CHAPTER – 3

RESEARCH DESIGN

Introduction

This chapter examines the framed objectives and formulated hypotheses. The methodology of the study has been explained in this chapter with respect to content and coverage of the study. The methodology part deals with sampling framework, mode of data collection, tools of data collection and data analysis procedure. This chapter gives due attention to types of statistical tools usage in data analysis and operational definition of key concepts applied in the study. The chapter concludes with limitations and delimitations of the study.

Objectives

The following objectives are framed for the purpose of the present study:

1. To study the health status of respondents on the basis of health indicators.
2. To examine the respondents’ child immunization practices.
3. To study the rural households’ health seeking behaviour in terms of domestic sanitation and personal hygiene practices.
4. To study the households’ health beliefs and health care practices.
5. To suggest measures to improve the health status of rural households.

Hypotheses

1. The health status of rural respondents depends on the socio-economic status of the respondents in the study area.
2. The socio-economic status determines the child care practices.

3. There is a significant variation among the rural households' health seeking behaviour in terms of domestic sanitation practice and personal hygiene practices in the study area.

4. There is a significant inter-village variation with respect to rural households’ health beliefs and health care practices in the study area.

**Methodology**

This study aims at analyzing the impact of culture on health and diseases with reference to Kancheepuram district, Tamil Nadu. This type of analysis helps the planners to identify the socio-economic causes and associated reasons behind their health status and health seeking behaviour in the study area. The study aims at analyzing rural households’ awareness and utilization of health care services. The rural households’ beliefs about health and health seeking behaviour could be assessed in the study. This study makes a specific analysis of rural households’ hygiene practices and domestic sanitation practices in the study area. The study highlights the rural households’ health care preference and mode of taking treatment. The study primarily analyzes some common diseases among the rural households in the exploratory framework. Then the household’s socio-economic characteristics are correlated with rural households’ health status and health seeking behaviour. Thus, this study is partly exploratory and partly analytical in nature.
Sampling

Kancheepuram district has 15 blocks and out of them, the researcher has selected two blocks viz. Acharapakkam and Chithamur. From each block 3 villages are selected. From Acharapakkam block Kalathur, Athur, and Annangal villages are selected. From Chithamur block, Kalpattu, Mambakkam, and Nerkunam villages are selected. Thus, in total 6 villages are selected for the purpose of present research. From each village 50 households are selected as sample. Thus, totally 300 respondents are selected from the 6 villages by adopting simple random sampling method. Further stratification is also adopted with a view to give relative weightage to the households of different occupational background.

**Sampling Design**

<table>
<thead>
<tr>
<th>Village Name</th>
<th>Total number of eligible women in the reproductive age group</th>
<th>Sample Women</th>
<th>Per cent of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kalathur</td>
<td>102</td>
<td>50</td>
<td>49.01</td>
</tr>
<tr>
<td>Athur</td>
<td>106</td>
<td>50</td>
<td>47.16</td>
</tr>
<tr>
<td>Annangal</td>
<td>98</td>
<td>50</td>
<td>51.02</td>
</tr>
<tr>
<td>Kalpattu</td>
<td>112</td>
<td>50</td>
<td>44.64</td>
</tr>
<tr>
<td>Mambakkam</td>
<td>79</td>
<td>50</td>
<td>63.29</td>
</tr>
<tr>
<td>Nerkunam</td>
<td>85</td>
<td>50</td>
<td>58.82</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>582</strong></td>
<td><strong>300</strong></td>
<td><strong>51.54</strong></td>
</tr>
</tbody>
</table>
In this study household is considered as unit of sample. It could be noted that one household may have five or six members. In this More than 40 per cent of the households from each village are selected as sample.

**Data Collection and Analysis**

The researcher has collected the necessary primary data with the help of a well-structured interview schedule. The relevant data are collected from the respondents by establishing a good rapport with them. The respondents have extended a complete cooperation in successful data collection. By and large, the responses are good and fair. In this study necessary secondary data are collected from the report of rural health mission.

The collected data was tabulated and analyzed Simple percentage analysis, Chi-square and Anova statistical tools were used to interpret the data.

In this study, health belief among the rural respondents is analyzed on the basis of 5 point rating scale viz. Strongly agree indicates 5 point rating score, agree 4 point rating score, somewhat agree 3, disagree 2 and strongly disagree 1.

The body mass index of below 18.5 Kgm\(^2\) indicates the one point rating score and body mass index of above 18.5 Kgm\(^2\) denotes the two point rating score. The calories of food consumption below 2400 indicates the one point rating score and calories of food consumption above 2400 calories indicates the two point rating score.

The researcher has measured the health status on the basis of chosen 20 indicators. They are: Feeling of
tension, lack of her biting in spine, stiffness, pain on neck, back ache, incidence of fatigue, incidence of colds and flu, incidence of head ache, incidence of constipation, incidence of menstrual discomfort, incidence of allergies in terms of sickness, incidence of dizziness, incidence of lightheadedness, incidence of accidents, presence of negative feelings, experience of depression, experience of vague fears, emotional well being, interest in maintaining health life style, and staying asleep. The researcher has measured these health indicators with the help of five point rating scale namely never, rare, occasionally, regular and constant. Here never denotes the five point rating score, rare denotes the four point rating score, occasionally denotes the three point rating score, regular denotes the two point rating score, and constant denotes the one point rating score. In order to study the influence of socio-economic factors on health status of rural respondents, the multiple regression models is also applied and the results are used to interpret the findings of the data.

**Limitation**

The findings of the study are applicable only to rural respondents and they do not represent the urban area. This study covers only six selected villages in Kancheepuram district, because studying of all villages is not possible at the level of an individual researcher, due to constraints imposed by money, time, energy and efforts. In this study, maternity and child health status is mainly assessed from the point of social science and it does not focus on medical science perspective.