CHAPTER THREE

METHODS AND PROCEDURES OF STUDY
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As long as health constitutes as asset and people attach importance to physical well-being, they tend to seek health care. Health care involves prevention and curing of diseases. It is a commonplace sight that people tend to give greater importance to curative aspects than to preventive aspects. They tend to think of protection of health only when they are sick. When they are physically normal, they do not think of the need to promote health care. Thus, medicare occupies a place of importance in the health behaviour of the people.

But certain variables interfere in the medicare seeking behaviour. Due to the influence of those variables, there are variations in medicare seeking behaviour. This is brought out in the studies on medicare seeking behaviour.

OBJECTIVES

This study also is aimed at analysing the medicare seeking behaviour of the people. For the purpose of carrying out the study in a set direction, the aim was broken into the following specific objectives:

1. To examine medicare seeking behaviour of the people.
2. To findout whether there are variatoins the medicare seeking
behaviour due to the differences in the socio-economic characteristics of the people.

**VARIABLES**

The socio-economic characteristics of the people are manifold; they include ascribed and achieved characteristics. Among those characteristics gender, age, educational status, and income level were taken as the independent variables for the study of variations in the medicare seeking behaviour which constituted dependent variable.

**FIELD OF STUDY**

For the accomplishment of any empirical study on such an aspect as medicare seeking behaviour a field is necessarily required. The field was chosen in Kanniyakumari District. It was a village known as Thoothoor.

Thoothoor is a coastal village, situated to the west of Marthandam, close to the Arabian Sea. It is one of the leading fish loading centres in the district. Its population is 60090 (1998), most of them being fisherfolk.

**SELECTION OF SUBJECTS**

As the population of the village numbered 60090 which the investigator felt to be too large for the study in hand, he decided to select a sample of the population as the subjects of his study. For the selection of
the subjects, the investigator first gained access to them by pursuing the following procedure:

First, all the family households in the village were counted. The counting gave 1850 family households.

Then, the investigator decided to select a sample of 185 family households from out of the total households at the rate of 10 per cent. For the selection of sample households, sampling at regular interval was decided. Accordingly, the regular interval was first fixed by lottery method and it came to 4. Then every fourth family household in the total list of family households was selected as a unit of study.

In each unit of study, one of the senior members in the household was selected as a subject (respondent). Priority was given to the head of the household. In the cases where the head of the household was not available, his spouse was taken in his place as a subject. In this way, 102 males and 83 females found place as subjects in the sample frame.

**SELECTION OF THE INSTRUMENT**

For the collection of data from the respondents, interview schedule was used. As the field of study was the village and as any village would probably have illiterate and very lowly educated persons, the investigator decided to go in for interview schedule. Above all, the flexible nature of
the tool weighed in the consideration of interview schedule as the instrument of data collection.

The interview schedule was designed in such a way as to obtained the details regarding the medicare seeking behaviour of the people in the village and the variables influencing such behaviour.* The schedule was constructed with two parts, namely, preliminary part and main body. The preliminary part contained the items on the socio-demographic characteristics of the prospective respondents, namely, gender, age, educational status, and income level, among other things. These characteristics, as indicated earlier, constituted independent variable.

The main body contained questions on the preventive steps taken by the respondents on health care and the details of medicare seeking behaviour like the system of medicine used, visit to the hospital/physician, taking clinical tests, use of drugs, being on diet, taking extra-clinical care.

DATA COLLECTION

The construction of the instrument of data collection over, the investigator took up the data collection in the selected field. As the village was the place of location of the place of employment (college) of the investigator and as almost all people in the village were known in a way to

* The instrument is given in the Appendix.
him, the investigator encountered no problem with regard to his introduction to them. He could easily meet the selected respondents and administer the interview schedule to them.

As the questions were not personalised, the investigator could easily and smoothly make enquiries to the respondents in respect of the areas included in the study. There was no language barrier also. As the people in the village were speaking a mixed dialect of Tamil and Malayalam with which the investigator was familiar, the communication between the investigator and the respondents was smooth.

The data collection work started in the second week of February and ended in the second week of March 2001. As the respondents were mostly engaged in fishing, they were not available during the day time. They could be contacted only on their return in the sea back home in the evening. In spite of the arduous labour throughout the day, the respondents co-operated fully with the investigator.

DATA PROCESSING

After data collection was over, the data processing was undertaken; it was undertaken only manually. In the data processing process, at the outset, all the schedule forms were verified with a view to finding out whether all the forms were duly filled in. It was found that all forms had been completely filled in.
The data processing work first commenced with the processing of personal data items, such as gender, age, educational status, and income level of the family. The processing yielded details about the socio-demographic composition of the respondents in terms of the above variables. The respondents were found to fall in the following categories, based on the above variables, as follows:

1) Gender : i) Male
               ii) Female
2) Age : i) Young age group
            ii) Middle age group
            iii) Old age group
3) Educational Level : i) Lowly educated
                      ii) Moderately educated
                      iii) Highly educated
4) Family Income level: i) Low-income group
                         ii) Middle-income group
                         iii) High-income group

**Gender-Based Categorization**

As for as gender-based categorigation, there is no difficulty because universally there are only two gender groups, male and female. Hence there is no room for considering any criterion for gender-based categorization.
Age-Based Categorization

With regard to age-based categorization of respondents, first minimum age and the maximum age of the respondents were found out. The minimum age was found to be 22 and maximum age 59 years, the range being 37 years. Considering the width of the range, on the basis of age, three groups were formed, namely, 20-34, 35-49 and 50 and above (in years). For, convenience sake, the age group of 20-34 was designated ‘young age group’; the age group of 35-49, ‘middle age group’; and the age group of 50 and above, the ‘old age group’.

