CHAPTER-III
THE DESIGN AND PROCEDURE
CHAPTER-III

THE DESIGN AND PROCEDURE

Education had been a powerful tool for bringing about a radical change in the social, economic, cultural and political life of the people. It was a means to achieve a rapid socio-economic development of the individuals as well as the country. Modern scientists owed great responsibility to the society. It was science that the emerging nations looked for their rapid economic, social, cultural, religious, technological and political development. And, the developed countries for their economic stability conversely the progress, welfare, and security of the nations depended critically on rapid, planned and sustained growth in the quality and extent of education.

In this connection the Education Commission of 1964 stated that ‘One of the major planks in the strategies of the society which determined to achieve economic development, social transformation and effect of social security be to educate each citizen to participate in each developmental programme willingly, intelligently and efficiently. Because “education does not end with schooling but a life long process. The adult today had the need of an understanding of the rapidly changing world and the growing complexities of society. Even those who have had the most sophisticated education must continue to learn, the alternative is obsolescence’.\textsuperscript{82}

Adult Education aimed at promoting all round betterment of the people. This included individual, social, economic and cultural development. It had been rightly remarked in the Report of the Fourteenth National Seminar held in New Delhi in 1966 that "Since Adult Education is closely linked with the life of the masses, the programme must be dynamic and varied. It must reflect the needs of the society at the certain period of time. The priorities and emphasis in Adult Education should be rearranged to meet the challenges of the society during a particular period. The Adult Education Programme must, therefore be re-oriented to meet the various challenges".

In this connection the Education Commission of 1964 recommended that adequate provision would be made for health education of students and for securing their involvement in the organization of health services - both in policy making and in the execution of programme. It suggested the UGC for exploring the possibility of organizing health services for University teachers and students on the line of the community health service organized for the employees of the Government of India. The Commission suggested for making a beginning with one or two Universities with a large resident student population and in the light of the experience gained, the programme could be extended to other centres.


---

Ramamurti to review NPE of 1986. The committee which submitted its report in 1990 referred Adult and Continuing Education as “the dual – track approach” of promoting simultaneously with, UEE (Universal Elementary Education) and adult literacy and it would continue in educational planning. It also emphasized for giving special attention to women and disadvantaged groups like scheduled castes and scheduled tribes. It emphasised for planning programmes of post literacy and continuing education would be planned for neo-literates and youths passing out of primary education system through the school system or non-formal education programme. Simultaneously, literacy campaigns were to be made effective as soon as large number of persons complete literacy courses\textsuperscript{85}.

The revised Programme Of Action, which had been formulated to give effect to the NPE 1986, had stipulated that the adult education programme would include “Self-directed continuing education in the perspective of the lifelong learning through literacy service, newspapers for neo-literates, Charcha-Mandals and such other activities. This might also include the skill development for personal, social and occupational development\textsuperscript{86}”.

The Revised National Policy on Education\textsuperscript{87}, 1992 had also emphasised that comprehensive programmes of post-literacy and continuing education will be provided for neo-literates and youth who have received primary education with a view to enabling them to retain and upgrade their literacy skills, and to harness it for the improvement of their living and working

\textsuperscript{85} Ibid., P. 80-81.
\textsuperscript{86} Ibid., P. 91.
\textsuperscript{87} Aggarwal, J.C.: Education Policy in India, 1992; Retrospect and Prospect; Shipra Publication, Delhi, 1992, Pp. 21 & 22.
condition. These programmes would include a) establishment of continuing education centres of diverse kind to enable adults to continue their education of their choice, b) workers’ education through the employers, trade unions and government; c) wider promotion of books, libraries and reading rooms; d) use of radio, TV and films - as mass as well as group learning media; e) creation of learners’ groups and organisations; and f) programmes of distance learning.

A research design, as such, was a logical and systematic plan prepared for directing a research study. It specified the objectives of the study, the methodology and techniques to be adopted for achieving the objectives. It constituted the blueprint for the collection, measurement and analysis of data. It was “the plan, structure and strategy of investigation conceived so as to obtain answers and research questions. The plan was the overall scheme or programme of research”88. A research design was a programme that guides the investigator in the process of collecting, analyzing and interpreting observations 89. It “provides a systematic plan and procedures for the research to follow”90.

A research design was “the arrangement of conditions for collection and descriptive of data in a manner that aims to combine relevance to the research purpose with economy in procedure”91. In fact, the research design was the conceptual structure within which the research was conducted. Hence,

---

a research design was a strategy specifying which approach would be used for gathering and analysing the data.

