



## **CHAPTER III**

### **RESEARCH METHODOLOGY**

#### **3.1 Research design**

The study was designed as a descriptive and analytical study to assess the needs, the use, and factors influencing the use of reproductive health services among minority reproductive women in Thong Pha Phume Minority Settlement. A Structured Questionnaire was used to collect the data.

#### **3.2 Study site**

The study was conducted in Thong Pha Phume Minority Settlement, Thong Pha Phume District, Kamchanaburi Province, Thailand. Thong Pha Phume is one of the districts of Kamchanaburi Province that located at the Thai-Myanmar border. There is a minority community that has been settled among the Thai community for over 13 years. The community consisted of 250 households, and 1, 120 people. Most of the community members are Burmese migrants who entered Thailand at different periods in time. Most hold color identity cards (Alien cards) issued by the Ministry of Interior for people of non-Thai nationality. The majority of the people speak either Burmese or Tavoy languages. Since there were very few Thai people in the settlement and many women did not work outside the settlement, a large proportion of the women could not speak or understand Thai. The nearest health facility is Thong Pha

Phume Hospital, which is a district hospital. This hospital is approximately a 15 minute walk from the community.

### 3.3 Target population

Reproductive women age 14 – 49 years, 512 persons who were living in Thong Pha Phume Minority Settlement during the data collecting period.

### 3.4 Sample size

Since the target population was limited in size, the researcher decided to obtain quantitative data from all women of reproductive who presented in the field when documenting data. Sample size calculation by the equation below indicates that the sample should not be less than 220 persons (Vanichbancha, 2006 ). In the process of data collection the researcher obtained data from 224 respondents.

$$n = \frac{NZ^2/4}{NE^2 + (Z^2/4)}$$

$$n = \frac{(512) \times (1.96)^2/4}{\{(512) \times (0.05)^2\} + \{(1.96)^2/4\}}$$

$$= 219.48 \approx 220$$

n = Sample size

N = Target population

E = Precision of difference = 0.05 or 5%

z = The value from normal distribution associated with 95% Confidence Interval

### **3.5 Sampling technique**

1. The study site was purposively selected, based upon those respondents who would potentially participate in the study, and the potential of human resources in the study site (migrant health volunteers and community headman).
2. Samples for obtaining quantitative data were selected by simple random sampling; women aged 14 – 49 years who presented in the field when documenting data were selected as samples.
3. Focus group discussions were conducted for obtaining the qualitative data, however, the respondents who were willing to participate generally had poor Thai speaking ability. Despite the use of a translator to facilitate the discussion, the responses were not clear enough to be analyzed with confidence. Therefore, qualitative results are not presented in this thesis.

### **3.6 Inclusion criteria**

1. Minority women aged 14 – 49 years
2. Currently living in Thong Pha Phume Minority Settlement, Thong Pha Phume District not less than 1 year
3. Voluntary participation in the study

### **3.7 Exclusion criteria**

1. Minority women under the age of 14 years, or over 49 years.
2. Not currently living in Thong Pha Phume Minority Settlement.

### **3.8 Research instruments**

Structured questionnaires were applied to obtain quantitative data. The questionnaires were developed to assess the needs, the use, and factors influencing the use of reproductive health services. The questionnaires were divided into 2 main parts;

**Part 1:** Demographic characteristics and general information of minority

women (i.e. age, ethnicity, education, income, legal status, health insurance scheme, ability of Thai speaking)

**Part 2:** Reproductive status, reproductive health experience, perception of

reproductive health service availability, use of reproductive health services, and factors influencing the use of reproductive health services

The measurement method (designing the scale) for each variable is shown below:

Table 2: Measurement method (Designing in scale)

Variables	Measurement scale
1. Dependent variable	
The use of reproductive health services	
• Family planning	Nominal scale
• Antenatal care	Nominal scale
• Birth attend by skilled health personnel	Nominal scale
• Postpartum care	Nominal scale
• Cervical cancer screening	Nominal scale
• Practice of self-breast examination	Nominal scale
2. Independent variables	
2.1 Predisposing factors	
○ Demographic characteristics of respondents	
• Age	Ratio scale
• Education	Nominal scale
• Occupation	Nominal scale
• Income	Ratio scale
○ Reproductive Status	Nominal scale
○ Perception of the availability of the services	Nominal scale
2.2 Reinforcing factors	
Having spouse/friends facilitate to use services	Nominal scale
2.3 Enabling factors	
○ Availability of services	(Not measure)
○ Health insurance scheme	Nominal scale
○ Legal status	Nominal scale
○ Duration of residence in Thailand	Ratio scale
○ Perception of service availability	Nominal scale
○ Service satisfaction	Ordinal scale

### 3.9 Process of data collection

1. Contacted with the chief of social medical service department of Thong Pha Phume Hospital and the community headman to gather the background data of the community and the target population.
2. Prepared the questionnaires in Thai language.
3. Validated the questionnaire by experts of reproductive health. Adjusted the questionnaire to obtain validity.

4. Contacted with the district administrative officer, the district health officer, the director of the district hospital, and the community headman to request the permission on data collection.
  5. Trained 6 interviewers in the following areas;
    - Basic knowledge of interview
    - Interpreting of questionnaire
    - The method to complete questionnaire
- Also, 6 translators who can speak Thai and Burmese were trained on the basic practice of interpretation, and obtaining the answers.
6. After validation, the questionnaires were tested for reliability by interviewing 10 minority reproductive women who are not currently living in Thong Pha Phume Minority Settlement.
  7. Tested reliability of the questionnaires by Chronbach's Alpha Coefficient, which indicated a score of less than 0.7. The questionnaires were then adjusted and re-tested again.
  8. Gathered the data from respondents.

### **3.10 Data analysis**

SPSS program was used to facilitate the data analysis. The data was analyzed as described below;

1. Basic demographic data was analyzed by calculating frequencies, percentage, mean, and standard deviation.
2. The reproductive health data was analyzed by

- Frequency and percentage
- Chi-Square was used to determine the association between independent and dependent variables.

### **3.11 Ethical considerations**

For this study, interviewers and all relevant persons and authorities were informed of the purposes, processes, confidentiality of the data obtained and subject approval. Before conducting interviews, the respondents were asked for permission, informed that they have the right not to answer the questions or participate in the study, and informed of their right to stop answering any questions that they felt uncomfortable to answer. After the respondents gave permission, the interviewer could conduct the interview. In the case that the unmarried participants' age was less than 20 years, the parents would give consent with the voluntary permission of the participant. The confidentiality of the participants was ensured. All information obtained was used for this research, and kept secure at all times.

### **3.12 Expected benefit**

The research results were expected to present the needs, current situation, and the factors influencing the use of reproductive health services among target group, also their reproductive health beliefs. The researcher expected that the data would be used in planning reproductive health provisions to fill the gap of reproductive health provisions for the target group. The results could be the basic data for policy makers

to formulate reproductive health policies for minority groups who speak different languages and have different cultures from Thai people.