Chapter 5

RESEARCH METHODS

The methods used were aimed to provide an understanding of the approach applied in the research. Therefore, in this chapter research perspective, philosophies, approach, and methods would be discussed to show that how the various methods used considered appropriate for those circumstances. Further in this chapter it could find a mention about how the theoretical data gathered, presumption and disapproval of secondary data occurred. The demand for methodological awareness of the knowledge of theoretical terms created a greater argument for method selection as research scholar also wanted to show that the methods chosen were suitable to solve the stated research problems and questions.

Research scholar would like to acknowledge that the choice of methods was limited by feasibility and availability of resources as there were not any financial resources available and the research accomplished with the available resources to the research scholar and his personal capacity to arrange resources. However, research scholar was able to get a contingency grant from ICSSR, New-Delhi although that also could not say sufficient. Yet research scholar never compromised with selection of appropriate methods and went for all those considered logical and never took short cut.

In general, method could be a philosophical question whereby research expressed itself, and choosing a method by the research scholar was therefore important since it determined whether he would be able to grasp meaningful dimensions of reality or whether he would merely reproduce his own and existing literary chauvinism. Research scholar had already stated in the chapter ‘statement of motivation and purpose’ that research scholar was not having any kind of prejudice and bias to go for this research except personal desire to prove research and data collection abilities. This study was never having other interests, as the research was never an assigned, sponsored, or funded project. It was a work of research scholar’s own choice and interest.

No study could be completely objective, and the outcome could partly a result of expectations, interests and values and how research scholar had chosen to solve different issues. It already stated that one of the main purposes of this
study was to investigate the execution and achievements of National Rural Health Mission.

There were two research approaches to the empirical study what research scholar had to choose from deductive and inductive. The deductive approach started from already existing theory and thereafter stated a hypothesis and made conclusions that led to empirical results. The inductive approach started with the empirical results to broader overview and creation of theories. In general, term research methods were termed as qualitative methods and quantitative methods. “With quantitative methods, statistical analyses are typically undertaken and reported and then discussions of the results developed. The results of statistical analysis typically involved both a quantitative index of a relation between variables or a magnitude and an index of its uncertainty. It is important to report the results of analyses that are critical for interpretation of findings in ways that capture the magnitude as well as the statistical significance of those results. Quantitative indices of effective magnitude are a useful way to do (Kothari 2004).

For this study, both the deductive and inductive approaches were chosen as it provided the possibility to confront the empirical result with a theoretical framework. The research question then answered with the objectives from the theory and the empirical findings. After the development of theoretical knowledge, research scholar used governance documents and best practices as a secondary data. Research scholar relied on the review reports of various agencies such as Common Review Committees, Sample registration system and rural health survey bulletins and reports published by developmental partners. In the third stage Case studies, E-mail data collection and Interviews were performed. Tiers of data collection and case studies, interview performed to verify those results. Testing of hypothesis performed through the data collected by interviews and case studies. With such approaches, it became certain that this would give logical results, which could not be challenged through any means and approaches of the research. To process information about the research, research scholar used both quantitative and qualitative approaches. There was a famous theory called “Grounded Theory” which was used to confirm the findings of qualitative study through a quantitative study (B Glase 2006). The findings of case studies related to Institutional Arrangements, Merger of Societies, Meetings, Constitution of Rogi Kalyan Samities, Increase in OPD/IPD Cases, Beneficiaries of Janani Suraksha Yojna and increase in number of institutional deliveries were also confirmable through data
triangulation and statistical analysis that was included as a quantitative form of research.

Moreover, research scholar had found the conduct of qualitative research challenging, interesting and stimulating since it usually involved social interaction with people within the area of study. Research scholar’s ambition had been that this research process would not only generate useful contributions to the field of research, but that it would also provide time for reflection and learning from other people involved in the process. The qualitative research often involved and benefitted from interaction, discussions, and play of ideas within a research team.

Secondly, the quantitative approaches were applied in the context of numerical interpretations. A lot of numerical data triangulated in order to establish the findings such as changes in health indicators, status of funds flow, utilization of funds, and gap analysis of workforce, infrastructure, and logistics.

Thirdly, in order to explore how National Rural Health Mission conceptualized and implemented the experiences and opinions of the people in the organizations was of great value.

