CHAPTER - 5

RESEARCH METHODOLOGY

Anthropological studies are characterised by their holistic approach of study based on first-hand information that in turn is based on first-hand contact collected through fieldwork. In fact fieldwork is the laboratory for anthropologists. Fieldwork tradition in anthropology gained momentum after Franz Boas stressed on its importance and has now become an integral part of anthropological studies. Anthropological fieldwork characteristically involves a long stay among the members of society being studied in order for the researchers to get a more nearly total view of that society.

Field research is a learning situation in which researchers have to understand their own actions and activities as well as those of the people they are studying. An anthropologist may select a particular problem for study but tries to see it with regard to its place in the total milieu and the life of the human group concerned (Firth, 1951). In every aspect of human life practical knowledge is more valuable than theoretical. To study the methodology of field investigation, practical work in the field is more effective than the theoretical one. Before going to the field it is essential that one should equip oneself both intellectually and materially. The intellectual equipments are language, study of people and allied objects, whereas material equipments are provision for habitat, dress, first-aid medicines and other comfort articles, mechanical aids including photography.

In anthropological fieldwork, the conception and the approach derive from the fact that the problem is essentially human in nature. That is why honesty of purpose is really important because the anthropologist is observed far more intensely by the people than he/she can ever observe them, and a false move is soon noted. Sometimes when an opposition to his/her investigation develops, an alertness of the equipments of the people, an ability to give way peacefully at the right moment and politeness, and tactfulness can ease a difficult situation. Here a sense of humour is of great value. An anthropologist should talk attempt to with full affection to his/her contacts.
amongst the people with whom he/she is to work. So honesty, sensitiveness 
and an abundant sense of humour are essential for a fieldworker in 
approaching people in the field. If he/she is equipped with these, he/she will 
find the horizon of the field clear inspite of unavoidable difficulties and 
frustrations in path.

5.1 RESEARCH DESIGN AND METHODOLOGY

Research in common parlance refers to a search for knowledge. One 
can also define research as scientific and systematic search for pertinent 
information on a specific topic. Research is composed of two words ‘re’ and 
‘search’, which means to search again, or to modify ones in any branch of 
knowledge. The obvious function of research is to add knowledge to the 
existing store. In fact, research is an art of scientific investigation. Research is 
 an intellectual process. It begins with a question or problem. Problems initially 
chosen always require more precise formulation to be amenable to research. 
From a general idea, one must decide more specifically what one wants to 
know and for what purpose one wants to know it (Singleton and Straits, 2005). 
It requires intellectual curiosity, imagination, vision and knowledge of 
methodology of research. The task of the researcher in the study proceeds 
from the formulation of the problem to other pertinent issues as delimiting the 
main objective of the study, identifying the research design, explaining the 
sampling techniques, choosing the tools and techniques of data collection, 
and analysing the data.

The objective of research is to find the truth through systematic data 
collection. The method of finding truth is commonly called the scientific 
method. The scientific method is not the only way of finding truth. To proceed 
with the study researcher has to formulate a research problem. The 
formidable problem that follows the task of defining the research problem is 
the preparation of the design of the research project, called the research 
design.

Research design is the plan, structure, and strategy of investigation 
conceived so as to obtain answers to research questions and to control
variance. It is planning a strategy of conducting research. It is a master plan of the methods and procedures to be used for collecting the necessary data. The preparation of a research design is one of the integral parts of conducting a piece of research. A research design can be defined as the arrangement of conditions for collection and analysis of data combined with relevance, and economy in procedure. The research design includes the sample to be selected, methodology, instruments and tools to be used for data collection. It also includes the testing of hypothesis. It enables the researcher to answer research questions as validity, objectively, accurately and economically as possible.

The formulation of a research design takes into account the following items: clear and brief statement of problems; hypothesis, if any; objectives; methodology of study; sample to be observed; the required instruments and tools for data collection (technique of data collection); and plan of data analysis. Research design provides a guideline for research and it minimises the wastage of time and resources. It makes sure that optimum reliability is achieved and helps in drawing useful conclusions from the study.

