2.1 CONCEPTUAL FRAMEWORK

Research design can be thought of as the *structure* of research -- it is the "glue" that holds all of the elements in a research project together. We often describe a design using a concise notation that enables us to summarize a complex design structure efficiently.

For the purpose of the study both quantitative and qualitative data has been used during the research. NFHS and RCH-RHS data sets have also been used for profiling the adolescents showing rural-urban differentials.

2.1.1 Conceptualization of Research Problem

Efficient Adolescent Reproductive and Sexual Health are needed not only in the state of Manipur but in the whole of India. In terms of Churachandpur district, which is the study area, the socio-economic condition and health facilities may not be too conducive to the proper implementation of ARSH care. The larger population of the district seeks medical help for major health problems such as typhoid, malaria, diarrhea, viral fever, etc among others but seeking medical help in terms of reproductive and sexual health that too by the adolescent group especially girls have not been noticed as yet. The only reproductive and sexual health care treatment received may be before and after birth care, sexually transmitted diseases and infections, irritation in the private parts and/or menstrual related problems but these cares are mostly accessed by elderly women if not married women.

Many of the adolescent population in the area, who are at the peak of their sexual curiosity, acquire information about sex and sexuality from their peer groups, magazine or from people who tend to misinform them. In the area, television plays an important role in educating the people on varieties of issues but since the television as a medium does not have sex education or adolescent related programme they are also not able to acquire validated information. The
increasing amount of curiosity and inappropriate information lead them to indulge in risk behaviors.

The laid back lifestyles and lack of job for the uneducated adolescent in the area lead them to abuse substance and when they are unable to afford their drugs they further indulge in unwanted and unethical behaviors which aggravate their health problem but due to the fear of social ostracisation they do not seek medical assistance.

Among the adolescent group the awareness of the risk posed by the reproductive and sexual ill-health is very minimal. This is due to the lack of awareness and information in the society, ignorance of the people regarding the need for adolescent reproductive and sexual health care, not allowing sex education to be taken up in schools etc however, the elders in the society have to realize that ARSH care goes way beyond the context of sex alone there are many other factors apart from sexual indulgence which leads to adolescent reproductive and sexual ill-health.

2.1.2 Rationale for the Study

Despite the fact that adolescents represent almost one quarter of the Indian population, their reproductive health needs are poorly understood and ill served. The area of study has been selected due to my familiarity with the area and culture of the people. Most importantly the decimal utilization of the health services existing in the area by the adolescents has also facilitated the choice of my study area. Moreover, the constraints on financial and human resources, coupled with the great size of the adolescent population, highlight the need to find less costly ways to reach adolescent. Although the demand for sexual and reproductive health programming for adolescent in developing countries is growing, there is a dearth of evidence on the characteristics of effective programs.

Churachandpur district is one of the developed district of Manipur however, this development has not resulted in an efficient health services within the district and it still fails to meet the health needs of the people. The awareness
level among the people regarding adolescent reproductive and sexual health is also low and there is a lot of misconception regarding adolescent reproductive and sexual health among the people. The study will give the researcher an insight into the lacunae existing in the health service system of the state and further help in taking proper action thereby resulting in an efficient health service of the state. Moreover, the researcher’s knowledge of the local dialect as well as the awareness regarding the geographical area will be an added advantage to the study.

A large number of adolescents as per the NFHS 1998-99 data may be engaging in unsafe sexual practices as well as early marriages, though across culture the age of first sexual activity or contact varies it usually begins at 15-16 years which further increases the risk of reproductive health problems and sexually transmitted infections. Moreover, the health services available to the adolescents is low and the lack of awareness about sexual health and hygiene may further reduce the adolescents ability to use contraceptives properly, inhibit their decision-making power in areas related to contraceptive choice, or result in them having fewer alternatives to parenthood.

The study has been taken out of the need to better understand the social context of risk and protection for the adolescents. The study will also enable the researcher to document the existing information on sexual and reproductive behavior, as well as the knowledge and attitudes among the tribal adolescent girls. Today the area presents a major challenge to public health in terms of misconception regarding adolescent sexual and reproductive and sexual health and the lack of infrastructure to meet the needs. The research will be designed to study through the following analytical framework.

