CHAPTER – II
METHODOLOGY

2.1 Nature of the study

This study had an explanatory research design and its purpose was to explore the various sociological aspects associated with changing status and role of women in Medical Profession that remained unexplored.

No concerted efforts are found to have been made to study the status and role of women in medical profession in Kashmir. Therefore, this study concentrated on the sociological dimensions of women in Medical Profession. Like women in other parts of the world, the women in Kashmiri society have undergone the process of change in status and role in high profile jobs.

This study is based on both intensive and extensive field work which was carried out among the Kashmiri women medical professionals i.e. women medics. The intensive study helped in farming the theoretical concepts, while the extensive part of the study helped in attaining the empirical orientation of the research. Thus the study having an empirical orientation meant that the study was based on scientific methods of investigation to reach to.

2.2 Universe of the study

The present study is the unique one and relates to women of Kashmir valley in Medical Profession. Although their work places are spread in other parts of valley yet the majority of women Medical Professionals are found in Srinagar city, where they are trained.

Srinagar district in Kashmir valley is urban in character. As per census reports of 2001, the net population of Srinagar is 11,83,493 in which males are 633360 and females 550133. As per census reports urban population constituted a proportion of 80.5% of the total population of the district in which 501727 constitutes the male and 428409 constitute the females. Similarly rural population
in which total person are 253357 from that 131633 constitute males and 121724 constitutes females. In 1961 this population was 66.31% only. At present 77.30% of the population of Srinagar Municipal Council falls in Srinagar district, the rest being in Budgam district. Similarly 79.21% of the Srinagar urban Agglomeration which comprises Srinagar Municipal Council, Badamibagh cantonment and eight villages constituting urban growth falls in Srinagar district.*

The total literacy rate of the district is 59.14% in which males constitute 68.79% and females 48.11%. The total number of district, sub-district hospitals / private hospitals as per census 2001 is 109. The numbers of Allopathic dispensaries as per 2001 census is 263 in District Srinagar.


2.3 Sources of Information

In order to collect the information about the concerned topic, both primary and secondary sources were used. The primary sources included the responses collected through questionnaire. It also included some original works such as university grants commission reports, census, other official reports, etc. The secondary sources consisted of books, national and international journals, general knowledge magazines, magazines and journals concerned with medical sciences and practice, government records, reviews, updated chronicles and newspaper items etc. In some of the cases, questionnaires were returned on spot. But, in most of the cases the responses were written in haphazard manner on questionnaires and then arranged and rearranged by researcher to give them a proper shape.
2.4 Sample of the Study

The characteristic feature of Srinagar city is that, the large number of women are seen in city’s major Medical Institutions where women medics held the posts of specialists in both clinical and non-clinical, senior Residents, Registrars, and house physicians and junior Residents. A small number of women medics are seen in clinical side of medicine. Some are seen in the Gynaecology and Obstetrics specialty.

Accordingly, the sample consists of all the categories of women medics. The women with undergraduation, postgraduation, specialization, super specialization and diploma degrees were selected as respondents. The reason for the selection of women medics is purely sociological and methodological. In order to make the study systematic and scientific, the empirical investigation was carried out among 200 women medics working in city’s major Medical Institutions for about seven months. Keeping in view the design and purpose of the study, the sample from the social point of view contained women medics belonging to different categories of marital status, from age point of view women medics belonging to different age groups, from demographic point of view belonging to different residential areas, from economic point of view belonging to different self and family income groups, from educational point of view belonging to different specialized degree groups and from service point of view belonging to different categories of service class were selected.

A structured questionnaire was prepared. Covering the personal profile, profile about Medical Education and careers in academic medicine, professional mobility, relationship with colleague community, referrals, discrimination, private practice, impact of women medics on families and other women and also the various general problems faced by women. A pilot study was conducted for testing the questionnaire with selected portion i.e. 20% of the total sample. Based on their responses, certain modifications were made in the light of observation and responses. The data and information collected through the field study was processed and analyzed in the form of tables.
2.5 Methods and Techniques of Investigation

After the selection of the sample, the method or technique to be used for the collection of the data was selected. For the purpose of collection and recording a detailed questionnaire was prepared which aimed at eliciting all the required information about all themes of the study. The aim of the study is to have a comprehensive picture of women in medical profession. The questionnaire contained about nine themes with most of the questions having fixed choice. The respondents had to choose the appropriate ones according to their own judgement, experience and understanding. Some of the questions were open ended, to which respondents gave the answers as per their wishes. The brief summary of the themes is presented below.

The first theme of the questionnaire contains about six questions regarding medical education and problems faced during undergraudation, support in choosing specialization at P.G. level, motivations to undergo postgraduation. Devaluation during training programmes in the medical schools, effects after attaining graduation/postgraduation on professional attainment, and barriers of women’s professional success.

