

CHAPTER II
METHODOLOGY

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Methodology

Research is the systematic or methodological process of planning, investigating, and understanding a phenomenon in order to find answers to specific questions. Research methodology is a set of systematic and scientific practices, procedures and rules used by those who work in a discipline or engage in an inquiry. It may also be seen as a branch of logic that deals with the general principles of the formation of knowledge. Moreover, it will not be incorrect to say that the basis of every applied science is the use of scientific method in its investigation and research. The scientific method is the means to make conclusive statements about the study with a minimum of bias.

All over the world there has been a steady growth of research in the field of social sciences. A wide range of research topics and issues including those that have the potential to seriously invade the privacy and security of individuals are being studied. Mainly, such researches concentrate in the areas of health and related aspects. Methodologies employed for such research have also expanded in range and depth depending upon the nature and extent of the problem setting.

This chapter presents the methodology used in the survey, selecting sample size and response rate, preparing tools of data collection and data collection procedure adopted during the field work. Besides this, it also provides information on the study area and data processing and analysis.

2.1 Methodology adopted for the Study

In the present study both quantitative as well as qualitative techniques were used for data collection. In the quantitative part structured interview schedule was used. In the course of qualitative part of the study, techniques such as, in-depth interview, key-informant interview, focus group discussion and both participatory and non-participatory observations were adopted for data collection.

2.2 Sampling Design

Among the major states of India, Orissa stands in the first position to have the largest number of scheduled tribe population within the state (Census, 2001). More than 22 percent of the total state population are scheduled tribe. It also houses several Primitive Tribal Groups. Easy accessibility, logistic suitability and domicile status of researcher were the other reasons to select the state for the present study. The sampling for the study has been done in three different systematic steps. These are,

- I. Selection of district
- II. Selection of tribe
- III. Selection of village and respondent

I. Selection of District

In this stage two different districts were selected for the study. The first district was selected on the criteria of highest concentration/proportion of tribes. In other words the district having highest percentage of scheduled tribe population to the total scheduled tribe population of the state was selected first. For the selection of the second district along with the same criteria, one more criterion was adopted i.e. the second districts should be geographically closer to the first one. This criterion was adopted to control the, administrative, environmental and cultural variations between the selected districts, as these factors may play a crucial role in the health and treatment seeking behaviour of the population. Details of total population and proportion of scheduled tribe population across the districts of Orissa are furnished in **Annexure I**.

For the sampling purpose, Census of India 2001 (Primary Census Abstract & Census Map) & Census of India 1991 (District Census Hand Book) was taken into account. In Orissa, Mayurbhanj district was selected first, for the study, as it constitutes 16 percent of tribal population of the state, which is the highest among all the districts of Orissa (Census, 2001). Also, within the district 57 percent of the population belonged to the scheduled tribes. The specific reason behind selecting the tribal

dominated district was to ensure the unbiased and sizable sample for the study. Moreover, the chance of getting more number of tribal communities and more number of tribal people within the community was high in the tribal dominated areas.

The second district selected for the study was Kendujhar district, which stood in the third position in terms of percent scheduled tribe population to the state total. Kendujhar constitutes nine percent of total scheduled tribe population of Orissa and within the district 45 percent of the population belongs to the scheduled tribes. Kendujhar is the adjacent district of Mayurbhanj (the first selected district), which is also one of the criteria for selecting the second district.

II. Selection of Tribes

In this stage tribal groups were selected for the study. As the study was based on primitive tribal groups (PTGs), only PTGs were selected for the study. Out of total 13 demarcated primitive tribal groups of Orissa six groups were found in Mayurbhanj district and five in Kendujhar district (Patnaik, 2005; ICMR, 2003).

In the process of selection of tribes, it was decided that two primitive tribal groups would be selected one from each district. The criterion fixed for selection of the tribe was presence and absence of youth dormitory system in the community. In other words, one tribe would be selected with youth dormitory system and another tribe without youth dormitory system. This criterion was considered, as literatures reviewed in previous chapter showed, youth dormitory system among tribes had a remarkable influence on the sexual life of the youth.

Based on the available literatures, the required information were collected on different primitive tribes of Orissa and existence of youth dormitory system in their culture. On the basis of these information 'Lodha' tribe was selected from Mayurbhanj district and 'Juang' tribe was selected from Kendujhar district for the study. Both the tribes are having their main concentration in the respective districts, which is one of the main reasons of selection. Among the two selected tribes youth dormitory system exists among 'Juang' of Kendujhar district, whereas 'Lodha' of

Mayurbhanj district do not have the youth dormitory system in their culture. The details of the primitive tribal groups of Orissa are furnished in the following tabular format.

Table 2.1 Details of the primitive tribal groups of Orissa and the existence of youth dormitory system among the tribal groups

Sl. No. Of PTG	Name of the Primitive Tribal Group (PTG)	Main Concentration In District of Orissa/State	Availability of the PTG in		Existence of Youth Dormitory System
			Mayurbhanj	Kendujhar	
1	Dongria Kondh	Rayagada, Kalahandi			
2	Saora	Sambalpur, Koraput, Ganjam, Bolangir, Puri	Available	Available	
3	Lanjia Saora	Sambalpur, Koraput, Ganjam, Gajapati	Available	Available	
4	Hill Kharia	Sundergarh, Sambalpur	Available		
5	Juang	Kendujhar		Available	Existing
6	Kutia Khondh	Phulbani			
7	Bhunjia (Chuktia)	Nuapada, Kalhandi	Available		
8	Bondo	Malkangiri			
9	Lodha	Mayurbhanj	Available	Available	
10	Didayi	Malkangiri			
11	Birhor	Bihar	Available	Available	
12	Mankidia	Bihar	Available	Available	
13	Paudi Bhuinya	Sundergarh, Mayubhanj, Kendujhar	Available	Available	Existing

III. Selection of Village and Respondent

After selection of districts and tribal groups, in order to locate the tribe in the respective districts a list of villages was prepared with the help of state SC/ST department officials, district and block level government officials. Separate lists were prepared for the two selected districts. Along with these officials, consultation was also done with the officials of ‘Lodha Development Agency’, Mayurbhanj and ‘Juang Development Agency’, Kendujhar, which were the micro projects initiated

by Government of India during 5th five-year plan (1975-80) for primitive tribes. For the whole process Census, 2001 village list was taken as the base.

