Chapter – III

Methodology
Chapter-III

METHODOLOGY

Methodology occupies an important place in social, biological and demographic research. Without proper methodology, the results are likely to be biased and undependable. Methodology is the scientific presentation of the systematic procedures adopted during a research process from the beginning to the end. Further, methodology is the guide for proper research and covers area of the study, general objectives, sample frame and size, interview process, analysis of data, report writing, limitations and problems involved in the study. It is also a blueprint as well as stepping stone for the successes of any research problem. In addition, methodology is general a guideline system for solving a problem with specific components such as phases, tasks, methods, techniques and tools (Creswell, 1998). This chapter consists all the methodological aspects such as Importance of the study, Objectives, Hypothesis, Concepts, Selection of study area, Sample Unit, Sample Size, Sample selection, Indices, Data analysis, Limitations of the Study, Ethical Issues and information on Structure of the thesis.

Importance of the study

Youth is an age when boys and girls undergo sudden physical, emotional and psychological changes and intensely aware of their sexuality. While passing through this phase of growing up, many doubts and questions arises in their minds, giving rise to worries as well as anxieties and they do not know to whom to confine it. The messages they receive from peers, parents and media are at times conflicting, leads rise in anxiety and confusion. All these influence reproductive health issues of youth especially in rural areas. Therefore, an in depth primary study on knowledge, attitudes and practices of reproductive health matters is
necessary and it will help to identify areas where intervention is required urgently. This study will help policy makers, programme planners and educators to better understand, assess the needs of youth and develop an appropriate need based family welfare services, educational programmes and also Information, Education and Communication (IEC)s material related to sexual and reproductive health concerns of young people.

Objectives

The general objective of the study is to assess the influence of background characteristics on the knowledge, attitudes and practices on reproductive and sexual health issues among rural youth.

The specific objectives of the study are:

- To study the socio-economic and demographic profile of rural youth.
- To examine the sexual health problems and treatment seeking behaviour of target population.
- To assess the socio-economic status in relation to their level of knowledge, attitudes and practices on reproductive and sexual health.
- To study the level of religiosity as well as exposure to media in relation to their knowledge, attitudes and practices on reproductive and sexual health.
- To study the relationship between living arrangements of youth on reproductive and sexual health matters.

Hypotheses

The hypotheses of the study were as follows

1) Higher the socio-economic status, higher will be the level of knowledge on reproductive and sexual health matters
2) Attitudes on reproductive and Sexual health is positively associated with their socio-economic background characteristics
3) Socio-economic background characteristics are positively associated with the practices on reproductive and Sexual health among youth.
4) Knowledge, attitudes and practices on reproductive health concerns will be lower among young age youth than the older age counterparts.
5) Unmarried rural youth will have less knowledge, attitudes and practices on reproductive and sexual reproductive health than the married youth.
6) Higher the levels of education, higher will be the knowledge, attitudes and practices among youth
7) Rural youth who studied in government institutions will have higher knowledge, positive attitudes and practices on reproductive health matters.
8) Caste is positively associated with the level of reproductive health knowledge, attitudes and practices.
9) Higher the religiosity of rural youth, lower will be the reproductive health knowledge, attitudes and sexual as well as reproductive practices.
10) Higher the level of media exposure higher will be the knowledge, positive attitudes and practices on reproductive health matters among youth.

Concepts

The major concepts used in the study are knowledge, attitude, practice, religiosity, health status, health risk barriers. The descriptions of these concepts are given hereunder. Knowledge is considered as “awareness, consciousness or familiarity gained by experience or learning by a person on an aspect”. Attitude is “an expression of favor or disfavor towards a person, place, thing or event”. Practices / behavior refer to “the manner in which a person participate, experience
and express in an activity". Religiosity is a comprehensive sociological term used to refer to the numerous aspects of religious activity, dedication, and belief that are followed by youth. To measure religiosity three aspects of religion like frequency of praying God, intention to know reproductive health matters, beliefs on fertility and family planning are considered. Health status is considered as self reporting of youth that is, how they are viewed / perceived their general health status in terms of poor, moderate, good and don’t know. Health risk barriers include the habits that cause health problems.