The present study had also designed with its conceptual structure, its objectives consisting of the grouping for the collection, measurement and analysis of data. It had developed plan, structure and strategy of investigation to obtain answers for the research question. As such, the present study had its three objectives as mentioned at page No.82 and also developed research tools for the collecting of data.

In order to facilitate in exploring and studying the problems and also enhancing to formulate a proper design of the work, certain informations were felt necessary. Information on literacy of the state as well as the TLC adopted area and also information on the size of population of the state or the area that would be helpful for sampling and designing the study were also considered.

DEFINITION:

Definition of the present study would include definition on adult education, Continuing education and health education for the purpose of clear cut understanding and relatively of these coinage terms with each other. The investigator accordingly made an attempt to trace out the definition given by different educationists and bodies on each of these terms separately as under.
For a very large number of adults in the world today, it was substitute for the basic education they missed during their pre-adulthood days. For many individuals who received an incomplete education, it was the complement to elementary or professional education. For those whom it helped responded to new demands which their environment made on them, it was the prolongation of education. It offered further education to those who had already received high level training. And it was a means of individual development for everybody. One or other of this aspect might be important in one country or the other, but they had their validity. Adult Education could no longer be limited to rudimentary levels, or confined to “cultural” education for a minority.

In recent years there had been several attempts to provide a comprehensive definition of adult education which broke down the barriers between “adult”, “further, “vocational”, “Technical” education etc. For, adult education had been increasingly seen in its totality. Thus Liveright and Maygood proposed that “adult education is the process whereby persons who no longer did attend school on a regular and full time basis who undertook sequential and organized activities with a conscious intention of bringing about changes in information, knowledge, understanding or skills, appreciation and attitudes; or for the purpose of identifying and solving personal or community problems”\(^\text{92}\).

According to Titmus (1980), “In everyday life, however, the expression, “adult education”, was often used in another sense, as a collective term

covering the institutions and procedures by which adults were enabled and encouraged to experience the process. For many people, this mechanism was adult education”.

The General Conference of UNESCO in 1976 might have settled much of the confusion through the General Recommendation of the Department of Adult Education which was accepted unanimously by representatives from 142 countries. It included the following definitions.

The term, “adult education”, denotes the entire body of organized educational processes, whatever the content, level and method, whether formal or otherwise, or whether they prolong or replace initial education in schools, colleges, and Universities, as well as an apprenticeship, whereby persons regarded as adults by the society to which they belonged develop their abilities, enrich their knowledge, improve their technical or professional qualification, or turn them in a new direction and bring about changes in their attitudes or behaviors in the two-fold perspective of full personal development and participation in balanced and independent social, economic, and cultural development.

It became evident on the basis of the above given definitions that adult education was a systematic and organized activity which brought about modifications in one’s way of life, attitudes, level of functionality, which was developed in him with various technical and professional skills. It
provided new informations, knowledge, understanding concerning his own profession and finally improved his social, cultural and economic life. Adult Education was not merely confined to give the knowledge of 3R’s but it included much more than that. It included all those programmes which were related to the life of adults. It included all those contents and experiences which were related to adult’s environment and added to aerological skill by increasing their professional efficiency and income.

According to Rajendra Singh Yadav, adult education would be distinguished from all other types of education in so far as it was more functional and more closely related to economic and social development than the education given in our schools and colleges. The adult knew that his education had to be linked up with like, environment, economic activity, development and planning. He was more interested in acquiring knowledge which would enable him to get a better understanding of the working of his own particular occupation, increased his food production, stopped insects from destroying crops, made his children behave better and get more value from what he was actually using. He might be an illiterate but his mind was grown up and his interests were already cultivated93.

The term adult education was also used as further education and continuing education. In broader concept, it was also interpreted as formal, non-formal, informal, life long learning, life long education, continuing Education and recent education. In some countries the term non-formal education was used as social

93. Ibid P. 12.
education. However, it was not a fully acceptable practice. In North America the term informal education was applied almost as an equivalent to adult education but that usages had almost disappeared. The term formal education was used to describe the hierarchal structure, chronological graded system from primary through University including a variety of specialized programmes and institutions for full time teaching and professional training.\(^4\)

Life long learning was used internationally. In this regard Cross said life long learning meant self-directed growth. It meant understanding yourself and the world. It meant acquiring new skills and powers the only true wealth which you could never lose. It meant investment in yourself. Life long learning meant the joy of discovering how something really worked, the delight of becoming aware of some new beauty in the world, the fun of creating something, alone or with other people.