2.1.3 Research Question

1) What is the understanding and status of adolescent reproductive and sexual health among adolescent girls in Churachandpur?
2) What are the provider’s and the user’s constraints in relation to adolescent reproductive and sexual health care of the adolescent girls?

2.1.4 Hypothesis

- The adolescent are provided with inadequate information regarding health and sexuality making them, particularly girls, vulnerable.
- The health facilities provided to the adolescent are limited if not non-existent.

2.1.5 Research Objectives

1) To analyze the understanding of health and sexuality among adolescents girls in Churachandpur.
2) To understand the provider’s and user’s constraints in the provision and utilization of health care.
3) To study the health policies and programmes for the adolescent, if any.

2.2 RESEARCH DESIGN

2.2.1 Selection of the area

The study district was purposively selected. Churachandpur district is one of the most developed district in Manipur. The study has been conducted in village Moldenphai and Lamka town to represent rural and urban scenario respectively. The researcher’s familiarity of the area and the knowledge of the culture and socio-economic and political condition of area also helped in selecting the area.

2.2.2 Data Collection

The data collection was undertaken from the month of October to December in 2007. Prior to the data collection, preliminary work was conducted through telephonic conversation in the study area to establish relations with the community leaders and some parents. Some qualitative methods were used for data collection, including in-depth interviews, informal conversations, and
focus group discussions. Focus group discussion was carried out among the parents of Moldenphai village. It provided an in-depth knowledge of issues' from the perspective of the parents. An open ended questionnaire was used and the responses were spontaneous.

Field notes were the salient method of data recording. Six groups of respondents formed the study population, the tribal adolescent girls (both in the village and the town), parents of adolescent children (both in the village and the town), teachers (both in the village and the town), health personnel, NGO personnel and health personnel in the district.

Quantitative data was also collected. Quantitative data was collected using six set of semi-structured questionnaires, for the tribal adolescent girls (both in the village and the town), parents of adolescent children (both in the village and the town), teachers (both in the village and the town), health personnel, NGO personnel and community leaders in the district. In-depth studies were also carried out in pursuit of information about the health services in the district, awareness and perception of the study group about adolescent reproductive and sexual health, and institutional efforts in bringing about reproductive and sexual health for the adolescent. Qualitative data was collected with the health personnel in the district. Knowledgeable persons in these issues were also interviewed as key informants and utmost care was taken to involve both the elder and the young community leaders.

2.2.3 Sample Selection
Purposive sampling technique was used to select the sample. The sample was chosen purposively. A genuine effort has been made so that certain characteristics like age, socioeconomic status, educational level, etc of the respondents are represented authentically without any bias.

2.2.4 The Interview process
In order to ensure the ethical aspect and voluntary nature of the interview with all respondents they were asked for prior appointments to ensure their
convenience and were also given the choice of opting out of the interview. Moreover, even on the day of contact the researcher ensured that respondents could opt out. The purpose of the research was always explained and interviews lasted for 30-120 minutes.

Semi structured questionnaire was used for interviewing. Most of the interviews were carried out in the local dialect called Paite. It was designed to elicit spontaneous replies to open ended questions. The interview covered the subjects concerning awareness about ARSH, programmes and policies related to ARSH, steps taken in the district to address ARSH etc. The interview also sought to find out the respondents view on the medical facilities for the adolescent regarding their reproductive and sexual health, constraints in accessing and providing these facilities, if available. Importantly from the community leaders information on the role played by them to address ARSH was sought.

2.3 PROBLEMS FACED DURING THE STUDY

One serious limitation in studying about the adolescent sexual and reproductive health is the lack of attention in almost every dimension of their reproductive health, including sexuality, reproductive morbidity, abortion-seeking and reproductive choice and in particular studies on these areas among the tribal adolescent are still lacking. Far more attention within programs is required to address adolescent reproductive health service and information needs. Thus, there is a need for studies, which will give focus on the relationship between the reproductive health and the sexual behavior among the adolescent. Publications regarding adolescent reproductive and sexual health do exist in India however; there is a paucity of data on ARSH from the northeast states.