According to a research, guidelines web portal “Qualitative research is a type of scientific research consists of an investigation that seeks answers to a question and systematically uses a predefined set of procedures to answer the question”. It collects evidence, produces findings that were not determined in advance, and produces findings that are applicable beyond the immediate boundaries of the study. Thus, the qualitative research shared all those characteristics. Additionally, it seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative methods produced information only on the particular cases studied, and any more general conclusions were only hypotheses. Quantitative methods used to verify which of such hypotheses were true (Wuffet, R 2004).

Another advantage of qualitative methods was that they allow the researcher the flexibility to probe initial participant responses – that is, to ask why or how. One of the major reasons for doing qualitative research was to become more experienced with the phenomenon thus this method too often applied in social research. Research scholar believed that qualitative research had special value for investigating complex and sensitive issues. It was most suited to achieve a deep understanding of how people think about different phenomenon. Qualitative research certainly excelled at generating information that was very
detailed. Of course, there were quantitative studies that detailed also in that they involved collecting many numeric data. However, in detailed quantitative research, the data themselves tend to both shape and limit the analysis (Kothari, 2004).

5.1 Secondary data

The secondary data were required in order to proceed with the research. It was further required to mutually confirm with primary findings, to secure the research and uphold the findings of the research. Selection of methods also correlated to the availability of secondary data sources. Research scholar was aware that “Data is what obsesses researchers, for some it only exists if it can be measured, quantified, and manipulated”. Yet, before any of that can happen, data required making visible - at least in the mind's eye, that internal 'way of seeing' that neither be seen, nor measured nor quantified by external observers! To see in this way is to be in some way meaningful to the individual who 'sees' it (Paul 2001). Any data used to be meaningful if it properly understood and only meaningful if it could fit within some signifying system(s) (A. Gupta 2003). Thus, as the above example illustrated, data were relative to the worlds within which those signifying systems were lived and practiced. Dr. A.L Bowley had very aptly remarked that in the collection of statistical data common sense was the chief requisite and experience was the chief teacher. Thus both common sense and experience applied towards the pursuit of desired data.

There were numerous secondary data available thus, the onus laid upon research scholar to select useful data and sources. The useful data carefully selected considering various aspects such as its reliability, trustfulness, and relevance. The search for secondary data had gone extremely beyond and most of the time Google search engine on the internet used for suitable and reliable data from a trusted source. Therefore, data required being authentic and it must originate from reliable and established sources. The data such retrieved tabulated in the thesis but certain data could not tabulate despite they provided some crucial bit of information especially as a linkage or a breakup pieces of information.

Unlike literature and their sources, the data and their sources very much identified already prior to go for the research. It was almost clear in conception that such data would be required from such sources. Therefore, the problem lied only in accessing that source to retrieve data from them. Most of time data were also available online.
Numerous data were available in the health sector of the country. Several data from different sources sometimes showed marked and distinguished contradictions. It was assumed that any contradiction and controversial would not be required and used under the research. Hence, selection of data and data sources became so crucial under the research.

The sources of secondary data used under the research were primarily the MIS on NRHM or the executive summary on NRHM. In addition, sources of secondary data were also the Census reports (2001 & 2011), Times series data (MOHFW, Times series data, 2012), National Family Health Survey Reports (NFHS 2006), District Level Household Survey Reports (DLHS 2008), Sample Registration System Bulletins (SRS 2006 & 2011), and Rural Health Survey Bulletins (MOHFW Periodical). Besides that World health organization’s country statistics also utilized as secondary source of data (WHO, Country Statistics India 2005 & 2012). Those data were available for different periods. Therefore, data for the period 2005-06 and 2011-12 were picked for the research.

5.2 Case studies

Case study in this research was mainly used to see the occurrence of National Rural Health Mission programs at the ground level. Case study was especially helpful in identifying the execution and to verify various secondary data sources. Several scholars had considered a case study as an intensive study of a specific individual or specific context. Researcher Robert K. Yin had defined the case study research method as an empirical inquiry that investigated a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context not evident; and in which multiple sources of evidence used. A web article had termed a case study as a useful method to test the theory and note the drawbacks or gaps. A case used to be a description of an actual situation, commonly involving a decision, a challenge, an opportunity, a problem, or an issue faced by a person or persons in an organization.