Life long learning, although internationally used, still lacked a commonly accepted definition. Cross described the term "slippery, strikingly inconsistent, and subject to varying interpretation" (1981). Another more narrowly conceived definition appeared in the reports prepared by the Life Long Learning Project (1978), referred it as a process by which individual continued to develop their knowledge, skill and attitudes over their lifetimes (1978).\(^5\)

\(^{95}\) Ibid P. 18.
However, Vandana Chhrakabarti in her book entitled “Life Long Learning”, 96 defined it as life long education. It was a key to individual and social development in the 21st century. India had set before herself the goal of ‘Education for All’ by 2010. Education had been envisaged as an instrument of social transformation and was expected to play an important role in social development. In this context, education should be viewed not as a terminal point at the stage of acquiring degree or diploma, but as life long process. It began in early childhood and continued through life. People learnt in the family, at workplace and in the community. A number of educational institutions and development agencies had tried out different approaches to provide learning opportunities to children, youth and adults who were outside the formal system.

According to the Webster’s Third New International Dictionary of seven language Adult Education was lecture; or correspondence course for Adult’s usually not otherwise engagement in formal study 97.

Delker made the distinction between adult learning “as a major continuing mode of behavior”, and adult education as the “organized and sequential learning experience designed to meet the needs of adult”. Likewise, lifelong learning is the habit of continuously learning throughout life, a mode of behavior, where as lifelong education is “the principle on which the overall organization of a system is founded” 98.

---

Continuing Education was another broad term about whose meaning there was little agreement Thomas provided a very broad definition: It was a system(s) of education which included formal and non-formal education, that was defined with respect to its various parts and agencies (elementary schools, secondary schools, colleges and Universities, for examples) in terms of specific educational objectives to be fostered, rather than in terms of the ages or circumstances of learners. The system was available to persons of any age, part-time or full-time, voluntary or compulsory, and was financed by a mixture of private and public resources. It was distinguished from other educational activities in the society by the possession of the exclusive right to provide public recognition or certification for those completing its programmes, though not all of its programmes needed to lead to such certification.

The envisaged function of continuing education was that of rounding off the individual’s education, of providing further education that could always meet increased or new professional demands.

According to Encyclopedia Britannica Adult Education could be defined as the organized provision of facilities to enable men and women to enlarge and interpret their experiences as adults. Such facilities might be provided and in different places and at different time by voluntary action and independent agencies by state and municipal authorities by commercial enterprises.

Out of the five types of adult education namely education for vocational, technical and processional competence; education for health, welfare and family living including all kinds of education in health family relations, consumer buying planned the parenthood, hygiene and child care and the like; education for civic political and community competence including all kinds of education relating to Government, Community development, public and international affair voting and political participation; education for self fulfillment; and remedial education, fundamental and literacy education, the investigator made an attempt to study thoroughly on the second type\textsuperscript{92}.

According to the Dictionary of Webster's International Dictionary and Seven Languages health meant the condition of an organism or one of its parts in which it performed its vital functions normally or properly, the state of being sound in body of mind; the condition of an organism with respect to the performance of its vital function especially as evaluated subjectively or non-professionally; flourishing condition-well being, vitality, prosperity art form; a toast to someone's health, well-being, or prosperity; relating to or engaged in welfare work directed to the cure and prevention of disease; of relating to, or conducive to health\textsuperscript{93}.

Education meant the act or process of educating or of being educated, the act or process of rearing or bringing up or developing physically from childhood or of being reared, brought up, or developed in this way, a conditioning, strengthening, or disciplining especially of mind or faculties; a process or course

of learning, instruction or training that educate or was intended to educate, a system of formal education as a whole; the product of an education, the totality of the knowledge, skill, competence, or qualities of character gained by education; the field of study that concern itself primarily with the principles and methods of teaching or of learning especially in formal education 94.

The Fifth International Conference on Adult Education published a series of 29 booklets 95 in which health education for adults or rather health promotion and health education for adult was one of those booklets. The Conference which was popularly known as Hamberg Decaltration of 1997 discussed many aspects on health education in adult education. It classified into many things including environment, health and population, Adult environmental education, awareness environmental action; health promotion and health for adults and adult education and population issue in the post Cairo context.

Observing from the social aspects of health it was defined as “Health is essentially a social construct: it is created in the interaction between people and their environments in the process of everyday life; where people live, love, learn, work and play” 96.

