CHAPTER III

RESEARCH METHODOLOGY

The study is an attempt to explore the prevailing scenario of socio-economic conditions and coping mechanism adopted by the widows of HIV positive men in Imphal East and West districts of Manipur. The study is important to arrive at the support received from the mechanisms created by the government and the nonprofit organisations to meet the needs and expectations of such people affected by the HIV infection and identify the gaps to be fulfilled to reduce the vulnerabilities of HIV affected families.

GENERAL OBJECTIVE

The general objective of the study is to gain insights into the living conditions of widows of HIV infected men. It is an attempt to document their lived experiences and how they cope up within their families and with the social set up and their accessibility to the welfare measures provided by the government and non-government organizations.

SPECIFIC OBJECTIVES OF THE STUDY

The following objectives were adopted to carry out the present investigation:

1. To understand the influence of the death of HIV positive men on the socio-economic condition of the family and specially their wives.
2. To understand the difference in coping mechanism adopted by women who are HIV positive and HIV negative themselves.
3. To understand the differences in meeting the demands of the family adopted by the working and non working widows of HIV positive husbands.
4. To study the support system available to the widows of HIV infected men.
METHODOLOGY

The present study was carried out with the following methodological steps:

3.1 Study Design
3.2 Pilot study
3.3 Locale of the Study
3.4 Study Subjects
3.5 Sample Size and Techniques
3.6 Method of Data Collection
3.7 Tools used for Data Collection
3.8 Variables of the study
3.9 Analysis and Interpretation of Data

3.1 STUDY DESIGN

The study attempts to characterize the living conditions of the widows of HIV infected men in terms of their socio-economic conditions including the comparison of the living conditions of HIV positive and negative widows. To fulfill the objectives of the study, exploratory research design was adopted.

3.2 PILOT STUDY

The pilot study was conducted in the Imphal east and Imphal west district of Manipur. In addition to interaction with widows of HIV infected men and NGO personnel, the researcher also referred to relevant articles, annual reports, etc. issued by various organizations and institutions including the publications of MACS (Manipur AIDS Control Society) to have a good understanding of the reality of the situation and mechanisms available to deal with problems related to HIV infection in the society. Pre-test was carried out to make certain that the interview schedule to be used for data collection was clear and appropriate and is complete yet comprehensive enough to delve
into this very sensitive and personal concern of women. Hence, the pre-test was conducted with forty widows of HIV infected men (twenty HIV positive and twenty HIV negative) residing in the two districts and availing services from NGOs. The research tools were modified according to the identified gaps before using them for the final data collection of the study.

3.3 LOCALE OF THE STUDY

The study was carried out in Imphal, Manipur. Imphal is the capital of Manipur which is spread over two districts that is Imphal East and Imphal West. The state Manipur has altogether nine districts. Out of these nine districts, two districts namely, Imphal East and Imphal West were taken up for the proposed research work. Since a high percentage of cases of HIV infection are found in these two districts (refer table 3.3.1). Thus, widows of HIV infected men residing in these two districts formed the universe of the study.

Table-3.1: Epidemiological analysis of HIV/AIDS in Manipur

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of blood samples Screened</td>
<td>2,21,119</td>
</tr>
<tr>
<td>2. Number of Positives</td>
<td>27,961</td>
</tr>
<tr>
<td>3. Number of Positive Females</td>
<td>7,106</td>
</tr>
<tr>
<td>4. Number of AIDS cases</td>
<td>4,154</td>
</tr>
<tr>
<td>5. Number of female cases</td>
<td>1,101</td>
</tr>
<tr>
<td>6. Number of deaths due to AIDS</td>
<td>599</td>
</tr>
<tr>
<td>7. Number of female deaths due to AIDS</td>
<td>114</td>
</tr>
</tbody>
</table>

Table-3.2 District-wise distribution of HIV Positive Cases in Manipur (Sero-surveillance 2007)