The case study methodology was considered particularly appropriate for this research. In this research, a case was defined as the empirical unit that constituted the context for the study where programs of National Rural Health Mission implemented. The cases considered under this research could be health facilities and organizations under the framework of National Rural Health Mission which were spread from the national level to village level. The research scholar was particularly concerned and careful about selecting the appropriate number and location of cases.
The research reported in this thesis was based on more than fifty cases including health sub centre, primary health centre, community health centre, first referral units and district hospital, state health societies. Some of the cases used for replication while some of them used for extension. Actually, the best way to describe the research strategy was that research scholar had used the multiple-case study as an umbrella strategy, aimed at achieving the general aim of the research.

The case study method was usually involved with three stages: individual preparation, small group discussion, and large group or class discussion. Different stages in the case analysis gained familiarity with the case situation. Recognizing the symptoms or the things that not as expected, or as they should be? Identifying goals or objectives, conducting the analysis, making the diagnosis, identifying discrepancies between goals and performance formed integral part of case studies. Thus the aims of case studies were -

a. Case study considered essential to check the occurrence of health services and programs at the ground level as claimed by the documents such as MIS on NRHM or the executive summary of NRHM.

b. It was required to check the functioning of key functionaries, generation, and flow of reports, maintenance of records and sense of awareness about the program at the micro level and level of two-way communications among key functionaries for varied purposes, at different levels.

Case study under this study considered most crucial methods for ascertaining the occurrence of schemes, programs and provisions at the ground zero level. It provided the research scholar a valid scope to come across the gross reality of the public health system of the country as each health facility visited had different story to tell. Case studies provided research scholar opportunity to examine the execution and implementation of National Rural Health Mission beyond the cumbersome nets of data and paper works. Research scholar had no hesitation in saying that the research presented in this research was largely based upon case studies, interviews and the interpretation or inferences research scholar was able to draw by comparing the cases and available texts.

It would also require mention here that research scholar while working as Divisional program manager under the aegis of NRHM with Jharkhand government during the period 2004 to 2009 had travelled across the State of Jharkhand in order to monitor, supervise and implement the National Rural
Health Mission programs. He was fully familiar with the health facilities of not only Jharkhand but being a resident of Bihar State he was also very familiar with several public health installations of Bihar too. In addition, in relation to training, survey, field works and workshops the research scholar had visited several states of the country including West Bengal, Chhattisgarh, Uttar Pradesh, Uttarakhand, Delhi, Punjab, Rajasthan, Madhya Pradesh and Pondicherry. Certainly all those exposures and familiarity of the research scholar could no way term any less than a formidable case study what could be significant for this study.

Despite the facts aforesaid, research scholar had to engage in a dedicated case study of almost fifty health facilities. An inventory and matrix of case studies performed has been attached in tabular form for different kind of health facilities and health societies visited by the scholar in person. Therefore you may please see in Table-1, Table 2, Table 3, Table 4, and Table 5 for the details of cases and case issues included for Health Sub Centres, Primary Health Centres, and Community health Centres. First Referral Units, District Hospitals/Health Society, and State health society respectively.

For conducting case studies a point system was implemented which was based upon verbatim recording of answer by the respondents during the case visits. A pre arranged case issues were put to respondents and their answer in yes or no was recorded. 1 point was given for yes and 0 point was given for the No. Ultimately on evaluation of the entire matrix a general impression could be established. However in the tables yes and no was respectively marked by tick (✓) and cross (×).

It would require a mention here that case issues were designed to grasp the maximum possible information and activities at every health facilities across several states. The template for the case study which was specifically developed by the research scholar for this study in order to acquire every bit of information what might available from any particular health facilities, ultimately proved most significant under this research. The case study template included wide range information on health programs, records and logistics maintained, flow of funds and thus on the basis of such information a general and logical portray of the overall progress of National Rural Health Mission could draw and presented in this thesis. Health facilities required to be selected carefully as it represented varied kind of facilities.

Programs under National Rural Health Mission were in focus for the case studies, and some general information about the number of employees and basic type of problems also included.
5.3 E-mail data collection

E-mail data collection turned extremely beneficial and proved significant under this research. In general, collection of data through e-mails was most common those days. Mail surveys were a common survey methodology that filled out in the privacy of respondents without ever meeting the researcher. Mail surveys involved a high degree of anonymity so surveys that required sensitive information expected to get a greater response rate if conducted through the mail (Sinha 2011).

