

GUIDELINES FOR RESEARCHERS:

**Methodology
of interaction
with Community
in Context of
Reproductive
Health**



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Methodology of Interaction With Community in Context of Reproductive Health

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Abstract

The document is based on experiences of researchers while conducting study on , “ An Epidemiological and Sociological Study of Symptomatic and Asymptomatic RTIs/ STIs Amongst Women in An Urban Slum.” The research using both qualitative and quantitative methods involved repeated interactions and close rapport building with the slum community. This was the first and most essential step as the topic of study was culturally sensitive and considered a taboo. In the process the researchers had used several innovative techniques. The guidelines are based on the methodology used by the researchers in establishing rapport with the slum community. The approach developed was successful which is evident in the high response rate for examination. It is hoped that these guidelines would help researchers and policy planners intending to study this sensitive subject.



R. SAMBASIVA RAO
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Message

The document entitled "Guidelines for Researchers : Methodology of Interaction with Community in Context of Reproductive Health" is based on first hand experience of Researchers while undertaking a Socio-Epidemiological study on Reproductive Tract Infections Amongst women in an Urban Slum funded by Rockefeller Foundation under South East Asian Initiative. Considering the sensitive nature of the study several steps were taken towards implementing the methodology using a culture sensitive approach to involve the community in various stage of research process. As the research has committed itself to disseminate findings, this document which focuses on a Action Oriented Approach would provide leads to other Researchers who venture into this field.

(R. Sambasiva Rao)

Foreword

The document provides guidelines for researchers undertaking community studies on reproductive health. It describes the research process for a study on reproductive tract infections undertaken in an urban slum community.

The research project was multidisciplinary. It involved specialists in social and preventive medicine, epidemiology, statistics, anthropology, obstetric and gynaecology on particularly sensitive women's reproductive health issues. The researchers worked closely with the community, not only to enhance their own understanding and that of the community, but also to establish rapport and engage community members as partners in the research process.

There is little experience in the country in working with the urban poor in the field of reproductive health. Urban slum communities are heterogeneous. Persons residing in the community where the study was undertaken were migrants from several different Indian states- forming an amalgam of diverse cultures and varying experiences. It was important to understand this mix of cultures in order to design appropriate research strategies.

The study aimed to assess the prevalence of reproductive tract infections, including those that are sexually transmitted, among urban slum women. The research project required understanding women's perceptions of problems, undertaking their clinical histories and extensive clinical and laboratory examination. Therefore, the co-operation of the community in general, and women in particular was essential. The success of the project can be measured by the high response rate that the research team achieved.

This research involved important ethical issues of ensuring confidentiality ; organizing services to provide treatment to women who suffered infections ; and providing feedback on research findings to the study participants . The experiences of the research team documented in this volume , would help guide future community studies on sensitive issues related to reproductive health , gender and sexuality.

The authors have described the research process ; the difficulties that they encountered ; and how these were overcome. Lessons learned and research guidelines shared in this document , would be useful for those who planned to undertake community based epidemiological and social science research on reproductive health .



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Preface

The document presents a set of guidelines for researchers based on experiences while interacting with an urban slum community in context of Reproductive Health. The main objectives of the study were to (a) determine the prevalence of gynaecological morbidity (b) to compare and contrast perceived morbidity with Clinical and Laboratory diagnosis and (c) Identification of risk factors of gynaecological morbidity.

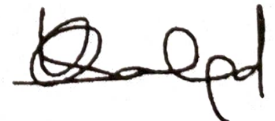
The study methodology comprised of (I) Qualitative data collection through in-depth interviews, key informant Interviews, focus group discussions and subsequently case studies. (II) Quantitative data collection through response to interview questionnaire and subjecting the women to gynaecological examination including laboratory testing.

Most of the studies in the field of Reproductive Health have been conducted in hospital settings, and therefore lack in representativeness with regard to extrapolation to the community. In the Indian context, Reproductive Health Problems are often subjected to culture of silence because of inherent inhibitions and modesty and the stigma and shame associated. At the same time gender disparities translate into lack of autonomy and little decision making.

Health and family planning services in India have not been sensitive to the needs of women. Therefore it is urgently required to identify social, cultural and economic constraints which the women face in disclosing their problems and accessing reproductive health services.

Health providers at Primary Health Care level are ill equipped to deal with gynaecological morbidity and there are neither the diagnostic facilities nor the drugs to treat them. This is further compounded by the lack of sensitization of service providers who are therefore unable to detect and diagnose reproductive health problems.

Against the above background, several steps were undertaken towards designing and implementing a culture sensitive approach. Major concern was to involve the community during all stages of research with the help of a well prepared field team. For clinical examination the clinic within the community was upgraded. The Gynaecologist was apprised of the expectations of community before conducting the examination. At all stages privacy and confidentiality of women undergoing examination was maintained. Due to the exhaustive nature of the study, the field team had continuous interaction with the community which lasted over two years. The guidelines of this document would provide important leads for studies of this nature, and for developing interventions at Primary Health Care settings.



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