After preparation of village list, the first village was selected randomly in each district and all the households were listed in order to locate the male youth. After complete house listing, the available male youth in the village were interviewed. Only one youth was selected and interviewed per household. The same process was repeated in each village until achieving the desired sample size. All the villages were selected with simple random sampling.

It was decided that in total 400 samples would be covered for the study, 200 from each primitive tribal community i.e. community with youth dormitory system and community without youth dormitory system. Due to the problem of probable non-responses and refusals, an extra 10 percent sample was also decided to be covered. Table 2.2 provides the list of villages where the actual survey was carried out.

In total, nine villages were surveyed in Kendujhar district and five in Mayurbhanj district in order to obtain the desired sample size among Juang and Lodha respectively. Juang lives in very small groups as compared to the Lodha. This was the reason for which almost double numbers of Juang villages were surveyed to get the desired sample size.

Table 2.2 List of study villages by district and community development blocks

District	CD Block	Sl. No. of Village	Name of the Village
Kendujhar	Bansapal	1	Pandadar
		2	Baya Kumutia
		3	Guptaganga
		4	Kadalibadi
		5	Panasanasa
		6	Talachampe
		7	Tangarpada
		8	Baitarani
		9	Kanjipani
Mayurbhanj	Muruda	1	Chikitamatia
		2	Gadigan
		3	Handibhanga
	Suliapada	4	Patharnesa
		5	Dhabani

Selection of Samples for In-Depth interview and Focus Group Discussion

The list of male youth from primitive tribal groups who were interviewed during the quantitative survey was used as the sampling universe towards the selection of samples for In-depth interviews and focus group discussions. The detailed process of selection of youth for these qualitative components is discussed below.

❖ In Depth Interview

Respondents for in-depth interviews were selected on the basis of the following criteria that might have some bearing on the sexual health and health seeking behaviour of the tribal youth among the selected PTGs. Using these criteria 16 possible combinations were prepared and tried to cover at least 4 cases come from each of the possible combination. In doing so it was taken in to consideration that the respondents represents those who have reported the symptoms of sexually transmitted diseases and those who were from more vulnerable classes (especially the males having multiple sexual partner, seasonal migrant) to get STD. The selection criteria were:

- a) Young Youth Vs Old Youth
- b) Literate Vs Illiterate
- c) Having Vs Not-having urban exposure
- d) Married Vs Unmarried

Besides this, in-depth interviews were also conducted with the village priest, traditional medicine practitioner and village headman as felt necessary. From each set of village one village priest, one medical practitioner, one village headman was interviewed to find out the differences of cultural practices, treatment and perception regarding sex and sexually transmitted diseases. In total six persons were interviewed from this category of respondents, three from each primitive tribal group. Along with all these in-depth interviews six key informant's were also interviewed, three from each tribal group.

❖ Focus Group Discussion (FGD)

Eleven focus group discussions were conducted in the field among the male tribal youth, six among Juang youth and five among Lodha youth. The topics like multiple sexual partners, pre-marital and extra-marital sex, safe sex and condom use, social stigma and the cultural practices regarding sex and sexual activities were addressed during the discussion.

2.3 Phases of Data Collection

The primary data for the study was collected by the researcher himself. The field work was carried out during 2007-08. The entire field work was done in two different phases namely quantitative phase and qualitative phase. In the first phase the quantitative survey was carried out and after the data entry and cleaning, a preliminary analysis had been carried out. During the preliminary analysis issues were listed which were missed from the quantitative data or needed more focus. Those listed issues were addressed during the second phase of field work i.e. the qualitative phase.

For the purpose of data collection all English version questionnaires and guidelines were used. During the field work the questions were asked in local language and answers were coded in the questionnaire. Though both the tribal groups were well versed in local 'Oriya' language, in few cases interpreter was appointed and used for those respondents who were not very comfortable with any language other than their mother tongue. The interpreters were selected from the same village, with whom the respondents felt comfortable.

2.4 Sample Size and Response Rate

Quantitative

Table 2.3 presents the response rate of the study and the actual sample coverage against the desired sample size. The overall response rate of the study was 89 percent. As far as sample size is concerned, 93 percent of sample was covered among 'Juang' of Kendujhar district and 95 percent was covered among 'Lodha' of Mayurbhanj district against the desired sample size of 220 in each district.

Table 2.3 Response rate and actual coverage of quantitative sample in the selected districts

District	Primitive Tribal Group (PTG)	Desired sample Size (including 10 percent extra sample)	Respondents Listed	Respondents Interviewed Successfully	Response Rate	Proportion sample covered against the desired sample size
Kendujhar	Juang	220	226	205	90.7	93.2
Mayurbhanj	Lodha	220	237	209	88.2	95.0
Total		440	463	414	89.4	94.1

Qualitative

The following table presents the number of In-Depth interviews and focus group discussions carried out among both the tribal groups.