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Samples Screened</th>
<th>Number of HIV Positives</th>
<th>Sero-Positivity Rate (%)</th>
<th>District Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imphal (West + East)</td>
<td>81511</td>
<td>12620</td>
<td>15.48</td>
<td>57.23</td>
</tr>
<tr>
<td>Thoubal</td>
<td>21112</td>
<td>2139</td>
<td>10.13</td>
<td>9.70</td>
</tr>
<tr>
<td>Bishnupur</td>
<td>13218</td>
<td>1291</td>
<td>9.77</td>
<td>5.85</td>
</tr>
<tr>
<td>Churachandpur</td>
<td>9399</td>
<td>1815</td>
<td>19.31</td>
<td>8.23</td>
</tr>
<tr>
<td>Ukhrul</td>
<td>6943</td>
<td>1580</td>
<td>22.76</td>
<td>7.16</td>
</tr>
<tr>
<td>Senapati</td>
<td>7315</td>
<td>1081</td>
<td>14.78</td>
<td>4.90</td>
</tr>
<tr>
<td>Tamenglong</td>
<td>2779</td>
<td>100</td>
<td>3.60</td>
<td>0.46</td>
</tr>
<tr>
<td>Chandel</td>
<td>4286</td>
<td>1067</td>
<td>24.90</td>
<td>4.84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>146563</strong></td>
<td><strong>21693</strong></td>
<td><strong>101.42</strong></td>
<td><strong>98.37</strong></td>
</tr>
<tr>
<td>Unknown(District)</td>
<td>9927</td>
<td>360</td>
<td>3.63</td>
<td>1.63</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>156490</strong></td>
<td><strong>22053</strong></td>
<td><strong>105.05</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

According to the report, the maximum percentages of HIV positive persons were residing in Imphal district i.e., 57.23%. Hence, Imphal district was adopted as a study area for the present study.

3.4 STUDY SUBJECTS

The study subject comprised of the widows of HIV infected men residing in the two districts i.e. Imphal East and West. It included only those respondents who were willing to respond from the selected NGOs working with HIV positive and HIV negative women.
3.5 SAMPLE SIZE AND SAMPLING TECHNIQUES

To meet the objectives of the study, contacting the HIV women was possible only through the NGOs which provide services to HIV affected women. For the selection of the study units purposive technique was used. A list of NGOs working with HIV affected people was procured from Manipur AIDS Control Society (MACS). From the list twenty-seven (27) NGOs, which were working in the both of the selected locales i.e. Imphal East and West Districts (Imphal District) were contacted. After this, ten (10) more NGOs, which were also working with HIV affected people, but were not included in the list provided by MACS were identified. These NGOs were also included for the present study. Hence, altogether thirty-seven (37) NGOs were short-listed. The investigator visited all the thirty-seven (37) NGOs working with HIV affected people.
FIG. 3.1 DISTRIBUTION OF NGOs AND SAMPLE SELECTED

IMPHAL 37 NGOs

IMPHAL EAST

IMPHAL WEST

IMPHAL EAST & WEST

TOTAL EXISTING

12 NGOs

14 NGOs

11 NGOs

Selected for their work with both HIV positive and negative widows

3 NGOs

4 NGOs

7 NGOs

TOTAL 14 NGOs
The criteria for the including NGOs in the present study was their willingness to be a part of this research and their working both for HIV positive and HIV negative widows. Out of thirty-seven (37) NGOs twelve (12) were in Imphal east district, fourteen (14) were in Imphal west and eleven (11) work in both Imphal east and Imphal west district. Though there were twelve organisations in Imphal east district, the number of organisations fulfilling the above-cited criteria that is the organisation should be working for both, the HIV positive and negative widows of HIV infected men was found to be only three. So, all the three organizations were taken into account in the present study. Similarly, out of the fourteen (14) organisations working in Imphal West district, only four (4) of them fulfilled the criteria and hence all the four (4) NGOs were taken into consideration for the present study. In the same way, though, there are eleven (11) organisations working both in Imphal East and West districts, only seven (7) fulfilled the same criteria and hence all the seven (7) organizations were considered for the present study. Thus overall, fourteen (14) organizations were part of the study.

3.6 INCLUSION CRITERIA

Working with both HIV positive and HIV negative women whose husband died of HIV/AIDS.
### Table-3.3 Distribution of HIV affected widows availing services by different NGOs

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the NGOs</th>
<th>No. of Positives</th>
<th>No. of Negatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imphal East</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Rural Service Agency (RUSA)</td>
<td>34</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Universal Caring Mission</td>
<td>40</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Voluntary Service Centre</td>
<td>05</td>
<td>04</td>
</tr>
<tr>
<td><strong>Imphal West</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Kabo Leikai Welfare Society</td>
<td>06</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>Integrated Women and Child Development Centre</td>
<td>35</td>
<td>71</td>
</tr>
<tr>
<td>6</td>
<td>Institute for Social Disease</td>
<td>31</td>
<td>49</td>
</tr>
<tr>
<td>7</td>
<td>Social Development Organisation</td>
<td>05</td>
<td>07</td>
</tr>
<tr>
<td><strong>Both Imphal East and Imphal West</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Kripa Society</td>
<td>30</td>
<td>34</td>
</tr>
<tr>
<td>9</td>
<td>Nirvana Foundation</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>Social Awareness and Service Organisation</td>
<td>67</td>
<td>32</td>
</tr>
<tr>
<td>11</td>
<td>World Vision of India</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>12</td>
<td>Kripa Foundation</td>
<td>48</td>
<td>07</td>
</tr>
<tr>
<td>13</td>
<td>FXB of India</td>
<td>73</td>
<td>67</td>
</tr>
<tr>
<td>14</td>
<td>Newlight of PLWHA</td>
<td>52</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>400</strong></td>
<td><strong>343</strong></td>
</tr>
</tbody>
</table>

