

CHAPTER-2

RESEARCH METHODOLOGY

Methodology deals with the process applied for the present study. It describes research design, nature and source of data collection, sampling procedure, methods of data analysis etc. This research has been designed in analytical and case study methods as it tries to explore the social and environmental dimensions of tribal health of the Monpas of Arunachal Pradesh.

The nature of the data required for the present study is predominantly qualitative. To look at health in a comprehensive way, it is necessary to collect data not only on the specific issues of health but also on the general context of health and illness.

The general nature of the study is empirical. Data have been generated from the field. To study the Buddhist faith and health practices, the largest Buddhist tribe of Arunachal Pradesh - Monpa is selected for the study. The tribe Monpa is mostly concentrated in Tawang and West Kameng district of Arunachal Pradesh. Tawang district has the highest Monpa population (72.27%). West Kameng district is placed the next (53.03%). Monpa tribe is divided into three territorial groups—

1. Tawang Monpa or Northern Monpa
2. Dirang Monpa or Central Monpa
3. Khalengthang Monpa or Southern Monpa

These groups differ from one another in respect of their language and few cultural traits. The Kalaktang Monpas and Dirang Monpas, commonly known as *Tsangla* Monpas are mostly concentrated in West Kameng district of Arunachal Pradesh, while the Tawang Monpas are called *Brahmi* Monpas and concentrated mainly in Tawang district. So both Tawang and West Kameng district was selected for the study.

As per Census of 2011, the population of Tawang is 49977, out of which 29151 are males and 20826 are females. The district has 4 % of the total population of Arunachal Pradesh. The average density of population per sqkm is 23 as compared to 17 person per sqkm of the state. Its area is 2172 sqkm with 235 villages. Tawang ranks is 12th with regard to population of the state.

The West Kameng district of Arunachal Pradesh covers an area of 7422sqkm with 285 number of villages. The district has a population of 83,947- out of which 46155 are males and females are 37792.

Five villages- Sangti, Khassow, Senge, Seru and Kitpi II from two districts were selected for the study. Field work were carried out in these five villages for about two year in phased manner from the year 2016 to 2018.

The study is based on both primary and secondary data. Secondary data have been collected from published and unpublished monographs, dissertations, Government reports, PhD theses, journals and books. Primary data have been collected through Structured Interview and discussion with the respondents. Besides personal data of the respondents, the schedules contain questions related to attitudes and practice of health. Before visiting the field, various libraries were visited for collection of secondary data like libraries of Omeo Kumar Das Institute of Social Change, Guwahati.; Gauhati University library; Assam Institute of Research for Tribals and Scheduled Castes, Guwahati; National Institute of Rural Development, Hyderabad, Dibrugarh University, District library, Tawang. The researcher also visited few Government offices in Tawang and West Kameng like District Statistical Office, Bomdila and Tawang, National Rural Health Mission of both the district. The Sub centres, Primary health centres, Community Health centres, District Hospital in these five

villages were also visited . Tawang Monastary was also visited by the researcher to have interview with the lamas who deal with the medicinal treatment.

The relevant data have been collected through observation and in- depth interviews. Visits were undertaken in different Govt offices and health institutions located in the study area as well as in the adjoining areas. Detailed interviews with traditional healers, doctors, priests, bonesetters and other practitioners have also been recorded. Observation of health care delivery systems (modern and traditional), disease pattern, belief system, rituals and other health related ceremonies have been recorded in details.

In the beginning, the survey method was adopted to obtain the Census of the villages pertaining to their total population, number of households, their socio-economic background etc. Data on geographical location of the villages, the history and cultural background of the people were also collected. The most extensive tool used to collect data is through Schedule that was duly pre-tested. The Schedule was prepared to find out the health behaviour and beliefs of the respondents. The questions were related mainly with the people's understandings of health and illness, diseases etc. Case study and Interview method have been used to collect information for the study. Elderly persons and women were mostly consulted. Wherever necessary the knowledgeable persons, both from rural and urban areas were contacted and subjected to intensive interview. The five villages altogether have Five hundred seventy six households. Out of which two hundred fifty households were taken up for this study.