What was defined as health or sickness, as well being or diseases, depends not on individual and biological factors, but on the social and cultural environment within which we live, work and interact. Different cultures and sub-cultures had their own understanding of health and sickness.

94. Ibid. V, I, P. 73.
95. 5th International Conference of Adult Education; CONFINTEA, HAMBURG, 1997, 6 b Health Education for adults series, UNESCO, P.5.
96. Ditto.
Western biomedical science although dominating much of diagnostic and therapeutic practice in many parts of the World, it was not the only way to fight diseases. Health education needed to take into account such different concepts and recognize different medical traditions and local ways of healing. Today, much adult education in the area of health emerged from a growing awareness of the limitations of allopathic medicine and an interest in alternative medicine. People no longer uncritically accept the dominance of one model and the role of the medical expert as the only provider of knowledge. Increasingly, they ask for information on specific diseases and want to be informed about different therapeutic options.

It pointed out that if health was a social construct and a social process, medical factors alone could not explain what made us sick or how we could be cured. The physical and social environment within which we live was equally, if not more important. Basic requirements included access to clean water, housing and food. Other factors, such as economic resources, social situation and political participation were equally important.

It became crucial that health education was taken into account the social, environmental and economic factors determined people’s health. Health education needed to enable people to change these conditions. In other words, health education became essentially a social and political process, and a central component of human development.
Health Education in the present study would mean the Education of health given to the neo-literates of the adopted villages under TLC (total literacy campaign) of Manipur University through the organization of awareness programme, health camp, orientation courses, workshops etcetera. These programmes were organized from time to time by the Department not only in the adopted villages but also to other adult education centres.

According to the Dictionary of Seven Languages of Webster’s, the term neo-literate was classified into neo and literate. Each of these interpretations was given below. Neo meant; recent; a new and different period or form of something often joint to the second element97. Literate meant an educated person; one who can read and write; one admitted to holy orders in the Church of England without having a university degree98.

However, in the present study neo-literate meant those illiterate persons who were given education through 3R’s and who could read, write and do some arithmetic and achieve self-reliance in literacy and arithmetic realising the cause of his backwards and find measures to eliminate those causes, culminate skills to develop and raise his economic status decide to develop in him norms for national integration, environment protection, gender equality, small family etc.

Adopt meant to take by free choice into a close relationship previously not existing especially by a formal legal act, to take voluntarily to be in place

of or as one's own child; to take up or accept especially as a practice or tenet often evolved by another; of a deliberative body to endorse and assume a official responsibility for; to choose for required study in a school subjectFootnote 99.

Village meant a unit of compact settlement vary in size but, usually larger than a hamlet and smaller than a town and distinguished from surrounding rural territory, a small cluster of houses and other buildings forming a unit distinct from a surrounding rural area, one incorporated and given definite boundaries and power by law- a minor municipality, a unit of settlement having held to have the status of a village but differing from the traditional village in some important respect- one having a large population; the citizens or inhabitants of a village especially as a unit of local government, a section or district of a large municipality having characteristics that set it apart as an individual unit resembling a village; a relatively small group of people organized chiefly in families that constitutes a distinct social unit and usually forms a communityFootnote 100.

In the present study village meant two type of villages. The first type of village was located in the rural area having large population. For instance, the villages in Bishenpur district were rural in character and natural in its location; and large in population. The other type of village was a tribal village. It was populated by the scheduled tribes. They were populated sparcely in the hills and formed a village. For instance, the villages populated by the tribals in Langthabal were not large. They were populated on the three hill lops sparsely and formed three different villages.

100. Ibid., Vol. III, P.2552.
According to the International Dictionary of seven languages of Webster's the terms like 'Total', 'Literacy', 'Campaign' were given different meaning such as:

By **Total** it meant of or relating to something in its entirely; viewed as an entity; complete in all detail; overall whole.\(^{101}\)

The word **Literacy** it meant the quality or state of being literate and an ability to read a short simple passage and answer questions about it.\(^{102}\)

The word **Campaign** it meant a track of open country; a connected series of determined operations of systematic efforts design to bring about particular result; engage in, or conduct a campaign.\(^{103}\)

The word **Illiterate** it meant having little or no education unable to read and write; shorting or marked by a lack of familiarity with language and literate.\(^{104}\)

However, the meaning of the three words mentioned above according to the Indian Journal of Adult Education, was not on a separate entity but on a configuration of Total Literacy Campaign (TLC) as a whole according to its interpretations. Total Literacy Campaign was a programme that covered all illiterates in the area for promotion of literacy to bring the intellectual change among the beneficiaries of the programme.\(^{105}\)

