## CHAPTER III

### RESEARCH METHODOLOGY

The purpose of this research study was to explore the factors that influence rural women's access to reproductive health services as well as to plan appropriate interventions that can improve access to reproductive health care in Kun Hing Township in the southern Shan State, Burma/Myanmar. The researcher conducted survey in step by step as below:

# 3.1 Population and sample size

The study population comprised 496 people living in 17 rural villages. This included 399 women of reproductive age, 74 village leaders, and 23 local health service providers who are staying in 5 zones.

The researcher originally divided approximately 50 communities into 5 "village target selection zones". The zones were based upon the "spatial relations" of where these communities were geographically and topographically located in respect to the Ka Li sub-township and the Kun Hing township centers. Two other criteria used to select "tentative" villages to include in the RH Survey "target area" were (a) the presence or absence of local health workers [e.g. AMWs] and/or local medical practitioners [e.g. TBAs] and (b) the ethnicity of the villagers [i.e. Tai/Shan or some other ethnic group such as Palaung or Lahu].

- Zone 1 (Keng Loum Tambol): The Keng Loum Tambol area contains 8 villages, but only 5
   [i.e. Keng Loum, Na Keng, Na Ke, Pa Pha, and Pang Sak] were included in the RH Survey "target area".
- 2) Zone 2 (Wieng Phui Tambol): The Wieng Phui Tambol area contains 10 villages, but only 5 [i.e. Wieng Phui, Peng Neua, Wan Mai, Nam Pa Man, and Na Leu] were included in the RH Survey "target area".

- 3) Zone 3 (Wan Lao Tambol): The Wan Lao Tambol area contains 8 villages, but only 4 [i.e. Wan Lao, Kot Pung, Khong Sa, and Peng Khan] were included in the RH Survey "target area".
- 4) Zone 4 (Wan Phai Tambol): The Wan Phai Tambol area contains 7 villages, but only 2 [i.e. Wan Phai and Hang Na] were included in the RH Survey "target area".
- 5) Zone 5: The researcher decided to include the village of Na Ti, located between the Keng Loum and Wan Phai tambol areas in the RH Survey.

Table 3.1: Zones, villages and population

Zone	Village Name	Women's Reproductive Age	Community Leaders	Service Providers
Zone 1.	Keng Lom	28	5	2
	Na Keng	30	8/	3
	Na Ke	17	4   //	1 1
	Pa Pha	30	5	1 9
	Pang.Sak	17	7	1
Zone 2.	Na Leu	18	4	2
	Nam Pa Man	36	04	2
	Peng Neua	15 5	4	. 0
	Wan Mai	20	4	1
6 4	Wieng Phui	32	5	l l
Zone 3.	Khong Sa	15	3	// 3
	Kot Pung	20	3	. 0
	Peng Khan	14	3	1
	Wan Lao	31	4	3
Zone 4.	Hang Na	27	5	1
	Wan Phai	30	1	2
Zone 5.	Na Ti	19 15	5	1 .
Total	17	399	74	23

#### 3.2 Research Instruments

The survey questionnaires were constructed for validity which was verified by 3 experts and supervisors. The researcher contacted the interviewers when she came across "incomplete" and/or "inconsistent" data during the data summary/analysis phase of her study. The questionnaires were also constructed into two versions: English and Shan/Tai. As such it was easy for the interviewers to clearly discuss each point/question with the interviewees.

The RH Survey's data collection tools consisted of 3 separate questionnaires that are objective in nature. One set of questionnaires was administered, individually, to women of reproductive age. The second set of questionnaires was administered, to village leaders [e.g. village headmen, village elders, secular religious leaders, and other village authorities]. This questionnaire was conducted as part of a focal group discussion, in each of the 17 communities included in the RH Survey "target area". The third set of questionnaires was conducted, individually, but as part of a focal group discussion process, to local health service providers. This included local Auxiliary Midwives, local village TBAs, several VHVs, and one local health worker [i.e. employed by township health authorities]. Kindly refer to Appendix B.

### 3.3 Research Procedure

It took the researcher and her interview team 3 weeks, during May 2013, to interview all 496 participants. The interview team generally comprised 6 individuals, but sometimes local VHVs [who understood the survey questionnaires] also helped interview women of reproductive age. The entire survey process used the Shan/Tai version, of the questionnaires.

A health worker served as the key interviewer for the survey component dealing with village leaders/village elders, as she is a well-known local "health worker" [i.e. AMW] that personally knows village leaders from most community in this section of Kun Hing Township. She was also the most dynamic "public speaker", of the interviewers, and accordingly the researcher felt that she would be able to obtain the most reliable information from this group of respondents.

While she was interviewing the village leaders/village elders, the researcher and remaining interviewers met with survey participants that comprised the "women of reproductive age". This group usually met at the home of the village headman or at another large compound in

the village. The interviewers interviewed each "respondent" separately. When she completed her session with the village leaders/village elders, she joined the interview team and also helped interview local women that comprised the second component of the survey.

When these two components of the survey were complete, the interview team met with local health service providers. This usually consisted of only a few women [i.e. TBAs, AMWs, VHVs, and/or a Midwife] from each village. The local health service providers, that were literate [i.e. the AMWs, VHVs, and the 1 Midwife] completed their own personal survey questionnaire. The researcher and her team administered the questionnaire to local TBAs and recorded their answers on to the questionnaire forms.

## 3.5 Data Analysis

Both quantitative and qualitative methods were used in the present study which summarized and analyzed the data from the three survey questionnaires. The researcher analyzed data as follows:

- 3.5.1 Descriptive statistics was used to describe the ranges, percentages, means, medians of most variables studied in the survey.
- 3.5.2 Qualitative methods used content analysis in 4 issues such as Men, Money, Materials and Management.