Method is a tool or technique used to collect data. It is a procedure for obtaining knowledge based on empirical observations and logical reasoning. Methodology is logic of scientific investigation. It means description, explanation and justification of methods not the methods themselves (Ahuja, 2001). The word methodology is used to refer to the methods and general approach or technique/strategy employed to describe or to manipulate data and acquire knowledge. Research methodology is a way to systematically solve the research problem. When one talks of research methodology, one not only talk of the research methods but also consider the logic behind the methods used in the context of one’s research study and explain why to use a particular method or technique.

In any scientific investigation methodology plays an important role because the reliability and validity of the obtained results are contingent upon the accurate and precise scientific methodology.
5.2 FORMULATION OF THE RESEARCH PROBLEM

Once the research problem is formulated in clear cut terms, the researcher is in a position to consider how he/she will try to solve it. The first step towards obtaining a solution should be in the nature of designing an ideal research procedure; that is, the procedure the researcher would have liked to adopt for solving problem if he/she was completely unrestricted by practical exigencies and limitations.

While the researcher observes units of analysis, it is relationships among characteristics of units that are of primary interest. The characteristics of units that vary, taking on different values, categories, or attributes for different observations, are called variables. The formulation of hypotheses and the detailed intricacies of the data collection depend upon the variables chosen for the study. There are two types of explanatory variables: dependent and independent. Which variable is chosen as dependent or independent is a matter of circumstances or choices.

From the related review of literature and conceptual and theoretical framework, some variables were delineated for the present study. Gender, age, caste, marital status, education and occupation of the respondents were chosen as independent variables and health-seeking behaviour, body image concerns, suffering, death and dying experience were delineated as dependent variables for the study.

5.3 AIMS AND OBJECTIVES

Any meaningful research must contain certain aims and objectives. It gives direction to the field of enquiry. Every research work has to fulfill certain goals and that is why behind every study there is a motive which is known as aims and objectives for a particular study. The major aims and objectives for the present study are:

- To trace the palaeopathology of cancer through evidences from skeletal and mummified remains on the basis of secondary sources, like published sources and references of cancer in ancient texts, if any.
• To assess ecological factors contributing to cancer in Punjab.
• To understand the beliefs and perceptions related to cancer.
• To know the health-seeking behaviour among the cancer patients.
• To study the body image concerns among cancer patients.
• To analyse concerns of advanced cancer patients at end-of-life.
• To know the portrayal of cancer in print and electronic media.

5.4 UNIVERSE AND UNIT OF STUDY

The universe of study is a defined size of population on which the study is to be performed. However, such a group is usually large and it is not possible to cover whole universe of study. Therefore, a smaller and more manageable group is selected within the universe for the purpose of study, which is called as unit of study. Such a unit of study should be as far as possible representative of the population. The unit of study for the present are the cancer patients and their families chosen from the universe of all cancer patients belonging to three Districts namely Bathinda, Sri Muktsar Sahib and Faridkot of Malwa region of Punjab.

5.4.1 Sampling and sample size

For studying a social problem, it is difficult to study the whole universe of the problem under study. According to Mannheim (1977), “a sample is a part of the population which is studied in order to make inferences about the whole population.” For present study, the rural cancer patients from the three Districts were first identified from Guru Gobind Singh Medical College, Faridkot using purposive sampling (sampling technique in which researcher relies on his/her expert judgement to select sample that is representative or typical of universe). This hospital was selected because this is the only government hospital in the vicinity of the study area where all the facilities of cancer diagnosis and treatment are available. The reason for using purposive
sampling was to get the sample according to the requirement of the study. In order to study body image concerns, breast cancer patients were chosen from among women, and from among those suffering from oral and prostate cancer were chosen. The patients were chosen from among both men and women, and common problems from both the groups.