In regards to the adolescent girls in Moldenphai village it was found that the adolescent girls were very shy and hesitantly answered to the questions put forward to them. There was a need to probe them every now and then and
explain certain terms from the questionnaire in a way that they would understand and relate to them. The adolescent girls in the Lamka town do not go to the same school as there were a number of schools to choose from and hence, it was difficult to trace them at the same time as the school timings differed. Also, certain schools were situated little far from the main town which made the group more inaccessible.

Regarding the NGO personnel, it was not easy to trace NGO personnel working in the field of health in the district because majority of the NGO that existed in the district were either working on de-addiction or HIV AND AIDS prevention and care and tribal development related activities. Since the year 1960, the number of registered societies/organizations under MSR.ACT.1989/1860 within the Churachandpur district has grown to 1571 (see appendix). Of the total number of organization/societies that exists there is no organization which works entirely on the adolescent health however, more than 231 of the organization are youth club registered under different name which more often than not, is the name of a particular tribe (Simte Youth Organization, Hmar Youth Association etc) or the name of the village (Bungmual Youth Club, Geljang Youth Club etc). After 2003, there has been a decline in the number of societies/organization that have been registered, both Youth Club and any other organization. The recent years however, have seen a sudden spurt in the number of Non-Governmental Organizations (NGOs) in the district, most of which works on HIV AND AIDS and are internationally funded projects or care home for the People Living with HIV AND AIDS (PLWHA).

In Churachandpur District, the health personnel were mostly posted in the district hospital which was situated in the Lamka town. The researcher was unable to trace any health personnel in the study village in order to get authentic information from the village perspective.

In Moldenphai Village it was difficult to trace both the parents together as most of the parents were daily laborers and survived on the hand-to-mouth basis and
sitting and being interviewed would mean a loss of one day of wage, which they did not want to forgo.

Only a handful community leader were interviewed as most of them were not available and some on knowing the crux of the interviewed denied to oblige saying that it did not come under their area of work.

2.4 CHAPTER SCHEME

Chapter I defines adolescent and discusses the profile of the adolescent in India. It also discusses the understanding linked to reproductive and sexual health. It consists of the studies in brief in regards to the global, regional and national scenario that has been reviewed for the study. Further, the chapter also throws light on some of the specific issues related to the reproductive and sexual health.

Chapter II is about the research methodology that has been used to collect the information for the study especially among the study group. It focuses on the need for this particular study and the research questions and hypothesis that has been formulated to meet the objectives of the study. It deals with who the study populations are and the method used for sampling and selection of the study participants. This chapter also presents the tools and techniques that have been used while collecting information from the sample population. Finally, this chapter also talks about the limitations regarding the study of adolescent sexual and reproductive health as well as the limitations encountered during field work.

Chapter III deals with the health status of the people of Manipur. It also discusses the Churachandpur district as well as the study areas. This chapter highlights the health services within the district including the study areas and also gives a profile of the study population that has been taken for the study.
CHAPTER IV The chapter reviews some of the programmes and policies that address the adolescent reproductive and sexual health issues as well as the strategies used for the implementation of the policies and programmes. It also talks about the Reproductive Child Health phase II and the National Rural Health Mission especially in the state of Manipur.

CHAPTER V The chapter discusses the information and awareness regarding adolescent reproductive and sexual health among the study population. It also tries to describe adolescent girls menstrual hygiene and sexual health care behaviour. It also deals with the lifestyles of the adolescent in the study areas in relation to substance use and their sexual activity. The chapter also discusses the study population knowledge regarding the government’s programmes and policies related to adolescent reproductive and sexual health care and life skill education.

CHAPTER VI looks at the health facilities regarding ARSH in the district. It also reasons why ARSH care and counseling should be provided. This chapter attempts to highlight the user’s constraint in accessing ARSH care and provider’s constraint in providing ARSH care in the district.

CHAPTER VII encapsulates the findings and proposes certain suggestion to bring about satisfactory adolescent reproductive and sexual health especially in the state of Manipur and in particular the Churachandpur district.