Part-2

This part deals with Research Design and has one chapter (Chapter 5). It contains Area of Study, Objectives, Hypotheses, Definition of Concepts, Methodology & Limitations.
Chapter 5

RESEARCH
DESIGN
In this chapter we shall present all the aspects of research methodology and their implementation, i.e. the overall typology. We shall start with a brief description of our area of study and then proceed to our methods of data collection. This is followed by the sample design, data collection instruments pilot study, methods of data processing & analysis. Finally, we conclude the chapter with a brief overview of the scheme of thesis.

Area of Study

Uttar Pradesh, the biggest constituent state, in terms of population, of the Republic of India, occupies the central sector of the great plain of Northern India. It ranks fourth among the Indian constituent states in Area (294,413 kms) which is barely 8.9% of the total area of the country but it is the most populous state with a population of 139,031,130 according to the 1991 census (from the book - India's Urban Population; States, Districts, Cities & Town; Ashish Bose assisted by Suresh Shanbhogue, Mohan Singh Bist, Wheeler Publishing, New Delhi 1994).

In our study we shall be focusing on Agra. Agra district lies between 26°45' & 27°24'N & 77°26' & 78°51'E, with an area of 1,845 square miles. It is bounded on the north by Mathura & Etah and on the east by Mainpuri & Etawah; on the south lie the districts of Gwalior & Dholpur and on the west, Bharatpur. The district is divided into four distinct tracts by the rivers Jamuna, Utangan or Banganga & Chambal.

(The Imperial Gazetteer of India, Volume 5; Today & Tomorrow's Printers & Publishers, India).
The population of Agra district is 3611 in thousand as per 2001 census and constitutes about 166052 in thousand of the population of the state. The district has a population density of 897 persons per sq. km., which is high compared to 689 of the state. The annual exponential growth rate of the district during 1991-2001 is 2.72 percent, which is higher than that of the state 2.29 percent. About 43.12 percent of the population of the district live in urban areas in contrast to 20.78 percent in the state. The sex ratio of the district is 852 females per 1000 males. The literacy rate (population age 7+ years) of the district is 64.97 percent, with 79.32 percent of males and 48.15 percent for females, which are higher than the respective rates of the state. The rural female to male ratio is 821/1000 males while the urban female to male ratio is 846/1000 males.

(Source: 2001 census, Government of India).

For our study Agra city has been chosen as the area of study as it has one of the oldest medical college in India. The Sarojini Naidu Medical College. This college dates back to pre-independence era. We specifically focus on Agra city as it has a number of Government hospitals, polyclinics, medical research centres, nursing homes and private clinics and thus having all types of possible work set-ups. Moreover a large number of consultant doctor couples are found in the city.
Sources of Data

For the research study, data both from primary and secondary sources was collected and analysed. The primary data was collected from doctor couples residing in Agra city using a three part interview schedule.

The first part of the schedule broadly consisted of questions pertaining to their career.

The second part consisted of questions pertaining to what can be generally classified as their family life.

The third part consisted of questions related to their socio-economic background.

Both the consultant doctor husband and consultant doctor wife were interviewed separately using the same interview-schedule by the researcher.

Apart from interviews, the observation technique played a major role in this study.

The secondary data was collected from books, periodicals, journals, internet, census reports, unpublished thesis and officially maintained records from various University libraries and offices.

One serious drawback about collection of secondary data was the non-availability and lack of up to date cataloguing of books and journals in most University libraries.
If there was a proper system of inter-university exchange of books and journals for scholars then I'm sure that this would tremendously help the researchers in their research endeavours.

**Sample Selection**

Our field of study is Agra city. Using doctors lists like Indian Association of Clinical Medicine, Agra; Agra Obstetrics & Gynaecological Society; Indian Medical Association, Agra and Sarojini Naidu Medical College, Agra it was estimated that there are a total of 964 doctors having a completed MBBS degree. The largest number of doctors are found in S.N. Medical College which has 13 departments and a total of 262 doctors out of which 100 are teachers and 162 are doing post graduation i.e. their specializations.

According to a rough estimate by the medical association there are about 360 consultant doctor couples in Agra. Furthermore no other reliable statistics are available and so we decided to adopt this rough estimate. In our study we are focusing on couples who have done their specialisations Agra city can be divided into approximately 31 colonies. Care was taken to ensure that doctors were selected from all these colonies using purposive sampling. For our study we tentatively decided to study 180 consultant doctor couples. For the study we chose couples who were in the age group of 26 to 55 i.e. still in the children rearing stage of their life cycle having children (between the ages of 0 to 21 years) and both having an educational qualification higher than an MBBS that is those having done their specializations.
During our field work we found doctors reluctant to give time and we had to use local contacts to get them to grant us time for filling up our interview schedule. This way the doctor couples were willing to answer our questions and give us some time of from their busy schedule. Not only that the doctor couples were able to provide us names of other doctor couples who would be willing to take part in our survey and help us in our research. Thus using snowball sampling method we were able to arrive at a total of 80 doctor couples after eliminating those couples who had no children, were only MBBS and also those couples in which only one was a specialist.