Table 2.4 Coverage of qualitative sample in the selected districts

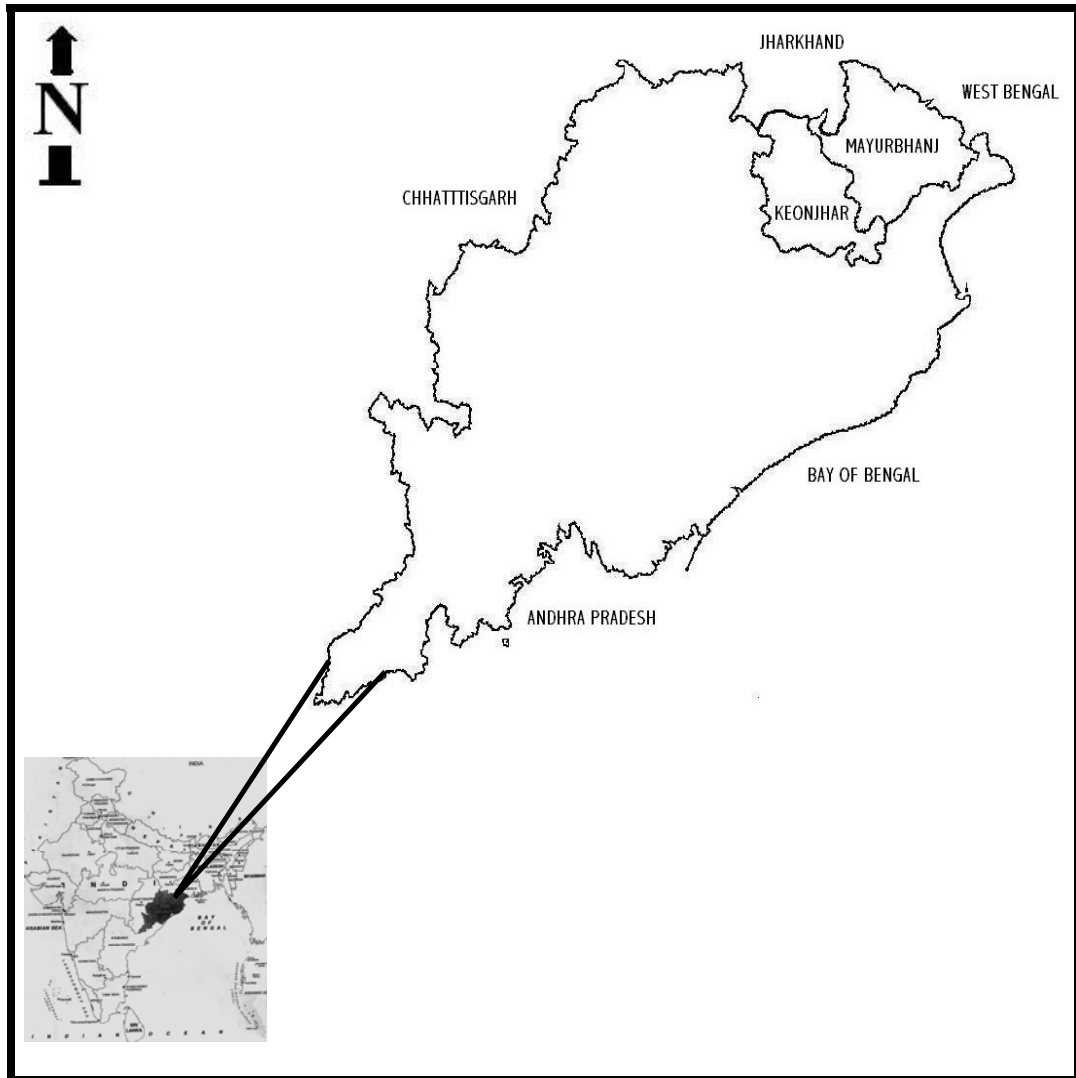
District	Primitive Tribal Group (PTG)	IDI	FGD	Key Informant Interview	Traditional Healer	Village Headman	Village Priest
Kendujhar	Juang	25	6	3	1	1	1
Mayurbhanj	Lodha	26	5	3	1	1	1
Total		51	11	6	2	2	2

2.5 Study Area

This section provides the basic information about the selected districts i.e. Kendujhar and Mayurbhanj district of Orissa. It also provides four different maps, prepared with the help of Geographic Information System (GIS) software, for locating the geographical positioning of the study state, districts and villages.

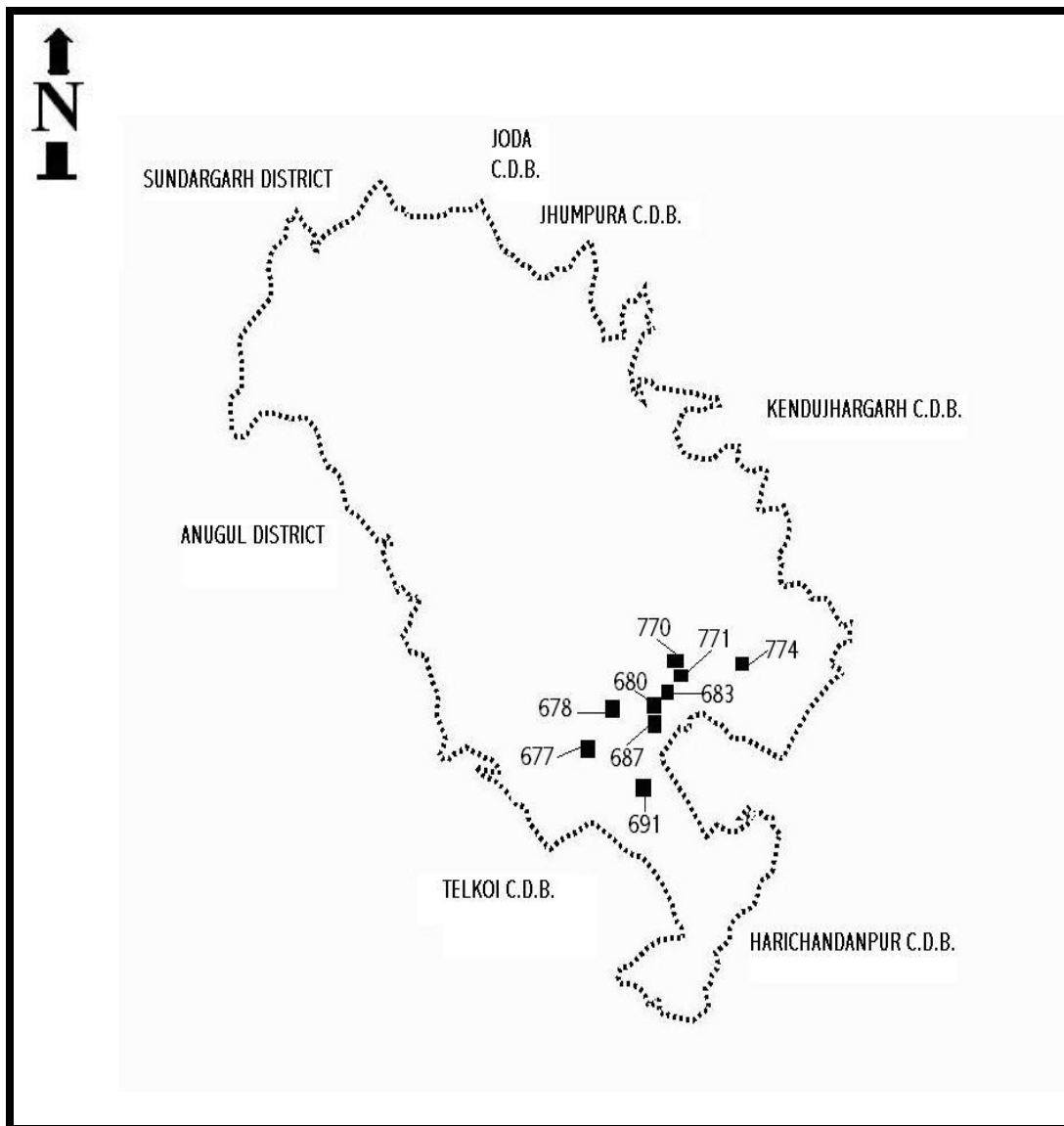
Map 2.1 presents the geographical positioning of the study state in India and the districts within the state. Map 2.2 presents the geographical positioning of the Juang villages in Bansapal community development block of Kendujhar district, whereas Map 2.3 and Map 2.4 presents the positioning of the Lodha villages in Muruda and Suliapada community development blocks of Mayurbhanj district.