Study Area

The study areas are located in the rural Mandals of Chittoor district, Andhra Pradesh. They are Ramakuppam, Veduru Kuppam and Irala Mandals representing all the three revenue divisions viz., Madanapalli, Tirupati and Chittoor respectively. Chittoor district is one of least urbanized district with low literacy level.

Sample Unit

In this study, the term rural youth refers to the males in the age group of 15-24 years. In the present study only males are considered, as many females in this age group generally does not show willingness to discuss on reproductive and sexual health issues and it is because of shyness as well as social prohibition and litigate to give information.

Sample frame and size

The Selection of the sample area and sample were discussed in the following table
### SAMPLE FRAME & SIZE

<table>
<thead>
<tr>
<th>Sample Area</th>
<th>Revenue Divisions</th>
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<tbody>
<tr>
<td>Selected Mandals</td>
<td></td>
</tr>
<tr>
<td>Sample Covered</td>
<td>Tirupati</td>
</tr>
<tr>
<td>Selected Villages</td>
<td>Vedurukuppm</td>
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<tr>
<td>Aggicheruvapalli</td>
<td>Patha Palem</td>
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<tr>
<td>Allamadugu</td>
<td>Mittoo</td>
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<td>Thippinaiidu Palli</td>
<td>Pulluru</td>
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<td>Thirumalaiah Palli</td>
<td>Nampallli</td>
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<tr>
<td>Pothuginta</td>
<td>Chingarapalli</td>
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<tr>
<td>Purrumala Palli</td>
<td>Muddanapalli</td>
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</tbody>
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**Total sample size: 450**

The Chittoor District constitutes three Revenue divisions viz Tirupati, Chittoor and Madanapalli. Vedurukuppm Mandal in Tirupati, Irala Mandal in Chittor and Ramakuppm Mandal in Madanapalli Division were selected. From each Revenue Division, one Mandal is selected purposively based on proximity to the researcher.

In the third stage, from each Mandal six villagers were selected randomly from the village list available in the Mandal. The youth in the age group of 15-24 years were listed out from all six villages and 25 male youth were considered randomly from each village for the study. Thus 150 samples from each Mandal and total of 450 samples from the district were selected for the study.
INDIA POLITICAL MAP
Variables

Background variables such as Social, Economic, Cultural and Demographic etc., are the independent variables and Knowledge, Attitudes and Practices (Behavior) are the dependent variables in the present study.

Index

Several indices were constructed on Knowledge (awareness), Attitudes and Practices on reproductive and sexual aspects. They are briefly discussed hereunder.

Knowledge on female reproductive system

The youth were asked questions on fourteen items to assess their knowledge on female reproductive system. They include girl's age at puberty, three questions on menstrual cycle, three on sex determination, two on abortion, and one question each on breastfeeding, gestation period, menopause, impotency and sterility. A score of '1' for each correct response and '0' for each wrong or "don't know" response was assigned and the score ranges from 0 to 14.

Awareness on changes during adolescence

The young men were asked to state their opinion on six statements in order to know their knowledge on changes during adolescence like menarche, physical growth, and changes in voice, sperm production, breast development and growth of pubic hair. Responses were scored '1' if they say 'Yes' and '0' for 'No, thus a total score of 0 to 6.

Knowledge on family planning

Respondents were asked fourteen questions on the aspects of family planning which include one question on contraception, two on sources of information (mass media; interpersonal), nine on family planning methods and two
questions on emergency contraception. Responses were assigned a score of 1 for correct answer and 0 for wrong answer and thus score ranges from 0 to 14.

**Knowledge on STD and HIV/AIDS**

To assess the knowledge on STD, HIV and AIDS issues, the respondents were asked eight questions on the awareness and transmission of STD and HIV/AIDS, two on prevention of STD, six on misconception about HIV/AIDS and three on treatment of disease, two on ART and seven on symptoms of STD, thus covering 28 aspects. Every correct response was given a score value of '1' and '0' for incorrect response. The summary index score ranges from 0 to 28.

**Knowledge on sexual issues**

Respondents were asked four questions on sexual aspects and five on sources of information on sexual aspects. The score on this index ranges from 0 to 9.

**Attitudes**

Opinions were sought from the youth on reproductive and sexual health concerns. The responses ranges from agree/disagree/can't say and are measured in to three-point scales (score ranges from 3 for agree 2 for disagree and 1 for can't say). In the present study, only liberal views were considered.