**Data Collection Instruments**

An interview schedule was constructed for the purpose of data collection. It was initially pre-tested by the researcher on ten doctor couples drawn from the universe related to the planned survey. After necessary modifications and corrections the interview schedule was finalized.

The interview schedule is divided into three parts with the first part dealing with the work life of the respondent, the second part dealing with the family life of the respondent the third part collecting information on the socio economic background of the respondent.

In the first part of the schedule that deals with the career part of the doctors-life, questions pertaining to number of hours worked in a week, career responsibilities, work schedule, discrimination
problems, etc. were asked. In the second part of the schedule that deals with family, information on areas such as household tasks division, decision making, roles and responsibilities, marital life, children and relatives' responsibility was collected. In the third part, personal data of the respondent was gathered.

**Field Work**

An initial field work was done for (a) finalizing the geographical area of the study. (b) locating the sampling frame and selecting the sampling units. (c) pre-testing our tool for data collection i.e. the interview schedule. The main field work was launched after the above criteria was satisfied. Our respondents were suitably appraised about the nature and purpose of the study and were ensured confidentiality of the information imparted by them.

Both husband and wife consultant doctors were interviewed separately using the same interview schedule and were asked not to discuss their responses with each other. The field work was carried out in a time period of eight months and was personally conducted by the researcher. It took from three days to a week to conduct the research on one doctor couple as due to their hectic schedules & OPD’s the doctors were willing to meet only during their free time.

**Data Processing and Analysis Plan**

Data processing is an intermediary stage of work between data collection and data analysis. It involves classification and summarization of data in order to make them amenable to analysis.
The interview schedules were edited for ensuring consistency, completeness and correctness of responses. The edited data was classified and coded. The information was then hand tabulated to facilitate analysis.

An Overview of the Report

The overall layout of our research is presented below:

The thesis is divided into four parts

PART-I (Chapter 1-4) introduces the topic of research and has four chapters, that is chapter 1 gives the Introduction, chapter 2 gives the Significance; chapter 3 gives the Theoretical Orientation of the Study, chapter 4 gives the Review of Literature.

PART-II (Chapter 5) deals with the Research Design and has the chapter devoted to it. They are the Area of Study, the Objectives, the Hypothesis, the Definition of the Concepts, the Methodology and the Limitations.

PART-III (Chapter 6-8) gives a statement of the results and is laid out in the three chapters that is chapter 6 confines itself with the socio-economic profile of the respondent, chapter 7 confines itself to the career and chapter 8 confines itself to the family.

PART-IV (Chapter 9-10) sums up the Research in two chapter that is chapter 9 is the Analysis & Discussion and chapter 10 is the Conclusion.
The Objectives of the Study

The following are the objectives of the study:

1. To study the roles and responsibilities of the doctor couple in their family unit & work place.

2. To study the decision making of the doctor couple within their family and at their work place.

3. To compare the career paths of the doctor couple.

4. To identify factors behind comparative successes and failures that shape men & women, doctor couples' careers.

5. To offer policy suggestions that might remedy prevailing inequalities at the work place and home.

The investigative questions relating to the objectives are as follows:

1(a) What are the roles and responsibilities of a husband and wife at their home and at their work place and after getting back from work.

(b) What are their responsibilities towards their children and their parents. Has there been an equal/unequal division of responsibility of house managing work between men and women doctors.

(c) The evaluation by the spouses of each other's fulfillment of the roles.

(d) What are the dominant role conflicts experienced by the men and women doctor couples.
2(a) What is the pattern of decision making within a dual professional couple's family and at work.

(b) What is the trend in major and minor decision making.

(c) Who in the couples version is more dominating.

3(a) What are the factors involved in the selection of specialization by men and women doctor couples.

(b) What is the similarity & difference between men & women doctor couples work format and work schedules.

(c) How similar or different are the career growth of men and women doctors.

4(a) What are the factors that impede men and women doctor couples career.

(b) What kinds of discrimination exists in the medical profession.

(c) What are the advantage and disadvantages of both being in the same profession.

5(a) Do the doctor couples feel for the need of governmental legislation/policies that might help them cope with their dual-career family life.