From the records of Guru Gobind Singh Medical College (Plates 5.1 and 5.2), five villages from each of the taluks identified based on the highest number of cancer patients were visited and a key respondent (individual the researcher to identify sample and also help in rapport establishment) was identified. The key respondents were chosen from among patients and their caregivers who were previously interviewed at GGS Medical College, Faridkot or the person introduced by the first contact on first visit to the village.

Then other cancer patients were identified using snowball sampling technique in which target population is located and asked to provide contacts of other members of target population. Patients were also interviewed at Postgraduate Institute of Medical Education and Research, Chandigarh (Plates 5.3 and 5.4) as it is a centre and a number of rural cancer patients visit there. The study is based on 230 cancer patients (200 undergoing and 30 advanced cancer patients undergoing symptomatic treatment) and it was found that palliative care services are not available to patients in GGS Medical College, Faridkot and the advanced stages usually reach PGIMER, Chandigarh. It is important to add these cancer patients in the study to get a representative sample.

Apart from the cancer patients, the responses of the health care providers (doctors and nurses) were also interviewed.
Plate 5.1: Department of Radiotherapy, Guru Gobind Singh Medic College, Faridkot

Plate 5.2: Newly constructed building of cancer hospital in Faridkot
Plate 5.3: Department of Radiotherapy, Postgraduate Institute Medical Education and Research, Chandigarh

Plate 5.4: Chandigarh Hospice
5.4.1.1 Inclusion criteria

- Patients medically diagnosed with cancer for more than three months.
- Rural cancer patients native to Districts of Bathinda, Sri Muktsar Sahib and Faridkot Districts of Punjab.

5.4.1.2 Exclusion criteria

- Patients medically diagnosed with cancer for less than three months.
- Cancer patients not native to the Districts of Bathinda, Sri Muktsar Sahib and Faridkot.
- Non-rural cancer patients.

5.5 PILOT STUDY AND PRETESTS

A pilot study is a study that is carried out on a small sample of persons from the area under study. Pilot studies are necessary measures for framing a perfect schedule. A pilot study was undertaken before a schedule was drafted and a pre-test was taken after it had been completed. It is the preliminary study of the universe in question to get an early idea about it. It may be taken without any hypothesis or with provisional hypothesis. It gives an idea of different variables involved, nature of problem, possible difficulties in interviewing, and kind of response likely to be available, etc. It is on the basis of this information that the actual schedule is formed. Pre-testing has several purposes such as to test whether the instrument to be used for data collection would elicit responses required to achieve the research objectives, the contents of the instrument are relevant and adequate, and the wording of question is clear, and suited to the understanding of the respondents. A pilot study ensures that a sufficient number of right questions are put into the schedules for the fieldwork to be successful. It makes one aware of difficulties beforehand and the required modification of the techniques is made to suit field conditions. In short, a pilot study is important as a guide to lead the researcher to the final conclusion.
When the schedule had been prepared it was tested once again to find if any discrepancies had been left out. It is known as pretest. Prior to the actual fieldwork, a pilot study was done in village Machaki Kalan, District Faridkot by the researcher for two weeks in October 2009. After the pilot study, the researcher was able to find out the drawbacks of the draft schedule leading to questions that were deleted and others which ought to be added. An idea about the extent of response or non-response was also formed. Necessary corrections and modifications were made keeping in view the objectives of the study. For example, the question earlier framed as “Have you ever faced stigma as a result of cancer?” was changed to “What difficulties have you faced as a result of cancer?”.

5.6 RAPPORT ESTABLISHMENT

Rapport establishment for an anthropologist includes forming a good relationship with the people, knowing the people, telling them about oneself and one’s work, etc. Establishing rapport helps the people of the community to trust the researcher. A rapport thus entails maintaining a contact, an effective communication with the natives and is the key to a fruitful field experience. It was not very difficult for the researcher to establish the rapport with the respondents. The researcher told the people about the aim of the study and assured them that the information provided by them would not be disclosed to others and would be used only for the academic purpose.