**MAP 2.1 LOCATIONAL MAP OF THE STUDY STATE ORISSA
AND DISTRICTS**



Map not to Scale

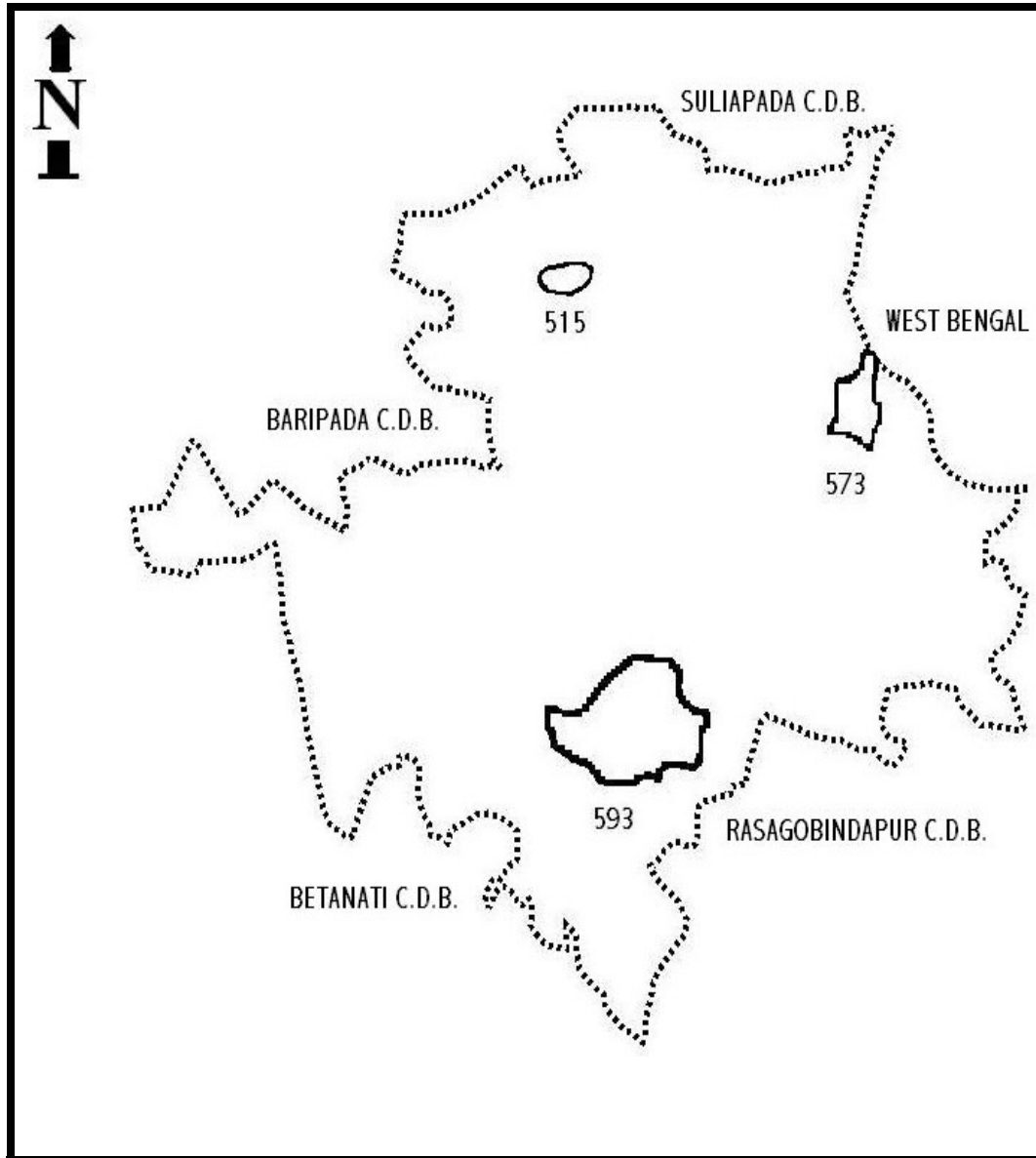
**MAP 2.2 LOCATIONAL MAP OF STUDY VILLAGES IN
BANSPAL COMMUNITY DEVELOPMENT BLOCK,
KENDUJHAR DISTRICT**



*Map not to Scale
Index*

Code	Name of the Village	Code	Name of the Village	Code	Name of the Village
677	TANGARAPADA	683	GUPTAGANGA	770	PANDADAR
678	KANJIPANI	687	KADALIBADI	771	BAYAKUMUTIA
680	BAITARANI	691	PANASANASA	774	TALACHAMARI