(b) Can we identify major areas where governmental policies might help dual career couples as per the doctor couples.
Hypotheses

The following are the hypotheses formulated keeping in mind the objectives of the study.

1. In a dual professional family, men and women consultant doctors will share their home and work responsibilities equally as both are having the same personal resources namely education, employment and earnings. It is expected that these three variables (education, employment & earnings) will motivate the couples to equally share their home & work responsibility.

2. Men and women consultant doctors will participate equally in decision making as they bring into their marriage equal resources namely education, employment & earnings. These couples will have a tendency to have more of equally shared decision making power as they shall be equally sharing their home and work responsibilities.

3. Men doctors have few obstacles to success in their career than women doctors. It was assumed that male doctors will face less discrimination by virtue of their gender.

4. The family responsibility will clash with work responsibility for women doctors. It is expected that there will be a tendency for the wife to make career sacrifices for the children rather than the husband.
Limitations

Due to the hectic working schedules of the doctors we had to make numerous visits to each doctor in order to obtain answers for our interview schedule.

Also most of the doctors were free around at the same afternoon timings and even in their free time they had to sometimes deal with medical emergencies, personal matters or had medical company representatives calling on them. Not only that they had to squeeze in time for their lunch too. As a result they were not able to give me a continuous sitting for my interviewing.

There were many male doctors who simply said that they didn’t want to participate in the study while their wives had participated in it and hence we had to eliminate those couples.

Initially we had divided Agra into 31 segments on geographical basis and we had proposed to use purposive sampling to select our respondents. Unfortunately there were many consultant doctor couples who were not willing to participate in the study. Those who did participate provided us with names of other couples, would be willing participate and hence were tracked down for our research.

Lastly our study is confined to one type of professionals, the medical professionals and we do not claim the generalizability of our findings to other professionals.
Operational Definitions of Concepts

In a research problem, it is imperative to define the concepts used in the study as they are essential for planning the subsequent steps in the research process. Given below are the definitions of different concepts used in the study:-

1. **Role** - Turner (1970) defined a role as a pattern of consistent behaviour of an individual in a specific social setting. Roles may be either ascribed or assumed, reflecting formal or informal socio-emotional functions. In the dynamic process of family members living together, there is interaction of roles. Each family member is required to integrate himself or herself into multiple roles within the family roles and also the extra family roles.

2. **Family** - In their modern classic, the Family: From Institution to Companionship (1945), Burgers & Loche defined the family as a group of persons united by the ties of marriage, blood or adoption; constituting a single household; interacting and communicating with each other in their respective social roles (husband and wife, mother and father, son and daughter, brother and sister); and creating and maintaining a common culture (P8). This definition goes beyond earlier one's to talk about family relationships and interaction. Burger & Loche saw the family as a primary group a term coined by sociologist Charles Horton Cooley (1909, p. 23) more than 80 years ago to describe any group in which there is a close face to face relationship.
3. **Dual Career Family** - It is a marriage in which husband and wife each has a career as opposed to a job. Both take “line” (decision-making) and “staff” (implementing) position that are open-ended as to time and commitment. Both may travel, both may relocate, both are on tight schedules and both earn better than average incomes.

While increased economic benefits play a major part in their career choice, that is only a part of their motivation self-fulfillment is one of their dominant goals and it is at least as important to them as money. Each career requires a separate major commitment outside the marriage and that dictates crucial tradeoffs in the marriage as well as in the kind of family life that is then possible.

4. **Gender** - Gender in families includes structural constraints and opportunities, beliefs and ideology, actual arrangements and activities, meanings and experiences, diversity and change and interaction and relation.

Gender Theory does not define gender as an individualizes role that is learned in childhood and relatively stable thereafter but as a system of inequality that is created and recreated in daily experience. The theory emphasizes the continuing construction and reconstruction of gender and thus attributes more importance to adult experiences and circumstances.
5. **Government Hospital** - It is a hospital run by government with both indoor and outdoor patient facilities. Doctor's working on this are salaried employees.

6. **Polyclinic Centres** - These are the hospitals run by private organizations, charitable trusts or by individual doctors. These have both indoor and outdoor patients facilities. These have multiple specialities in them. Besides, the director or owner of the hospital, rest of the doctors work either on salary or under job contract.

7. **Government Medical College** - It is an institute which has both outdoor and indoor patients facilities. The doctors working medical college are salaried employees.

8. **Nursing Homes** - These are privately owned hospitals with both indoor and outdoor patient facility. These are owned by the doctor's themselves. Normally, a husband and wife work in a Nursing Home.

9. **Private Clinic** - These are clinics owned by doctors themselves and have only outdoor patients facility. These doctors normally have tie ups with Nursing Homes or Polyclinic Centre for indoor facilities.