Data was collected in different phases, firstly in December 2009 from Guru Gobind Singh Medical College, Faridkot; Secondly from January 2010 to February 2010 from the villages of District Faridkot; thirdly during May 2010 and September 2010 from villages of Sri Muktsar Sahib; fourthly during March 2011 in villages of Bathinda; and lastly from July 2011 to February 2012 at PGIMER, Chandigarh. The data were collected between 8 am to about 5 pm, keeping in view the logistics and exigent factors like availability of local transport within villages, and the difficulty of getting buses or other transport medium to return to the city after 4 or 5 in the evening.

The first step before visiting a village was to identify a key respondent who could provide detail about the cancer patients (both living and dead) to
Plate 5.5a: Contact through social networking sites

Jacob Proud

Regarding documentary on cancer train

Hi Reetinder,

I would like to know whether you are the person who made the documentary on cancer train in Faisalabad. If yes, kindly add me as your friend as I am working on the issue of cancer in Faisalabad. I shall be very grateful if I could share information on your experience while making the documentary.

Reetinder Kaur

Hi Jacob,

Thank you so much for replying. I will definitely be in touch with you. I want to include the international coverage regarding the issue of cancer in Faisalabad in my study. I shall be very grateful for your kind help in my research. Keep in touch.

Jacob Proud

Hi Reetinder,

Thank-you for your interest in the project. We are currently in the editing and post-production stages. The film is due for a late Oct, early Nov launch date. As soon as the film becomes available, I shall be sure to send you information and a link to the finished film. Lovely profile picture!

Reetinder Kaur

Hi Jacob,

I requested you to send me information on your documentary regarding cancer train in Faisalabad. I want to know at what stage of preparation is it. I hope to get some information from you soon.

Jacob Proud

Hi Reetinder,

Thank you for your interest in the project. We are currently in the editing and post-production stages. The film is due for a late Oct, early Nov launch date. As soon as the film becomes available, I shall be sure to send you information and a link to the finished film when it becomes available. Lovely profile picture!

Reetinder Kaur
start with. These key respondents introduced the researcher to the patients and their families. The researcher used some local contacts to identify suitable respondents. The introduction through the key respondents suffered from two kinds of problems:

(a) When the patients saw the researcher with somebody from their own village, they misunderstood that this study would benefit them in some way. In these situations, key respondents tried to fake so that the researcher could get the good data but the researcher in every such situation made it clear to the respondents that this was an academic study and explained objectives of the study to them and only after obtaining the consent, the data was collected.

(b) Often the key respondents exhibited caste biases in introducing the researcher to other contacts. The researcher used various social means of bridging caste biases like requesting for water or tea. This would enable effective interaction with the respondents.

During the data collection in the villages, the researcher makes sure that she wore such clothing that was traditional in rural Punjab.

Fieldwork certainly involves times of both exhilaration and frustration, but the dominant motifs in fieldwork are hard work, long hours of observations, attention to details, and concentration on the mundane day-to-day activities. The major determinant of the length of fieldwork is the investigator's own interests, resources, and needs. As fieldwork draws to a close, the researcher is increasingly concerned with the verification of the already collected data. Fieldwork was a lifetime experience for the researcher. The researcher experienced challenges, problems, learned to tackle the problems and developed relationships with the strangers. Overall the fieldwork was an intellectual and memorable journey for the researcher.

Apart from meeting and establishing rapport with people, some of the important resource persons were also contacted through social networking sites (Plates 5.5a and 5.5b) and information was provided by these persons after researcher told them about her work.
5.7 TECHNIQUES OF DATA COLLECTION

For the present study both primary and secondary data were collected.

5.7.1 Collection of primary data

There are two main methods of data collection: intensive fieldwork and survey methods. Intensive fieldwork methods include observation, case study, genealogy, etc., and survey methods include questionnaire, schedule, and interview guide, etc. For the present study the researcher has used both quantitative and qualitative approaches for the collection of primary data. The tools used to collect data for the present study were: in-depth interviewing, observation, case study and narratives.

