayawada urban localities were selected as study area. From each city the ‘Youth between 15-25 years of Age’ were selected from different localities of study area. From each city five wards were selected for the study. Care has taken that selected wards distribute in all corners of city. At the initial stage the list of wards was collected from corporation offices at Tirupati and Vijayawada. There are 59 & 50 Administration wards in Vijayawada & Tirupati Corporations. For the study from each city ‘5’ wards were selected on ‘Random Sampling’ method. In Tirupati ward numbers 1, 10, 20, 30, 40, were selected and in Vijayawada, ward numbers 1, 10, 20, 30, 40 were selected for the study.
Technique of Sample Selection:

The Simple Random sampling technique which is one of the methods of probability sampling is adopted for the present study for selecting the wards in two cities.

Selection of Sample:

Each ward was divided into Four Areas and from each area '10' youth were selected for the study purposively based on availability and showing interest in participation in interview. Care has taken that sample drawn from all corners of the ward and 50% of the samples belong to BC, SC and ST groups.

Sample Size:

From each ward 40 samples and from each city 200 samples were selected. Thus, 400 samples were considered for the study, the total sample for the study are 400.

<table>
<thead>
<tr>
<th>Number of Respondents</th>
<th>Total</th>
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<tbody>
<tr>
<td>Tirupati</td>
<td>Vijayawada</td>
</tr>
<tr>
<td>40 sample each From 05 wards (ward no. 1,10,20,30,40) were selected</td>
<td>40 sample each From 05 wards (ward no. 1,10,20,30,40) were selected</td>
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<tr>
<td>Total sample 200</td>
<td>Total sample 200</td>
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<td>400</td>
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Data Collection:

The descriptive research design of survey type was adopted for the study. A pre-tested interview schedule was prepared to interview the selected sample. The data collection was done by the Researcher himself. Initially a pilot study was carried out in all localities to test the questionnaire and clarify the doubts.

Data collection Tool:

The Research schedule was prepared covering all the variables for interview purpose for data collection.

Pilot Study:

Generally before actual data collection a pilot study will be organized among 10% of the total sample. After the Pilot study, review will be made on the problems of data collection including difficulty in understanding and getting response to all the questions in the schedule. If any questions are not clear to the respondent, these will be modified accordingly.

Validity and Reliability:

The methods used in validating the instrument, and survey were subjected to ‘Face, Content validities. For Face validation, the experts determined at face value the appropriateness of the instrument in measuring up with what was studied, to assertion if the instrument contained the appropriate items that could actually elicit the intended responses on Reproductive behaviour and knowledge of HIV/AIDS. The content validityis
judged by the Researcher after data collection, whether appropriate and required
information was elicited or not.

Data analysis:

The collected data was analyzed using computer by adopting SPSS package.
Different types of univariate, and bivariate analysis, cross tabulations and indexes were
developed to present findings scientifically.

Development of indices:

In addition to frequency tables and cross tabulations it is necessary to develop indices for
ascertaining overall influence of related variables on the concepts of behavior, attitude,
Knowledge and practice. In the present study indices were developed on the following
aspects among youth.

1. Nature of Sexual behavior
2. Knowledge and Transmission
3. Awareness on Reproductive Health Rights
4. Attitude on HIV/AIDS Patients
5. Reproductive Health status and Treatment Seeking behavior
6. Reproductive Health practices on HIV/AIDS related aspects and,
7. Self-efficacy and Programme participation
Limitation of the Study:

- The study findings cannot be generalized the whole Andhra Pradesh as sample and data collection was confined only two cities Viz., Tirupati and Vijayawada.
- The sample is limited to 400 male youth only.
- Though the wards in the selected cities were identified on Simple Random Sampling method, the Sample was collected on convenient basis without following sampling technique.
- Data collection was made by asking answers to the questions in the schedule without giving liberation to the Respondent.

Presentation of the findings:

The findings of the study are presented in eight chapters viz.,

INTRODUCTION

CHAPTER - I REVIEW OF LITERATURE
CHAPTER - II METHODOLOGY
CHAPTER - III SOCIO-ECONOMIC BACKGROUND AND FAMILIAL RELATIONSHIP
CHAPTER - IV AWARENESS OF YOUTH ON ‘REPRODUCTIVE HEALTH RIGHTS’
CHAPTER - V KNOWLEDGE AND ATTITUDE OF YOUTH ON STD AND HIV/AIDS
CHAPTER - VI ‘REPRODUCTIVE HEALTH’ STATUS AND TREATMENT SEEKING BEHAVIOUR AMONG YOUTH
CHAPTER - VII SELF-EFFICACY AND PROGRAMME PARTICIPATION BY YOUTH
CHAPTER - VIII SUMMARY