However, mail surveys also used under this research sometimes appeared to fall to the bottom of the priority list as respondents that contacted through the mail usually expected to complete questionnaires at their convenience, which could greatly affected the deadline. In some cases non-response were evident as respondents looked over the survey and choose not to participate or not respond. At this end, the telephonic conversation with responded proved handy as respondents were persuaded to fill the survey questionnaire over telephone and repeatedly requests by the research scholar made several respondents to respond.

The methods was found highly cost effective as without visiting those places which not possible to visit due to paucity of time and resources research scholar finally also got data related to remote states and territory of India which so widespread geographically.

In this case e-mail based surveys and data collection was conducted whereas data were collected from respective and concerned persons and individuals by sending them an e-mail questionnaire. In most cases the responses were most prompt and authentic whereas in some cases less commendable and authentic answers were received or in some cases no response were achieved. Since research scholar had remained associated with Program Management Units under National Rural Health Mission and was using their network to transfer data across the states and districts, therefore research scholar utilized his personal capability to collect most authentic information and latest data for this research in this manner.

A list of persons was prepared from whom information could be retrieved through e-mail. It would be worth mentioning here that it was not possible to visit every state of the country to seek some vital information. Therefore, main survey or telephonic survey was the best solution. E-mail addresses of several persons retrieved by visiting the websites of the respective departments and
agencies. First, a request e-mail was sent inviting them to participate. In some cases, respondents asked about proof of identity and work therefore scanned copy of the PhD registration certificate and identity proof sent to them. Then a detailed questionnaire sent to them, which usually returned to research scholar fully filled within 2-3 days. If the response not received within deadline, reminders were also sent.

E-mail survey questionnaire sent to almost all key functionaries of different states and in most cases they responded after reminders and requests. The information they provided were most vital for this research. The most valuable both primary and secondary data retrieved through this process without any expenses and making any visit to that place which were far away. Financial and workforce status of different states and the performance of different programs and achievements retrieved in this fashion, which may be not available to others. The request to participate in e-mail survey attached vide table 6; therefore you please may see in table 6.

5.4 Data process and analysis

After the data collected, the next step was data processing and analysis. The data analysis in this research required a number of closely related operations such as establishment of categories, the application of those categories to raw data through coding, tabulation, and then drawing statistical inferences. For the sake of data analysis two master tables in MS Excel worksheet was prepared. One master table contained the data at the national level whereas the second master table contained data pertaining to states. With the help of those tables several statistical analyses performed and other tables were presented. The two master tables have been attached; therefore you may please see in table 7 and table 8 respectively for this purpose.

The unwieldy data condensed into several tables for further analysis. A scientific method was adopted for editing which helped with the data coding. For tabulation the use of computer, devices assured so that it not consume much time and energy. Data accessed from both the primary and secondary sources processed as per requirements. Final data picked up and presented in tabular forms at the end of this thesis. Process and tabulation of data from both primary and secondary sources involved lot of efforts. Sometimes extremely hard time was faced due to sudden loss of data after being the table corrupted. The data presented through various tables were a work of great numerical and analytical skill, which required lots of competency as it's never easy to pick the correct data for a particular period pertaining to any particular region from
a vast data source. Analysis work after the tabulation generally based upon the
computation of various percentages, averages, coefficients by applying well-
defined statistical formulae. Various statistical measures applied including MS excel add on.

5.5 Statistical formula used in data analysis

Different statistical formulas were used to analyze the data collected through
different data sources. The gap analysis, per capita calculation and changes in macro health indicators were calculated based upon a formula which was developed solely by the research scholar for this research. Such formulas were developed by the research scholar due to his previous study of the available literatures.

5.5.1. Calculation of per capita funds:

\[ C = \frac{R}{P} \text{ and } C = \frac{U}{P}, \]

Where \( C \) denoted the per capita, \( R \) denoted amount released, \( P \) denoted total population and \( U \) denoted amount utilized.

5.5.2. Calculation of per capita Institutional Deliveries and Beneficiaries under JSY:

\[ C = \frac{I}{P} \text{ and } C = \frac{B}{P}, \]

Where \( C \) denoted the per capita, \( I \) denoted total number of Institutional deliveries, \( P \) denoted total population and \( B \) denoted total number of beneficiaries under JSY.

5.5.3. Measurement of funds performance:

Performance in terms of funds utilization was measured by using formula

\[ Q = \frac{(U \times 100)}{R} \]

Where \( Q \) denoted the performance, \( R \) denoted amount released, and \( U \) denoted amount utilized.