5.7.1.1 In-depth interviewing: The interview method of collecting data involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses. This method requires a person who conducts the interview known as interviewer and the person who is interviewed known as interviewee. The in-depth helps us to gather more information that too in greater depth along with greater flexibility.

Although intensive interviews often are described as unstructured, they do not proceed without a great deal of preparation and they always are guided by specific topics and themes that the researcher wants to pursue. Rather than create the sort of standardised interview schedule found in surveys, however, field interviewers develop what is known as interview guide. Interview guides stem from the general topic of investigation and from ideas and hypotheses that emerge in the field. They may consist merely of an outline of topics in some logical order or they may contain many specific questions, arranged thematically. In either case, the interview schedule generally progresses from questions about concrete situations to more abstract and interpretative questions that probe an informant's experience and interpretation of the events (Singleton and Straits, 2005).

Taking into account the specific objectives of the study, the interview guide constructed was divided into different parts. First part of the guide included questions to know the demographic characteristics of the
Plate 5.5b: Contact through social networking sites

Reetinder Kaur

Facebook

Search for people, places and things.

Welcome

News Feed

Messages

Other

Events

Find Friends

Department of...

Best pals ever!

Achievement

Create Group...

Apps Center

Photos

Music

Notes

Links

Pokes

Close Friends

Family

Department of A.,

Ajinder Pal Singh Chawla

About activities of Roko cancer in Punjab

I am a student of Panjab University, Chandigarh working on the issue of higher incidences of cancer in Punjab especially Malwa region of Punjab. I would like to get updates of activities of Roko Cancer in Punjab as it will be very helpful in my P.D. Wishing you good luck for this noble cause.

Reetinder Kaur

Hello Sir

Can you please give me the contact address of Mr. Dharminder Dhillon. I shall be very grateful.

Ajinder Pal Singh Chawla

Dear Sir,

I am glad cancer is a subject of interest to you. Our Mobile Unit is based in Gurdaspur, Jalandhar and we conduct camps in Malwa region for awareness and early detection drive. You can visit our website www.rockocancer.org for further details and you can contact our programme officer for more help regarding our future plans in the region, we publish our data also on the website, we are an NGO without any hidden agenda but to serve the community and welcome any like minded people to join our crusade.

Fight Against Cancer | ROKO Cancer Campaign

Dharminder Dhillon, Mobile No. 09888711774. He is based in Amritsar and moves to different places in Panjab, he might be in Chandigarh today. You can contact him on Mobile.

You can also contact him through our Head office in Delhi Tel No. 01141749060.

Reetinder Kaur

Sir thank you so much for your kind reply I will contact him as he can help me in my studies. Thank you so much Sir...
respondents. For collecting data on these characteristics questions regarding age, gender, caste, marital status, education and occupation were obtained. Second part dealt with questions regarding perceptions and beliefs of respondents regarding cancer, health-seeking behaviour, concerns of cancer patients undergoing active treatment and concerns of advanced cancer patients undergoing symptomatic treatment. The interview guide used for the present study is given in Appendix-II. As 30 advanced cancer patients (interviewed at pain clinic, a palliative care unit of Red Cross and PGIMER, Chandigarh) were also included in the study, it was important to cover their specific concerns. Thus, the data was collected from these cancer patients using European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30 instrument along with its scoring (Appendix-III). The EORTC QLQ-C30 is a well-known instrument for measuring quality of life in cancer patients and contains 30 items that measures five functional scales, global quality of life and several cancer related symptoms. All these patients were interviewed at baseline assessment at their first visit to a palliative care unit in a tertiary care centre and the follow-up after 15 days. The demographic (age, gender, educational qualification and marital status) were recorded at the patient's initial presentation. The interview guides used for caregivers, health care providers and Non-governmental Organisations are given in Appendix-IV, V and VI respectively.