The second theme contains five questions related to careers in academic medicine i.e. women medics becoming as head of the medical school, choices regarding medical curricula , satisfaction with marriage, preference for marriage, and marriage to a medico.

The third theme of the questionnaire i.e. occupational/professional satisfaction contained two questions related to satisfaction with profession, and factors influencing being in medical profession.

The fourth theme contained two questions related to relationship with colleague community i.e. dependence on the assistance of para-medics, difficulty in attending patients without senior colleague / specialists.

The fifth theme i.e. referrals and reciprocity contained two questions related to referrals for private practice and draw backs for women medics in their practice.
The sixth theme contained three questions related to women medics and differentiation i.e. opposition from male member of the family, pattern of decision making existing in family and decision making regarding marriage of children.

The seventh theme relates to women medics and area of concern contained four questions i.e. area of interest, favour of private practice, patients interest in the type of treatment and attitude regarding the treatment on the basis of rural/ urban backgrounds.

The eighth theme deals with women medic’s occupational mobility and impact, contained six questions, i.e. change in status while working abroad, working abroad stops chances of promotions and acquiring higher professional education, impact on the family, impact on society, discouragement from society for going into challenging career and regret for being in medical profession.

The last them i.e. ninth deals with women medics and problems experienced with six questions related to problems at social level, problems faced when both husband and wife are doctors/medics, problems faced when husband is non-medico, problems while pursuing higher studies, problem of hostility in male dominated specialties, problems in the leading positions and problems of psychological stress.

The women medics filled the questionnaires to the satisfaction of the researcher, because these women were qualified in their field having experience and knowledge about new trends and concepts. These women were also socially aware and culturally exposed. Some questionnaires were filled by the researcher on the basis of responses collected through interviews with the respondents. This helped the researcher in gaining more information and made the study more accurate and reliable.

2.6 Analysis and Writing

After completing the investigations and collection of data, the processing i.e. the tabulation, aggregation, organization and classification and the task of analysis started. The responses given by respondents were in a raw form. In the process of data collection each question was numbered and coded separately in the questionnaire. The
questionnaires were also numbered. Code numbers were assigned to questions and responses of the respondents were categorized. The responses of the respondents were transferred on code tables. These code tables were made question-wise and theme wise. Each thematic table was explained on the basis of aggregate of the responses provided by the respondents. A detailed sociological analysis of the findings of each thematic table and responses were provided. Also sociological explanation and interpretation of the responses given by women medics and then percentages were calculated after that inferences drawn accordingly. This sociological explanation led to the finalization of present dissertation. It was divided into proper chapters.

1) Introduction
2) Methodology
3) Socio-economic profile of women medics in Kashmir which presents the socio-economic and educational backgrounds.
4) Discussion of the study in which the data is explained and analysis of the same is done, through different sociological variables, so that the inferences can be drawn.
5) Findings in perspective.
6) Conclusion
7) Suggestions were presented at the ultimate stage. The conclusions are drawn from itself, after verifications and at the same time the researcher gives his assessment about the attained findings.

2.7 Difficulties Encountered During the Data Collection

This study is an important and special beginning on women medics in Kashmir valley. No census figures of women medics are available. Some serious constraints were faced during the course of field study. The women medics were personally and individually contacted by the researcher. The researcher found it difficult to elicit information from educated and sophisticated class of respondents as it was difficult to pierce through the internal views which was hidden in their personalities. Many
respondents were unwilling to give details of interpersonal relations in their family. Many respondents were unaware about the research being conducted on them. They did not like to give responses about certain questions. Some were unwilling to give details about their name and caste, and private practice for their were inhibitions in their minds that this will affect their personal lives. It was a herculean task to make them willing to answer the questions in the questionnaire. However, this problem was tackled tactfully. After developing a proper rapport with the respondents, they were assured that their statements would be treated as confidential. Many respondents were unwilling to spare too much of time. Thus the researcher had to fix appointment according to their willingness. Sometimes, even after fixing the appointment, the respondents were not available for they were busy and tired. Some respondents wanted that the questionnaire be left with them and collect it some other day. In most cases, the investigator did not find the questionnaire ready on the day it was promised. Many respondents filled the questionnaires in the wards and it took them at least one hour to fill it. It was a hectic job to distribute questionnaires to respondents at the time of duty hours, since they were busy with their patients, emergency duties and morning rounds. They were over burdened with public dealings for almost the whole day. Some of the respondents were busy with laboratory work, testing and recording of results of the investigations done on patients samples, therefore were available at times after their work. A few respondents filled the questionnaire keenly answering each and every question of the questionnaire. They gave the additional information about the subject. Thus responses of those respondents were up to researcher’s satisfaction. On the whole the researcher gained a lot of insight through interviews and can name and count many among the respondents as friends. Further at the time of data collection the researcher had to take help of the family members, friends to accompany to the places where she had to get information from the respondents. Thus the researcher feels that the study is an exhaustive one covering various facets of women medics in Kashmir valley.
Map of Srinagar