5.5.4. Calculation of number of health facilities required:

\[ N = \frac{P}{TP}, \]

Where \( N \) denoted number of facilities required, \( P \) denoted Total population and \( TP \) denoted target population to be covered as per IPHS.
5.5.5. Calculation of year wise population since 2005-06 to 2011-12:

\[ P_1 = P + (P \times D / 1000) \]

Where \( P_1 \) denoted population of the year, \( P \) denoted Total population for the previous year, and \( D \) denoted decadal growth rate.

5.5.6. Calculation of averaged population:

The averaged population under the research was considered important due the fact a base population was required for analysis and considering the fact that decadal growth rates of population what will be the averaged population of the country during 2005-06 to 2011-12. Therefore averaged population was calculated with following formula:-

\[ P = (P_1 + P_2) \div 2 \]

Where \( P \) denoted averaged population, \( P_1 \) denoted population in 2005-06 and \( P_2 \) was the population in the year 2011.

5.6 Interviews:

Interviews were among the most challenging and rewarding forms of measurement. The interview method usually regarded as the "jack-of-all-trades" in research. They required a personal sensitivity and adaptability as well as the ability to stay within the bounds of the designed protocol (D. Banerjee 2004). Here, research scholar would like to describe the preparation made and the amount of interviews performed.

It was considered that personal interviews could be a great method to get in-depth and comprehensive information. In this case research questions were put on the basis of a written questionnaire and the answers was recorded verbatim. Different interview templates were used to interview different persons. Sometimes, the questionnaire was simply a list of topics that required being discussed.

Personal interviews in this case generally used only when subjects were not likely to respond to other methods. However it was difficult to say that which method followed which because case studies and interviews implemented almost simultaneously however in certain cases it was specifically organized towards the end of the data collection, case studies and generation of primary data. Therefore such interviews were related to possible outcome of the research in an order to confirm the result.
Interviews were performed also to verify certain findings and to access the real ground situation. The main source of information for the empirical studies of the cases was the interviews with Accredited social health activists, Auxiliary nurse and midwives, Aanganwadi workers, Punchayati raj representatives, NGO activists, Doctors, Program Management Units, Program Officers at district level and state levels, Mission Directors, and common people. Telephone interviews also conducted. Much time it was not possible to draw pen, paper or pencil and thus the formal interview performed without disclosing the purpose and motive during casual interactions. The matrix and schedule of interview performed have been mentioned in tabular form; therefore you may please see in Table 9.

The interviewer's role for research scholar was complex and multifaceted. It included the tasks like locating and enlisting the cooperation of respondents, motivating respondents to do a good job, clarifying any confusion or concerns, observing quality of responses and conducting a good interview.

However, the interviews conducted with the help of a well structured template and different set of question asked to functionaries at different levels. In certain cases, some specific questions raised and which required an answer. As an interviewer, research scholar had to keep explaining repeatedly. Sometimes it became very illogical describing the same situation for several persons as several persons required answer to the almost similar kind of questions but they provided answers in order to satisfy their eagerness and cause of interview.

Some basic questions asked by a person being interviewed or to be interviewed were mostly centralized around the following issues for which research scholar had to put some extra efforts again and again such as:-

a. Describing the entire study
b. Stating who is sponsor of research
c. Sometimes explaining about the sampling
d. Walking and talking
e. Explain respondent selection procedures, including
   i. Reading maps
   ii. Identifying respondents
f. Rehearsing interview
g. Explaining supervision
h. Explaining scheduling

It was important that research scholar used to keep all of the materials needed to do a professional interview. For this purpose, research scholar had to assemble
an interviewer kit that easily carried and included all of the important materials such as:

a. A notebook  
b. Sufficient copies of the survey questionnaire  
c. Personal and Institutional identification  
d. Copy of PhD registration  
e. A phone number the respondent could call to verify the research scholar authenticity.

Although research scholar had the means to draw a respondent in acoustic and or videotape however, not able to do like this because most of the respondents were often uncomfortable when they knew that their comments would be recorded word-for-word. They might twist to say things in a socially acceptable way, which would deny research scholar the real situation. Therefore, in general, personal interviews were recorded by the research scholar using pen and paper.