The main aim of the researcher in wording an interview guide was to communicate effectively with the respondents. The guide was typed in English but the researcher used to translate the questions in Punjabi while asking them from the respondents. The order of the questions in an interview guide is of great significance because the order tends to influence the validity of the obtained answers as well as the refusal rates. A combination of close ended and open ended questions was used for the present study. The close ended questions were used as they are easily scored and coded, which facilitates the statistical calculations and even the respondents were able to express themselves more easily. The open ended questions were included to elicit a frank and original response and to get the in-depth information about the perceptions and ideology of the respondents. Prompts were used to
encourage the women to enrich their accounts with explanations or details (eg, “What happened next?”). At the completion of all interviews, field notes were recorded, noting observations about responses of respondents to the questions and initial impressions of the information provided.

5.7.1.2 Observation: The term observation sounds to be very simple. Observation of day-to-day life is very simple and do not need any specialisation on the part of the observer. But it does not remain to be so simple when used as a technique of scientific investigation. Though observation is one of the most widely applied methods, yet it has been subject to a lot of criticism. It is often criticised as being the most subjective, idiosyncratic and unreliable method. Even then the observation method is still important and inseparable part of the empirical scientific enquiry that provides information in qualitative terms. Under the observation method, the information is sought by way of investigators own direct observation without asking from the respondents. Observation is systematic viewing of phenomenon with a definite purpose. The type of observation used by the researcher for the present study was quasi-participant observation. The interactions between patient and caregiver, patient and health care providers, caregivers and health care providers were observed without actually being part of their conversation and interfering with the process.

5.7.1.3 Case study: The approach used to explore and analyse the life of a social unit, be it a person or a faculty or an institution or a community or even a culture is known as a case study (Ahuja, 2001). It is a method of study in depth rather than breadth. It is a method of qualitative research. Case study technique involves an in-depth, longitudinal examination of a single event. It provides a systematic way of looking at events, collecting data, analysing information, and reporting the results. It is way of organising social data so as to preserve the unitary character of the social unit and of the objects being studied. In this holistic approach, history is also accounted for. The events are recorded as the individuals see it, emphasising on its history, development and social interaction. Since this means that entire process of the case has to be studied therefore it becomes a processual study. The case study technique as a tool of data collection for social research is one of the oldest techniques.
Plate 5.6: Researcher interviewing
The purpose of case study method is to find out the determinants of behavioural patterns of a given unit and its relationship with the environment for tracing the natural historical developmental process of that unit in different social settings. A case study helps in understanding the real nature of the social unit or social structure or institution in its historical, developmental and causal perspective. Keeping in view the utility of this method, the case studies of cancer patients and their caregivers regarding different aspects of the disease were obtained and analysed for themes in the present study.

5.7.1.4 Narratives: Apart from case studies, the narratives have been recognised as potential sources of information. In anthropology, they are seen as pathways to understand culture. They are the most commonly used qualitative method and have become almost the ‘gold standard’ approach (Barbour, 2008). For the present study, a number of narratives of cancer patients, their caregivers and health care providers were obtained and analysed. The underlying assumption of narrative research is that the construction of a story by an individual serves a purpose and is the primary way human beings make sense of their experiences. The narrative approach is also a method well suited to the common use of storytelling as a means of sharing significant and sensitive experiences and knowledge, and to the oral traditions of Punjabi culture.

5.7.1.5: Conversations: Conversations are talk-in-interactions. The analysis of these interactions helps us to study how people interact in their daily lives (Bernard, 2006). Conversations help to highlight the socio-cultural factors that surround when the two parties talk to each other. In the present study, the conversations between cancer patients and their health care providers, between cancer patients and their caregivers, and between caregivers and health care providers were recorded and analysed. Some of the conversations are also presented in the chapter-7 on analysis.