**MAP 2.3 LOCATIONAL MAP OF STUDY VILLAGES IN
MURUDA COMMUNITY DEVELOPMENT BLOCK,
MAYURBHANJ DISTRICT**

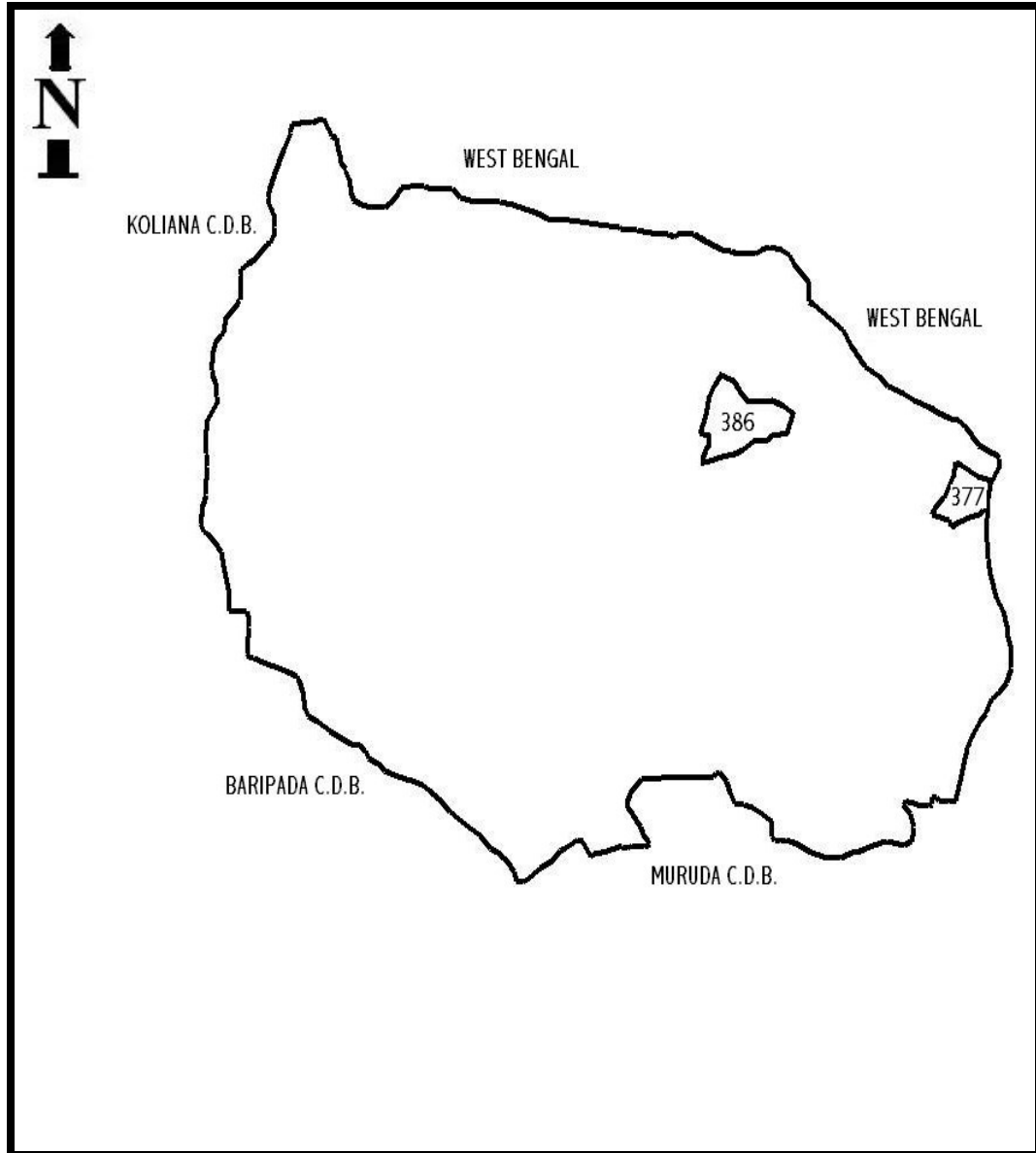


Map not to Scale

Index

Code	Name of the Village
515	HANDBHANGA
573	CHIKITAMATIA
593	GADIGAN

**MAP 2.4 LOCATIONAL MAP OF STUDY VILLAGES IN
SULIAPADA COMMUNITY DEVELOPMENT BLOCK,
MAYURBHANJ DISTRICT**



Map not to Scale

Index

Code	Name of the Village
377	DHABANI
386	PATHARNESA

A brief description about the districts, demographic profile, their geographical surroundings, availability of natural resources and climatic condition is given below.

I. Kendujhar District

Kendujhar is one of the undivided districts of Orissa. It is a land locked district; situated in the northern part of the Orissa with an area of 8240 Sq. Km. Kendujhar is a tribal dominated district, as 45 percent of its total population are tribes. The following table (Table 2.5) provides the demographic profile of the district, as per Census 2001.

Table 2.5 Demographic profile of Kendujhar district, Census, 2001

Population (in 000)		Population Indicators (in Percent)	
Persons	1562	Growth (1991 - 2001)	16.8
Males	790	Sex ratio (No of females per 1000 males)	977
Females	772	Density (persons per SqKm)	187
Urban	213	Percent Urban	13.6
Rural	1349		
Scheduled Caste population	181	Percent SC to total population	11.6
Scheduled Tribe population	695	Percent ST to total population	44.5
Religions		Religions	
Hindus	1526	Hindus	97.7
Muslims	20	Muslims	1.3
Others	16	Others	1.0
Literates		Literacy Rate	
Persons	781	Persons	50.0
Males	479	Males	60.7
Females	302	Females	39.1
Number of households	327	Household size (Persons per household)	4.8

For administrative purpose the district is divided into three sub-divisions, eight tehsils and 13 community development blocks.

Geography

Kendujhar is surrounded by Singhbhum district of Jharkhand in the North, Jajpur in the South, Dhenkanal and Sundargarh in the West and Mayurbhanj and Bhadrak district in the East.

The district consists of a compact area and its extreme length from North to South is nearly 145 km. The average breadth from East to West is about 65 km. The National Highway-215 passing through the district headquarter of Kendujhar approximately bi-sects the district into two similar natural regions. It is divided into two widely dissimilar tracts i.e. the lower Kendujhar and the upper Kendujhar. The former is a region of valleys and low lands, while the latter includes mountainous highlands with a general slope from North to South.

Natural Resources

Kendujhar is one of the premier mineral rich districts in Orissa. The district occupies a prominent place in the mineral map of the country. The important minerals available in huge quantity in the district are Iron-ore, Manganese and Chromites. About 30 percent of its total geographical area is covered with tracts of dense forests.

Climate

The climate of the district is characterised by an oppressively hot summer with high humidity. Summer generally commences in the month of March. Temperature begins to rise rapidly attaining the maximum in the month of May. The weather becomes more pleasant with the advent of the monsoon in June and remains as such up to the end of October. The temperature in the month of December is lowest.

II. Mayurbhanj District

Mayurbhanj is also another undivided district of Orissa situated in northern boundary of the state. The district headquarter is located at Baripada. This is the largest district of Orissa in terms of area. The total geographical area of the district is 10,418 Sq.Km. This is ranked as the topmost district in the state in terms of percent share of tribal population to its total population. The following table (Table 2.6) provides the demographic profile of the district, as per Census 2001.

Table 2.6 Demographic profile of Mayurbhanj district, Census, 2001

Population (in 000)		Population Indicators (in Percent)	
Persons	2223	Growth (1991 - 2001)	17.9
Males	1123	Sex ratio (No. of females per 1000 males)	980
Females	1100	Density (persons per SqKm)	213
Urban	156	Percent Urban	7.0
Rural	2068		
Scheduled Caste population	171	Percent SC to total population	7.7
Scheduled Tribe population	1258	Percent ST to total population	56.6
Religions		Religions	
Hindus	1860	Hindus	83.6
Muslims	26	Muslims	1.2
Others	337	Others	15.2
Literates		Literacy Rate	
Persons	965	Persons	43.4
Males	616	Males	54.8
Females	349	Females	31.7
Number of households	472	Household size (Persons per household)	4.7

For administrative purpose the district is divided into four sub divisions, nine tehsils, and 26 community development blocks.