---

102. Ibid., Vol. II, P.1321.
103. Ibid., Vol. I, P.322.
104. Ibid., Vol. II, P.1126.
In the present study Total Literacy Campaign Programmes were taken up by the Department of Adult Education and Extension under Manipur University in the adopted villages of two different districts of Manipur namely Bishnupur and Imphal West. The names of those villages were a) Leimapokpam, Lourembam, Pukhrambam, Wahengkhuman, Khunpham, Maibam Kairel, Sanjenbam, Kakyai and Terapokpi in the first phase and b) Langthabal Chingkha, Langthabal Chingthak and Langthabal Khoupum villages in the second phase. The adopted villages of the first phase belonged to Bishnupur District while the three adopted tribal villages of the second phase belonged to Imphal West District of Manipur.

**OBJECTIVE:**

I. To study whether awareness campaign for health care education would be beneficial to the neo-literates and learners.

II. To study whether imparting such education could motivate the illiterates to come out from their houses to the centres.

III. To study the accessibility, acceptability and affordability of health care services to all people through the neo-literates.

IV. To study the healthy life span and the quality of life of the people.
HYPOTHESIS:

With the four objectives stated above the investigator framed its hypothesis. Because, a hypothesis was a statement temporarily accepted as true in the light of what is, at the time, known about a phenomenon, and it was employed as a basis for action research for new truth. It was a tentative supposition or provisional guess which seemed to explain the situation under observation.

A hypothesis might also be defined as a tentative proposition formulated for empirical testing. Leendberg defined hypothesis as "a tentative generalization, the validity of which remains to be tested". A hypothesis therefore was a shrewd and intelligent guess, a supposition, inference, hunch, provisional statement or tentative generalisation as to the existence of some fact, condition or relationship relative to some phenomenon which senses to explain already proved facts in a given area of study, helps in visualizing the society as a dynamics organisation and its structure and functions as evolving, steadily growing and under growing change and transformation.

The hypotheses which had been formulated in the present study were:

i. To study whether health care education had been an important aspect of the adult education programme.

ii. To study whether the programmes of health awareness were useful not only to the adult learners or neo-literates but also to the whole village.

DELIMITATION:

The present study would be delimited to the following areas.

(i) The study shall confine only to the villages where TLC Programme had been implemented in the two adopted villages of Bishnupur and Imphal West District of Manipur.
(ii) The study shall not cover to all the adult education centres of other district except Bishnupur and Imphal West of Manipur.
(iii) The study shall confine to the villages or community or the Department where Health Education Programmes were taken up.
(iv) The study shall not cover other programmes except health and health related programmes.

MECHANICS OF DATA COLLECTION:

With the help of various research tools and techniques, the investigator had collected several data. The techniques which had been used in collecting the data were through records, information, questionnaire schedules and interviews.

The tools employed in the present study were: (i) Information Sheet for Directorate of Family Welfare Bureau; / for Department of Health; / for Regional Institute of Medical Sciences; (ii) Interview Schedule for Drop-out learners; (iii) Interview Schedule for Neo-Literates; (iv) Interview Schedule for Prerak; (v) Questionnaire Schedule for Directorate of Adult Education; (vi) Questionnaire Schedule for the Department of Adult Continuing Education and Extension; (vii) Questionnaire Schedule for Project Offices/member Secretary; (viii) Questionnaire Schedule for Voluntary Organization; (ix) Questionnaire Schedule for the Volunteers/Instructor.
SAMPLING:

Empirical field studies which were based on experiment or experience required collection of first hand information or data pertaining to the units of study from the field. The units of study might include geographical areas, like districts, villages, leikais or localities or lanes, towns and cities for which information was required or persons from whom information was required might also be included.

The aggregate of all units pertaining to the study was called the population or the universe. It was the total collection of elements about which we wish to make inferences. A number of the population was an element. It was the subject on which measurement was taken. It was the unit of study. A part of the population was known as sampling. The process of drawing a sample from a larger population was called sampling. 107

In order to enable to make a rational representation of the population of the adopted villages the investigator had taken up five percent random sampling basis out of 1155 neoliterates against a total enrolment of 1590 of the study. Out of the total of 1155 neoliterates, 85 were from the adopted villages of Langthabal of the Imphal West district of Manipur while the remaining 1070 were from the nine villages, of the Bishnupur District of Manipur. Interestingly, all the three adopted villages of Langthabal were tribal populated and out of nine villages of Bishnupur two villages were also tribal populated. In short, out of the 12 adopted villages five belonged to tribal populated villages while the remaining seven were Meitei populated villages.