Educational Level-Based Categorization

As regards categorization based on educational level, depending upon the standard up to which the respondents are educated, the respondencce were categorized into three groups, namely, ‘lowly educated’, ‘moderately educated’ and ‘highly educated’ groups. These three groups correspond to three general levels of education. In the educational sphere, generally the levels of education are classified into primary, secondary, and tertiary levels. The standards from I to V are put together in primary level; the standards from VI to XII (+2), in secondary level; and the standards above XII, in tertiary level. These three levels are designated, for convenience sake, lowly educated, moderately educated, and highly educated levels. The respondents were distributed in these three groups depending upon their level of educational attainment - primary, secondary, or tertiary.
On the data processing, it was found that among the respondents there were 55 (29.73 %) illiterate cases. There were not treated as a separate educational category. As educationists point out, as far as level of literacy and capacity to understand are concerned, there is no difference at all between the illiterate cases and cases educated up to standard I or II. Hence the illiterate and such lowly educated (educated up to standard I or II) persons are combined together in a single category, namely, lowly educated group.

**Income Level-Based Categorization**

As far as income level-based categorization is concerned, the income level of a family was measured in terms of average monthly expenditure of the family. As it was feared that correct details would not come forth if the respondents would be asked to state their monthly earnings, indirectly it was sought to be found out through a query on the monthly expenditure level.*

The processing of data gave Rs. 2004/- as the average monthly income (measured in terms of average monthly expenditure). But this average monthly income was not taken as criterion for categorisation of respondents on the basis of income level. Standard deviation was

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* It is to be noted that in the famous Mysore Population Study conducted by the Government of India in 1961, this procedure was adopted to find out the income level.
computed. Using the arithmetic mean and standard deviation values, three income levels were derived in the manner given below:

\[
\begin{align*}
(\bar{X} - \text{S.D.}) &= 2004 - 541.15 \\
&= 1462.85 \\
(\bar{X} + \text{S.D.}) &= 2004 + 541.15 \\
&= 2545.15 \\
\text{Between } (\bar{X} - \text{S.D.}) \text{ and } (\bar{X} + \text{S.D.}) &= \text{ Between } (2004 - 541.15) \\
&\text{ and } (2004 + 541.15) \\
&= \text{ Between } 1462.85 \text{ and } 2545.15
\end{align*}
\]

Those who had monthly income (measured in terms of monthly expenditure) to the tune of about Rs. 1463 and below were taken as low-income group. Those who had monthly income to the tune of Rs. 2545 and above were taken as high-income group. Those whose incomes ranged in between Rs. 1463 and Rs. 2545 were taken as middle-income group.

The processing of data further yielded details about the frequencies of the different categories of respondents based on gender, age, educational level, and monthly income level as depicted in the following tables.
Table 3.1

Distribution of Respondents by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>102 (55.14)</td>
</tr>
<tr>
<td>Female</td>
<td>83 (44.86)</td>
</tr>
<tr>
<td>Total</td>
<td>185 (100)</td>
</tr>
</tbody>
</table>

Note: Figures given within parentheses here and hereafter indicate percentages.

Fig. 3.1 Distribution of Respondents by Gender
Table 3.2

Distribution of Respondents by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young age group</td>
<td>58 (31.35)</td>
</tr>
<tr>
<td>(20-34)</td>
<td></td>
</tr>
<tr>
<td>Middle age group</td>
<td>78 (42.16)</td>
</tr>
<tr>
<td>(35-49)</td>
<td></td>
</tr>
<tr>
<td>Old age group</td>
<td>49 (26.49)</td>
</tr>
<tr>
<td>(50+)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>185 (100)</td>
</tr>
</tbody>
</table>

Fig. 3.2 Distribution of Respondents by Age
Table 3.3

Distribution of Respondents by Educational Level

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowly educated (Below standard VI)</td>
<td>119 (64.32)</td>
</tr>
<tr>
<td>Moderately educated (Between standards VI and XII)</td>
<td>62 (33.52)</td>
</tr>
<tr>
<td>Highly educated (Above standard XII)</td>
<td>4 (2.16)</td>
</tr>
<tr>
<td>Total</td>
<td>185 (100)</td>
</tr>
</tbody>
</table>

Note: The lowly educated group includes the illiterates as well.

Fig. 3.3 Distribution of Respondents by Educational Level
Table 3.4

Distribution of Respondents by Income

<table>
<thead>
<tr>
<th>Monthly Income Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income group</td>
<td>71 (38.38)</td>
</tr>
<tr>
<td>Middle-income group</td>
<td>87 (47.03)</td>
</tr>
<tr>
<td>High-income group</td>
<td>27 (14.59)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>185 (100)</strong></td>
</tr>
</tbody>
</table>

Fig. 3.4 Distribution of Respondents by Income

DATA ANALYSIS

Following data processing, data analysis was taken up. The data were analysed by employing statistical procedures like percentage, arithimetic mean, and chi-square test.

Chi-square test was used to find out the relationship between the medical care seeking behaviour and socio-economic characteristics of the respondents.
DATA INTERPRETATION

The analysed data were interpreted within the framework of the objectives of study. The influence of each selected variable (gender, age, educational level, and income level) on medicare seeking behaviour was explained in the light of the findings of other studies and in the light of existing theories.

DELIMITATIONS

Thus, the present study was carried out in a systematic manner. The investigator went through every required step in the study and brought out this report. Yet the findings of the study have limited value. Much information cannot be expected from the study on the medicare seeking behaviour of village people. This is because of the delimitations of the study mentioned below:

1. The study was undertaken in only one village in a particular district.
2. The medicare seeking behaviour of the people was analysed only in terms of for selected variables, namely, gender, age, educational level, and income level.