5.7.2 Collection of secondary data

Secondary data means data that are already available that is, the data which have already been collected and analysed by someone else or is collected from some reference source. The demographic data of the
population under study was obtained from the Census of India 2011 available at Census of India official website. The researcher collected secondary data from different books, journals and newspapers. Several books were consulted from A.C. Joshi Library, Panjab University, Sector 14, Chandigarh; Library of Department of Anthropology, Panjab University, Sector 14, Chandigarh; Library of Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh; British Library, Sector 34, Chandigarh; State Library, Sector 17, Chandigarh and Library, Dabur Dhanwantary Ayurvedic Medical College and Hospital, Sector 46, Chandigarh. The secondary data was also collected from two daily English newspapers, The Tribune and The Times of India (both published from Chandigarh) from March 2009 to February 2012. A large number of research articles were consulted through the internet from the journals that were available on google, science direct, pubmed, etc. It served as a major source of gathering research articles, which were recent as well as very old publications which were not available easily in hard bound format.

5.8 DATA ANALYSIS

Whereas it is essential that whole data should be systematically collected, it is equally important that it should be properly presented. Of course the primary aim is to make data so precise that it becomes easy to analyse it. After the collection of data, the data were processed which include editing, coding, and tabulation.

The data after collection was processed and analysed in accordance with the outline laid down for the purpose of developing the research plans. This was essential for a scientific study and for ensuring that we have all the relevant data for making contemplated comparisons and analysis. After the data was collected it was arranged in a tabular form. When the mass of data has been assembled, it becomes necessary for a researcher to arrange the same in some kind of concise and logical order.

After tabulation comes the most skilled task in a research process. It requires the researcher’s own judgement and intellectual skill. Analysis of data means critical examination of the assembled and grouped data for studying the characteristics of the objects under study and for determining the patterns
of research among the variable relating to it. Statistical analysis of data serves several major purposes such as it summarises large mass of data into understandable and meaningful form, statistics brings exact descriptions possible, statistical analysis facilitates identification of the causal factors underlying complex phenomenon and it aids the drawing of reliable impression from observational data. Data was collected and analysed in order to predict or make inferences about situations that have not been measured in full.

In the present study, the primary data collected in the form of case studies, narratives and conversations between patients and caregivers, between patients and health care providers, and between caregivers and health care providers was carefully examined and analysed for themes. The Software Package for Social Sciences (SPSS) was also used to analyse the quantitative data. The frequencies and percentages were calculated wherever applicable. Furthermore, simple correlation with significance of correlation was made for certain data. The secondary data collected from newspapers was also analysed for various manifest and latent themes. The data analysis method used for analysing secondary data was content analysis. It was used for qualitative and quantitative analysis of health related topics covered in print media. Roberts (2004) explains that a health content analysis is a useful tool to know how media deliver health messages and the way in which population receive this health information in terms of amount of space related to health issues and formats of this space as articles, editorials, letters, advertisements, visual references, graphics, etc.

5.9 THE ETHICAL ISSUES

All scientific research including those by medical anthropologists and medical sociologists, is concerned with the participation of human beings or have an impact on human beings or on the wider society and environment. Particularly, the anthropological research in health is meant to focus on the ethno-medical, the social, cultural, and political dimensions of health. It aims at examining the health-seeking behaviour, illness narratives, health beliefs, doctor-patient relationship, explanatory models and more recently,
'knowledge-attitude-practice-behaviour studies' (Das, 1999). The ethical issues in such research arise from research goals, gaining access of the participants in research, data collection and interpretation, and relationship between researcher and participants. Therefore, it is essential for the anthropologists to understand the ethical issues and their implications in detail.

There are certain codes of ethics which are formulated to regulate the relations of researchers to the people and fields they intend to study. These codes of ethics require research to be based on informed consent and avoid harming the participants as well as invading their privacy, and not deceiving them about the research's aims (Flick, 2006).

In health related research, right-based approaches or the principle-based approaches can be used to arrive at ethical decisions. Right-based approaches involve respect for individuals and protection from any harm (Alderson, 2004). Principle-based approaches involve adherence to following four key principles:

- **Non-maleficence**: Researchers should avoid harming participants.
- **Beneficence**: Research on human subjects should produce some positive and identifiable benefit rather than simply be carried out for its own sake.
- **Autonomy or self determination**: Research participants' values and decisions should be respected.
- **Justice**: All people should be treated equally.