Geography

The district is bounded in the North by Midnapore district of West Benagal, Singbhum district of Jharkhand in the South, Balasore district in the West and by Kendujhar district in the East.

The central part of the district is covered by a group of hills known as the 'Similipal Range' and the remaining portion is covered by undulating plains raising and falling in gentle slopes. Precisely the district may be divided into three distinct natural divisions. The central hill ranges are the dividing line running through north and south and dividing the plains of the district into two halves Eastern & Western.

The Eastern Division, which slopes gently from the foot of the hills towards the sea, is served by a number of hill streams forming an ideal land for cultivation comprising Baripada and Kaptipada sub-divisions. The western division is mainly a plain rising and falling in gentle slopes studded with many rocky mounds and hills.

Natural Resources

Mayurbhanj occupies a unique position being endowed with the largest share of forest land in the state carrying different flora and fauna. The district has a rich mineral base and is home to the Similipal biosphere, which is famous for the project tiger.

Climate

The climate of Mayurbhanj district is characterised by a hot summer with high humidity. Summer generally commences in the month of March. Temperature begins to rise rapidly attaining the maximum in the month of May. Monsoon normally comes in the month of June and the weather becomes pleasant. Winter seasons starts from month of October. The temperature in the month of December and January is lowest.

2.6 Operational Definitions as per the Study

Definition of Youth:

As the study was targeting the male youth, it was proposed to give an operational definition of youth. The concept of youth among tribal groups is based predominantly on functional aspects of their society. The chronological age structure defined for youth is hardly similar to tribal definition of youth. Age-sets or age

groups many a time are attained through some rites attached with certain duties and functions expected by the society. Thus while selecting male youth for the study besides being a sexually active group, other relevant criteria were also considered. For greater precision and accuracy in sampling it was decided to select the respondents between the chronological age group of 15-24 years with a freedom of flexibility towards lower and higher limit of range. The age of the youth interviewed during the fieldwork varied from a low of 13 years to a high of 24 years.

Besides the operational definition of youth, the following are definitions of some of the other terminologies, which are used in the study. The terminologies are used in the present thesis.

Levirate: It is a type of marriage in which a widow marries to the brother of her deceased husband. The notion behind this type of marriage is to provide social security to the widow and her children and to regulate her sexuality.

Sororate: It is a type of marriage in which a widower marries to his deceased wife's sister. The notion behind this type of marriage is to fulfil the gap of a wife and a mother by the own sister of the deceased, who may be accepted and accommodated easily by the family members, especially by the children.

Polygyny: It is a type of marriage in which a man has two or more wives simultaneously.

Young Youth: Youth not more than 19 years old.

Old Youth: Youth not less than 20 years old.

Paved Road: Very rough road made of paved materials such as stones, bricks, and laterite dust, etc.

Mud Road: Road made of only mud. The areas connected with this type of road become almost inaccessible during rainy season.

Type of House: Classification the houses by type was based on observation of the nature of materials used for construction. The house made of mud thatch or other

low quality materials was classified as *kachcha* house. The house made of partly low quality and partly high quality materials was classified as semi-*pucca*. And the houses made of high quality materials throughout, including the roof, walls and floor was classified as *pucca*.

Tube well or Bore well: A deep hole that has been driven bored or drilled for the purpose of reaching ground water supplies (Minimum 100 feet hole). Water is delivered with the help of a tube well operated manually. Mostly these are made by government to ensure safe drinking water in villages.

Dug well: A dug well is meant to reach the nearest water level with a big opening. The water of the dug well may be protected and may not be.

Exposure to Mass Media: Youth having exposure either to newspaper or to TV/Radio irrespective of the frequency of exposure.

Exposure to Urban Area: Youth having visited to urban areas either to watch cinema/movie or to earn livelihood or for some other purpose.

Knowledge about Sex: Having knowledge about sexual organs of both male and female and having knowledge on procreation.

Unsafe Sex: Sexual intercourse with the female partner without the use of any kind of precaution to prevent infection/disease which transmits through sexual contact. The precaution may be the traditional herbal medicines or modern equipments as well.

Safe Sex: Sexual intercourse with the female partner with any kind of precaution to prevent infection/disease which transmits through sexual contact. The precaution may be the modern equipments as well as traditional herbal medicines.

Pre-marital Sex: Married youth who had sexual relationship with females before their marriage.

Extra-marital Sex: Married youth who have sexual relationship with females other than their wife.

Physical Contact: Having any type of physical contact with females not necessarily the sexual intercourse. It may be kissing, fondling of breast, mutual masturbation, oral sex etc.

Sexual Encounter: Sexual encounter is defined as sexual intercourse of youth with their female partners.

Sexual Debut: The first time when the youth performed sexual intercourse with the female partner.

Traditional Health Care System: The health care system which is prevalent among the primitive tribal groups. The system is mainly based on magico-religious practices. The traditional health care system has its own method of diagnosis, treatment and cure of different diseases. Different types of roots, herbs and bones of different animals are mainly used as medicines.

Traditional Healer: The person who practices the traditional health care system.

Modern Health Care System: The modern health care system is defined as the system, where allopathic drugs are administered by the qualified and trained practitioners. The services are mainly provided at government hospitals such as health sub-centre, PHC, CHC, and district hospitals, private clinics etc.

Modern Health Care Practitioner: The qualified medical doctor who provides allopathic treatment to cure different diseases.

2.7 Tools of Data Collection

As we discussed in the beginning, both quantitative and qualitative tools were used for data collection in the study. In quantitative tool structured interview schedule was used. In total two different types of schedules were used, namely 'individual schedule' and 'village schedule'. The former was used to collect information from individual youth of primitive tribal groups, whereas the later was used to collect information about the village in terms of availability of infrastructure,

communication facility etc. The village information was collected either from the Sarpanch/ANM/ Anganwadi worker or from any educated person in the village.

The structured interview schedules were pre-tested among the both the tribal groups and necessary changes were made based on the pre-test findings. A copy of both the schedules has been attached in **Annexure II**.

In-depth interview, key informant interview, focus-group discussion (FGD), both participatory and non-participatory observations were the qualitative tools used for the study. Different guidelines were prepared and used for conducting in-depth interviews, focus group discussions and key informant interviews.