Since the study aimed at getting insights into the lives of these women, in-depth interviews and case studies were conducted and required spending a lot of time with these women. Therefore the study sample could not be too large. Discussion with the
statistician for deciding the sample size was made. It was suggested to take one fourth of the total HIV affected women availing services from the selected NGOs. There were a total of 400 HIV positive and 343 HIV Negative women availing services from these NGOs. Therefore one hundred (100) HIV positive women were selected on the basis of their consent to be part of the research. To match the same number, 100 HIV Negative widows too were selected for the study. Thus the total sample for the study was 200 HIV affected women.

3.7 METHOD OF DATA COLLECTION

The utmost concern was to maintain confidentiality. The NGOs personnel were involved in the data collection process. They were instrumental in making the whole process easy for the investigator. To be comfortable and friendly the investigator formed rapport with the respondents by explaining to them the purpose of the study, the detailed procedure and its relevance was explained to them and their consent was sought before interviewing them.

The respondents were interviewed at their homes or in an isolated room in the NGOs office. Prior appointment was sought from the respondents and an in-depth interview was conducted at their convenience, each interview approximately took about an hour and half and repeated meetings were held till all the aspects under study were covered with each woman respondent.

3.8 TOOLS USED FOR DATA COLLECTION

A structured interview schedule was used for data collection with both open ended and closed ended questions. It also gave the investigator an opportunity to observe the family atmosphere and comfort level of the respondents. Above all, interviews allowed for repeating and enhancing the respondent’s ability and willingness to report. Hence, it helped the investigator in understanding and interpreting the interview and overcome the barrier of their illiteracy.
A structured in-depth interview schedule to elicit the relevant information consisted of

I. Background information of the respondents

II. Socio-economic condition of the respondents

III. Support system available to widows of HIV infected men.

I. Background information of the respondents.

For this section questions were framed to seek information related to the following particulars:

- Age
- Occupation
- Qualifications
- Size of the family
- Number of children
- Type of family
- Family income
- Place of residence

II. Socio-economic condition of the respondents.

The interview schedule for socio-economic conditions was prepared with the help of the staff of Hope Section of Directorate of Economics and Statistics, Government of Manipur. For this section questions were framed to seek information related to socio-economic conditions of the respondents and were arranged under three heads given below:

a) Financial Problems

This section envisages the following particulars:

- Food
- Clothing
- Education
- Housing
- Medical
The statements for personal, social, psychological problems and support system were taken from the format of National Commission for Women and adopted for the present study to be conducted in Manipur in consultation with experts.

b) Social Problems

Under this head the information related to the following particulars were collected:

- Brining up children
- Stigma faced
- Remarriage

c) Personal Problems

This section includes information related to the following particulars was collected:

- Physical
- Psychological

III. Support system available to women.

This section was designed to generate information regarding support system available from:

- Parents
- In-laws
- Friends
- Relatives
- Neighbours
- NGOs
- Government

3.9 OBSERVATION

Observation was used to assess the socio-economic condition of the women and their status in the family and neighbourhood. It helped in studying the real life situation and
normal encounters of the widows of HIV infected men in their surroundings. Observations were made for getting insights on areas where mere discussion would not have been of much help. It also helped in enriching data collection and analysis.

3.10 CASE STUDIES

For obtaining relevant, reliable and in-depth information case studies were carried out. As a part of this study, Dictaphone was used to record the verbatim of the respondents, in order to gather information for detailed analysis. Thirty (30) case studies that is fifteen each of HIV positive and HIV negative women have been documented.

3.11 VARIABLES

The independent variables of the study are as follows:

1. HIV status of the widow
2. Age of the widow
3. Educational qualification
4. Work status
5. Place of residence

The dependent variables of the study are as follows:

1. The Coping mechanism
2. Socio-economic impact

3.12 ANALYSIS AND INTERPRETATION OF DATA

As the data carried the opinions and perception of the respondents, it was qualitative in nature and demanded qualitative analysis too along with qualitative analysis. The
qualitative data was coded and tabulated. In almost all cases decision is arrived on the basis of percentage. The following statistical tools have been used in the study like Z test (or normal test), t-test (both paired and Fisher’s t-test) and $\chi^2$-test. All these data processing and analysis were done on MS Excel and SPSS packages.