**Attitudes on Reproductive health concerns**

In order to study the attitudes on reproductive health matters among rural youth, an Index is constructed. The index consists of seven statements with a three point scale. The score ranges between 7 and 21.

**Attitudes on Family Planning**

Youths were asked to respond their attitudes on eight aspects of family planning issues. This index also includes three-point scale comprising 'agree'
‘disagree’ and ‘can’t say’ representing 3 to 1 score respectively. The total score ranges between 8 and 24.

Attitudes on STI and HIV/AIDS

To study the attitudes on STI and HIV/AIDS, the respondents were asked to express their opinion on eight aspects. This index consists of three point scale representing ‘agree’ ‘disagree’ and ‘can’t say’ and were assigned 3 to 1 score respectively, thus the score ranges from 8 to 24.

Attitudes on Sexual aspects

Respondents were asked their opinion on the statements of sexual aspects. Again this index is also based on three-point scale as ‘agree’ ‘disagree’ and ‘can’t say’ on 9 statements representing 3 to 1 scores respectively and thus, the total score ranges between 9 and 27.

Reproductive and sexual health practices

The index on practices of reproductive as well as sexual health issues of youth consists of thirteen aspects and was divided into two parts, one is their experiences on good or positive matters and other is on bad or negative experiences of reproductive and sexual health matters. The good matters consists seven aspects like hygiene pacts of sexual organs, discussion on sexual concerns, masturbation, nocturnal emission, condom use at first intercourse and every illicit sex and willingness to make friendship with HIV/AIDS infected person. Each correct response is given ‘1’ score and ‘0’ score for wrong response. Similarly with regard to bad experiences on reproductive and sexual health matters consists six aspects like watching pornography, participation in non-penetrative as well as penetrative sex, pre-marital sex, experiences of STD and sex with sex workers. Each responses on bad practices is given ‘0’ score and ‘1’ for no such bad
experiences. Thus, score on the index on reproductive and sexual health practices/experience ranges between 0 and 13. Thus in the present study, indices are constructed to calculate mean score on the aspects of knowledge, attitudes and practices/experience. The mean scores of knowledge, attitudes and practices represent towards better as well as positive reproductive and sexual health concerns of the youth.

Data analysis

Data processing and analysis was done by using SPSS -16 versions. Descriptive statistics and ANOVA with 95% confidence interval were used to show association between target variables.

Limitations of the Study

The present study is confined to only males because collection of data from females on reproductive health concerns is quite difficult especially with regard to knowledge, attitudes and practices on reproductive and sexual matters. Also many male youth were outside the villages engaged in seasonal employment at nearby urban areas and hence, available youth were considered for the study. Some of the rural youth have given poor responses on the aspects pertaining to reproductive and sexual health issues such as STD, pre-marital as well as extramarital sex, masturbation, nocturnal emission etc, and this may be due to hesitancy or shyness even among the male youth.

Ethical Issues

In view of the sensitive and private nature of the topic under study, ethical issues are of prime importance. In view of this, all respondents both married and unmarried were interviewed after taking their consent and they were assured of confidentially about all information they disclosed. Further, those respondents who
report illicit (pre-marital and extra-marital sex) have counseled to avoid unsafe sexual activity. Moreover, respondents were informed on the ways of transmission of STI, particularly HIV/AIDS. Further, respondents who reported any symptoms or morbidity condition in relation to STIs during data collection were advised to consult a physician/specialist for treatment. In this regard, the ethical issues were tackled and the respondents were convinced for gathering qualitative data.

Structure of the thesis

The present research work consists of eight chapters. The First Chapter is on Introduction. Second Chapter gives an account on the Literature and also findings of few studies which have focused similar problems related to the present study. Chapter-III relates to Methodology of the present study. The Background characteristics (like socio-economic and demographic etc) of rural youth are discussed in Chapter-IV. Chapter-V deals with Knowledge on reproductive and sexual health matters. Chapter-VI deals with Attitudes on sexuality and reproductive health aspects. Chapter-VII represents Practices on sexual and reproductive health aspects. Finally, Chapter-VIII gives the Summary conclusion and suggestions of the present research.