2.7.1 Brief Description of the Study Tools

This sub section provides a brief description of the 'Individual Schedule', 'Village Schedule' and the 'In-depth Interview Guideline', which was used for the survey.

(A) INDIVIDUAL SCHEDULE

The 'Individual Schedule' is divided into different sections and sub sections based on the type of questions asked. The front page of the 'Individual Schedule' provides the 'identification particular of the household', 'particulars of the selected youth', and 'the household particulars of the youth'. The 'particulars of the selected youth' deals with the information on the head of the household and his relationship with the selected youth, religion, tribe, mother tongue of the youth and the languages known to the youth. On the other hand the 'the household particulars of the youth' deals with the information on the type of the house, number of rooms available in the house, source of lighting and drinking water for the household, type of cooking fuel used by the household. It also provides information on the ownership assets/livestock, land by the household and the type of toilet used by the household members.

Besides the above discussed particulars the 'Individual Schedule' is broadly divided into five different sections. The different sections are described as under.

Section I: Household Record

Section I deals with the information about the household members of the selected youth. It provides information on total number of members residing in the household where the youth stays. It also provides age, sex, marital status, relationship with the youth, educational status, occupational status and habit of drinking and smoking for every household member.

Section II: Respondents Background

This section deals with the questions related to the background characteristics of the youth. It provides information on exposure to mass media, exposure to urban area, migration, and information on children.

Section III: Interaction with Friends

Section III deals with the questions related to the number of friends and the type of relationship which the youth shares with his friends. Besides this it also deals with the questions on love affair of the youth with females.

Section IV: Sexual Knowledge and Behaviour

Section IV is divided into four sub sections. The first sub section deals with the questions related to knowledge of youth on sex, night fall/swapna dosh, masturbation, and female sexual organs. Along with this information it also deals with the question on the marital union of the married youth and their relationship with the wife before marriage.

The second and third sub section deals with the pre-marital sexual relationship and extra-marital sexual relationships of the married youth with females respectively. The last sub section deals with the sexual life and details of the sexual relationship of the unmarried youth with the first and last/most recent sexual partner.

Section V: Sexually Transmitted Disease and Treatment Seeking Behaviour

This section is divided into five different sub sections. The first sub section deals with the questions related to belief system of the youth on different health care systems available and overall knowledge on sexually transmitted diseases with special reference to HIV/AIDS.

Sub section two deals with different symptoms/problems related to sex and sexual organ, which was experienced by the youth during his life time and during the reference period of six months prior to the survey. It also deals with the questions on treatment seeking behaviour of the youth for the symptoms/problems faced during the reference period. The third sub section deals with the after effect of the symptoms/problems faced by the youth.

The fourth sub section deals with the comprehensive knowledge of the youth on causes of sexually transmitted diseases and precaution to prevent the same.

The last section deals with the questions related to general health condition of the household members with the reference period of last one year prior to the survey.

(B) VILLAGE SCHEDULE

Besides the 'Individual Schedule', another schedule known as 'Village Schedule' was also used during the survey to collect information about the study villages. The village schedule deals with the questions related to the availability of basic infrastructure in and around the village and population details of the village. The section on population details deals with the information on total population, schedule caste and scheduled tribe population. On the other hand, the second section on infrastructure deals with the availability of infrastructures such as road and communication, drinking water facility, health care facility, education facility, telephone facility, banking services, post office, and electricity. The schedule also deals with the information on total geographical spread of the village and the type of land available with the village.

(C) QUALITATIVE GUIDELINES

The qualitative guidelines especially the in-depth interview guideline is divided into five broad sections. These are namely, i) Culture and surrounding, ii) Sexual knowledge, early experience of physical contact with females and masturbation, iii) Sexual behaviour, iv) Sexually transmitted disease and HIV/AIDS, and v) Treatment seeking behaviour.

2.8 Informed Consent

During the designing of the survey it was decided to take formal consent from each and every individual respondent for carrying out the interview. Hence, during both the phases of fieldwork, formal consent was obtained from all the selected youth for conducting the interview.

In the statement of consent, the purpose and importance of the survey was explained to the youth. The confidentiality of the information was assured to the youth. The voluntary nature of the youth's participation was also informed i.e. he might stop the interview at any point of time and he was not bound to answer all the questions. Besides these, the time that the interview typically takes was also informed to him. The youth was also given the option to clarify their doubts and concerns. After addressing all his doubts and concerns, he was requested to participate in the survey.

After obtaining the formal verbal consent from him, interview was initiated. In case the youth did not agree and refused to be interviewed, then the he was replaced by another eligible youth.

2.9 Data Processing and Analysis

(A) QUANTITATIVE DATA

All the filled-up schedules were scrutinised and edited in the field on the same day of the field work. Though this strategy is time consuming but it was adopted because the respondents could be contacted again then and there, if required to get additional

or missing information. Post completion of the field work the schedules were again scrutinised properly before the data entry.

The data entry of both the quantitative schedules was done in the specially designed software's developed in *CS-Pro*, which was meant for data entry. After entry of all the schedules, the data cleaning process happened and the cleaned data was used for final analysis.

The analysis of quantitative data has been done in a way, to compare both the tribes. The findings have been presented with the help of bi-variate tables. Each bi-variate table provides a comparative picture between the selected primitive tribal groups i.e. Juang and Lodha. Besides this the table also presents the values for both the tribes together under the column 'Total'. The extreme left hand side column (1st Column) of each table presents the indicators with the respective categories. The entire analysis is done with the help of quantitative data analysis software *SPSS*, version 13.0 (Statistical Package for Social Science).

2.9.1 Composite Score Index

Two different types of composite score indexes namely, 'Standard of living Index' (SLI) and 'Male-Female Interaction Index' (MFII) were prepared and used in the analysis as background variables.

a) Standard of Living Index (SLI)

Standard of Living Index (SLI) was prepared to assess the standard of living of the households. It needs to be mentioned here that the index has been developed by keeping in mind the primitive nature of the tribal groups and is not suitable for other section of society. The index is developed by using the information collected on house and household items. The detail of variables used and the scores assigned to the items under each variable is described in the following table (Table 2.7).