Some social researchers argue that these approaches do not necessarily translate well into social research, partly because ethical dilemmas that arise in social research are context-specific (Punch, 1994; Swain et al., 1998; Goodwin et al., 2003). Further, some social researchers argue that adhering to specific ethical principles in relation to research can affect the very issue that is being studied, such that it becomes difficult to conduct the research (Homan and Bulmer, 1982; Homan, 1991; Punch,
For the present study, the ethical clearance was obtained from Panjab University Institutional Ethics Committee vide its letter No. PUiec/10/189 dated 26 July 2010 (Appendix-VIII). The written informed consent (Appendix-IX) was also obtained from the respondents or atleast one of their caregivers after explaining the research objectives clearly. While interviewing, it was made sure that the respondents do not get disturbed or emotional distressed. To make this sure, the formal interview were not taken rather the researcher accompanied the respondents and the family for their diagnostic tests and treatment. During this time period, informal interviews were taken and observations were made. In the thesis, no names of respondents are used to maintain the anonymity and privacy of the respondents.

5.10 DIFFICULTIES ENCOUNTERED

The difficulty in terms of time was faced by the researcher to get ethical approval for the topic. As topic was related to a sensitive issue of Punjab, so as a moral responsibility the researcher sought ethical approval to work on this issue. During the ethical clearance, the members of the ethical committee suggested to include an oncologist as a consultant so that the researcher can easily identify the cancer patients. Further, as per the suggestions, researcher took permission from the Principal, Guru Gobind Singh Medical College, Faridkot and he was kind enough to suggest the name of Dr. Manjit (Appendix-X). The verbal permission was also taken from Professor Dr. F.D. Patel, Head, Department of Radiotherapy, PGIMER, Chandigarh to interview patients and she also allowed the researcher to work as a volunteer with PGIMER, Chandigarh for around eight months where she gave the opportunity to learn about the disease, its stages, its medication, the problems which the cancer patients face, especially the advanced and terminally ill cancer patients.

The respondents were very cooperative especially when the researcher visited them at their homes. Nobody refused to be interviewed as they believed that if a young girl living and studying in Chandigarh could think of them and their problems, it is their responsibility to cooperate. In some of the
cases, the key respondents tried to misled the cancer patients and their families regarding the identity and aims of the researcher. In such cases, the aims and objectives of the study were clearly mentioned to the respondents and it was made sure that they understand the purpose of study, not mistaken or develop any false hopes.

The difficulty was not at the level of respondents but at the level of administration where the getting permission took a good deal of time. The researcher tried to get permission to work at Government Medical College and Hospital, Patiala as some of the patients from the three Districts under study also visit there for their treatment but permission was not given neither to interview the patients not to see the records of cancer registry.

5.11 LIMITATIONS OF THE STUDY

There are a number of limitations to the present study that should be considered. In this study, only those types of cancers are taken into considerations which are the most common among males and females. The other limitation of the study is that no cases of childhood cancers or adolescent cancers are taken. All the cancer patients in the present study are adults above the age of 18 years. In this study, only rural cancer patients are covered so as to get a uniform sample. None of the urban cancer patients are covered as there is a lack of uniformity in the urban samples. Moreover, the rural cancer patients are covered only from the three Districts of Punjab namely Bathinda, Faridkot and Sri Muktsar Sahib which have a highest number of cancer cases in Punjab and none other Districts are covered.

The study is an exploration into the socio-cultural dimensions and health care of cancer patients. Therefore, it is possible that not all of the themes of cancer patient's experiences of cancer may be represented in study. Furthermore, the case studies and narratives that the cancer patients shared in this study may not fully represent their experiences but rather reflect themes and concerns that they felt comfortable sharing. However, an effort has been made to collect the detailed data pertinent to the problem being investigated.