5.7 Reliability and validity

As said earlier that the secondary source of data was mainly the internal resources generated by National Rural Health Mission key personnel at various levels. Although there was no reason to doubt such data generation at different levels but only on the basis of such self regulating data it was not possible to present a logical and conclusive research view point and lots of action required for validity and reliability of those one sided data. Such internal data might be valid but not reliable or could be reliable but not valid or even neither reliable nor valid. However, research scholar was looking for data, which would be both reliable and valid.

It has been already mentioned that MIS on NRHM or Executive summary of NRHM' was the basic source of data under this research and that was available for the period up to December 31, 2011 therefore substantial period was covered as data for the last three month was not available. However MIS on NRHM was based upon work reported by different functionaries at different level and research scholar was not fully relied upon those data as doubts persisted in the mind of research scholar. During the case studies it was found that a government setup usually also submitted reports for those works which never accomplished. However, it was also evident that there could be no any alternate source of measurement of the amount of work done and achievement of National Rural Health Mission over the period of the last seven years. Therefore, it could be the only possible source of data, which used under this
research. Research scholar would again repeat that there was no alternative source of data. Sometimes conflicting data originated from state health societies and district health societies. Thus, the HMIS data were the ultimate source of information on work done under National Rural Health Mission based on which the achievements could be evaluated. However data related to funds released and utilized was considered most authentic and actual.

However as said earlier that several individuals raised doubts about the reliability and validity of such data but since it was the sole source then there was no alternative thus such data were validated though case studies and interviews despite it was not fully possible to validate the entire data. However, more importantly there was also not any basis to discard such data as such data were generated and signed by the key government functionaries after maintaining registers and records.

Although some other sources of data were not required any validation because they considered most authentic with high rates of confidence levels. Achievements of National Rural Health Mission was also measured in terms of changes in health indicators provided by sample registration system reports which was almost 95 percent valid and this data were universally accepted. Similarly, no substantial doubts arose about the date of the rural health survey and Census reports. There was no system in the country to measure separately the respective contributions of the public and private sector in India thus considering the fact that private sector was also so formidable in India every change in health indicator could not be credited to National Rural Health Mission fully by the research scholar. Therefore it was found more logical to describe the achievements of NRHM most in form of its performance which included improvements in work force, infrastructure and logistics. Such performance might consider obsolete in other sector however in the field of medical and health services such performance was considered as readiness or preparedness of the health department to deliver. However it was also considered that work force; infrastructure and logistics without each other could be a precious waste.

The crude birth rate, death rate, and the decade growth rate were validated by the census 2001 and 2011. The data of Sample registration office, Rural Health survey were more authentic and they haven't denied as they have more than 90 percent of reliability and dependability. Even WHO used those data?

In this study, another secondary data such as reports of successive Common Review Missions on National Rural Health Mission was quite useful. Although
this data and findings were also done by a team constituted by the Government of India despite considered a reasonably valid comment on execution and achievements. The findings of CRMs were largely based upon visits of respective teams in different states and observation they made during visits of selected health facilities. In addition their findings were also based upon the information provided by the respective state authorities.

Therefore, secondary data validated and verified by the research scholar through case studies and interviews. Some programs and achievements though documented but since they not found authentic were not accepted by the research scholar. It's reported that surgical delivery used to take place at primary health centers however research scholars had noticed that there could no caesarean birth at several primary health centers in several states thus such reports were liable to be discarded. Personally visiting several primary health centers, research scholar was fully confident that there could not be institutional deliveries at those primary health centers despite in monthly reports almost more than 20-30 deliveries shown by the authorities.

Despite the above facts this research was still marred with certain limitations. One of the great limitations was the non-availability of NFHS-4 data, which most probably published in the year 2013. The NFHS-4 data were required to validate those findings but there were alternate sources also which could ultimately validated findings and thus those limitations would not have any impact on the overall outcome of the research.

The literature, material, and methods selected under the research were in accordance with established traditions and culture of an empirical research. Thus the findings of the research expected to be in accordance with the findings of other research and there could be no any major shift except some interpretations and analysis, which usually bound to vary from individual to individual and case to case.

5.8 Primary data

The overall research conducted through the methods aforesaid described had resulted in production of several primary data. Therefore it could say that primary data were largely based upon information retrieved from already mentioned secondary data sources which was accordingly presented in tabular form vide different tables so that it could help in performing appropriate statistical analysis.

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