Table 2.7 Details of computation of Standard of Living Index (SLI)

Household Particulars	Scores Assigned	Standard of Living Index (SLI)	
		Composite Score	Label
Type of house	Pucca/Semi-Pucca=3; Kachcha=0	1 to 5=1	Low SLI
No. of rooms	2 or more rooms=3; Single room=1		
Source of lighting	Electricity/Kerosene=1; Others (Solar Light)/Other oil=0.5; Wood/Crop residues/No Light=0		
Source of drinking water	Tube-well=1; River/Stream=0.5; Well/Pond/Others=0	5.5 to 10=2	Medium SLI
Type of fuel using in house for cooking purpose	Kerosene/Bio-gas=2; Wood/Crop residues/Cow-dung cake=1; Others=0		
Having TV/radio	Having TV/Radio=1; Not having TV/Radio=0		
Having Bicycle	Having Bicycle=1; Not having Bicycle=0	10.5 to 15= 3	High SLI
Having Wrist watch/wall clock and Hen/Duck	Having Watch and Hen/duck=1; Not having Watch and Hen/duck=0		
Having Cow/buffalo/goat	Having Cow/Buffalo/Goat=1; Not having Cow/Buffalo/Goat=0		
Having own land	Having own land=1; Not having own land=0		

The index has been calculated by adding the assigned scores. The composite index score of SLI varies from a low of 1 to a high of 15. The index is categorised into Low SLI, Medium SLI and High SLI.

b) Male Female Interaction Index (MFII)

Male Female Interaction Index (MFII) was prepared to assess the level of interaction of the respondents with other males and females. It was supposed that this would highlight the extent/nature of relationship of the respondents with their friends, especially female friends, which was one of the important factors for determining the sexual life and behaviour of youth. The detail of variables used and the scores assigned to the items under each variable is described in Table 2.8.

Table 2.8 Details of computation of Male Female Interaction Index (MFII)

Interaction Particulars	Scores Assigned	Male Female Interaction Index (MFII)	
		Composite Score	Label
Feels closer	With both Boys and Girls=3; Only with Girls=2; Only with Boys=1; Can't say=0	1 to 4=1	Less Interactive
Spends leisure time	With both Boys and Girls=3; Only with Girls=2; Only with Boys=1; Can't say=0	5 to 8=2	Interactive
Discussing personal matters	With both Boys and Girls=3; Only with Girls=2; Only with Boys=1		
Love affair	Both proposed to a Girl and proposed by a Girl=3; Proposed by a Girl=2; Proposed to a Girl=1; Neither proposed to a Girl nor proposed by a Girl=0	9 to 12=3	Highly Interactive

The index is calculated by adding the above assigned scores. The composite index score of MFII varies from a low of 1 to a high of 12. The index is categorised into Less Interactive, Interactive and Highly Interactive.

2.9.2 Symptoms of Sexually Transmitted Disease Covered Under the Study

The acronym STD stands for Sexually Transmitted Disease. It's a Venereal disease, which is known to have a high transmission possibility between human beings through sexual contacts like vaginal intercourse, oral sex and anal sex. In case of human beings, STD can affect any body irrespective of sex, social background and economic strata. STD is, however, found to be more widespread among teenagers and young adults.

Nowadays, the term STI (Sexually Transmitted Infection) is heard to be more commonly used in place of STD. But there is a crucial difference in their connotation. In STI, the cause of infection i.e. the germ such as virus, bacteria or parasite, responsible for causing the disease is present in the person's body, though he/she may not actually be showing any symptoms of the disease or feeling ill. STD is the later stage when the infection has grown into a disease, making the infected feel sick or to become aware that something is wrong.

The term "STD" denotes more than 25 infectious organisms that are transmitted through sexual activity, along with the dozens of clinical syndromes that they cause. The spectrum of health consequences ranges from mild acute illness to serious long-term complications such as cervical, liver, and other cancers and reproductive health problems (Mohammad A, 2005; Smith J S and Robinson N J, 2002; Eng T.R. & Butler W.T, 1997).

While developing the questionnaire for the present study, a list of STD symptoms was developed with the help of a medical practitioner and researchers working in the field of RTI/STI/STD and HIV/AIDS. The list was finalised after pre-testing among both the primitive tribal groups. Besides STI/STD symptoms, some other symptoms were also included in the study which the tribal used to feel to be the sexual disorder or transmits through sexual intercourse. In the final questionnaire, total 20 different symptoms (STD and Other Non-STD symptoms) were used and information was collected on each one of them. The findings on these symptoms are presented in Chapter VI and Chapter VII. The following grid lists the different symptoms that were covered in the study by type. The entire Chapter VI and Chapter VII also present the findings in these two groups of symptoms.

SYMPTOMS INCLUDED IN THE STUDY			
	Sexually Transmitted Disease (STD)		Other Non-STD
01	Burning sensation /Pain during urination	01	Masturbation
02	White/Yellowish discharge from penis	02	Wet dreams/ Swapna dosh
03	Sores on the penis	03	Early ejaculation of semen
04	Nodules (pimples) on the genital organ	04	Sexual weakness
05	Ulcer in genital	05	Loss of erection
06	Swelling of genital	06	Itching on the genital organ
07	Pus discharge	07	Loss of sexual desire
08	Blood discharge from penis	08	Small Penis
09	Painful anus (in case of anal sex)	09	Bent penis
10	Pain during intercourse	10	Dhat

Though ‘Itching on the genital organ’ is also one of the symptoms of sexually transmitted disease, during the actual phase of data collection it was found that the youth of primitive tribal groups always got confused and associated this symptom with the skin infection ‘itching’, which is locally known as ‘*Kundia*’. Because of this reason this particular symptom was kept apart from the list of STDs and not analysed under the group of STD symptoms.

In this study the term ‘STD’ (Sexually Transmitted Disease) is used, because of the more detailed list of symptoms followed in the study. The symptoms which are used in the study are actually the symptoms of sexually transmitted disease, as these are the later stages of initial infection, which transmits through sexual intercourse or oral sex.

However, these symptoms cannot be designated as actual disease without proper clinical tests. The clinical test could not be carried out in the study, because of the financial as well as the administrative constraints. Hence, in the absence of clinical test, the above listed symptoms are designated as “symptom of sexually transmitted disease” and are used here after in this thesis.

(B) QUALITATIVE DATA

The qualitative data analysis was done in five different phases. In the first phase the raw data write up was translated into English. In the second phase the English write up was typed in computer as word documents. In the third phase the typed documents were fitted into the qualitative data analysis software *ATLAS.ti*, version 5.0. In the fourth phase coding was done with the data, which was the most crucial part of the data analysis. Post completion of the process of coding, in the final phase the actual data analysis was done in the software.