107. Ibid., P.143.
METHODS OF DATA COLLECTION:

Considering all the merits and applicability of the type of research the investigator adopted field survey and analysis method. In order to enable to make an in-depth study of the present research work the Investigator had collected data from various sources including departments like the Directorate of Economics and Statistics, Directorate of Census Operation, Directorate of Adult Education etcetera and information also had been collected from Hospitals like the Directorate of Family Welfare Bureau, Directorate of Medical and Health Services and Regional Institute of Medical Sciences.

Information also had been collected from the neo-literates of the three tribal populated villages of Langthabal of Imphal West District and nine villages of Bishnupur District. While collecting data and information, the investigator had interviewed 70 neo-literates from Imphal West Langthabal Tribal villages and 400 neoliterates from the nine villages of Bishnupur districts. It included the two tribal villages namely Terapokpi and Maibam Kairen.

Data and information had also been collected from Project Officers, instructors or Volunteers and drop-out learners with the help of Questionnaire Schedule, Interview Schedule and Information Schedule of all the agencies. The method of data collection was based on the spot survey and physical verification. They represented different groups of neo-literates according to their interest in learning material as part of extension according to the criteria laid in the present study. In other words, the method of data collection was on random basis.
METHOD OF APPROACH

In any study or in any investigation some sort of methods should be adopted and employed in order to make a systematic study. Adopting its methods would help in analyzing the investigation analytically and scientifically. For, methodology might be understood as "the structure or procedures and transformational rules whereby the scientists shifts information up and down this ladder of abstraction in order to produce and organize in increasing knowledge"\(^{108}\). It might also be defined as a way or an approach to look at the problem that one meant to organize manner. Methodology included methods and techniques which were the procedures of research for collecting and manipulating data. Methodology was also a way to systematically solve the research problems \(^{109}\).

The method of approach in the present study would be historical, field survey, analytical and scientific. It would also be scientific in the sense that it would apply all the norms of scientific study. The reason for applying field survey method was because of the fact that the present study required systematic collection of data from the population who would be the learner, neo-literate and the concerned agencies dealing with the problem. Through the use of personal interview or other gathering devices the investigator would collect information and study it systematically. It would be historical in the sense that before exploring the accurate investigation historical background was laid so that the investigator could trace the past and present.

It would also be scientific in the sense that "Scientific method consisted of systematic observation, classification and interpretation of data. The main difference between our day to day generalization and the conclusion usually recognized as scientific method lies in the degree of formality, rigorousness, variability and general validity of the latter"\textsuperscript{110} as stated by George L. Lundberg.

The surveys were conducted to collect detailed descriptions of exiting phenomena with the intent of employing data to justify current conditions and practices or to make more intelligent plans for improving them. The objectives were not only to analyze, interpret, and report the status of an institution, group, or an area in order to guide practice in the immediate future, but also to determine the adequacy of status by comparing it with established standards. Some surveys were confined to gather all three types of informations namely ; (i) data concerning existing status, (ii) comparison of existing status with the established status and standards, and (iii) means of improving the existing status; while others are limited to one or two of these types.

The survey had the advantage of being an extremely effective way of gathering information from a large number of sources relatively cheap and in relatively short time. Facts once gathered through the use of questionnaires, interviews, standardized tests and other data gathering technique and the analysis of such information had enabled decisions to be made which had transformed many administrative, financial and other practices.\textsuperscript{111}


\textsuperscript{111}. Ibid, Pp.24-25.
In other words, the survey method gathers data from a relatively large number of cases at a particular time. It was not concerned with characteristics of individuals as individuals. It was concerned with the generalized statistics that result when data were abstracted from a number of individuals can. It is essentially cross-sectional.

In analyzing political, social, or economic conditions, one of the first step was to get the facts about the situation or a picture of conditions that prevailed or that were developing. These data might be gathered from surveys of the entire population which was the only group under consideration\textsuperscript{112}.

According to John W. Best the survey was an important type of study which should not be confused with the mere clerical routine of gathering and tabulating figures. It involved a clearly defined problem and definite objective. It required expert and imaginative planning, careful analysis and interpretation of the data gathering, and logical and skillful reporting of the finding\textsuperscript{113}.

\textsuperscript{112} Ditto.
\textsuperscript{113} John, W. Bist and James, V. Kahn : Research in Education, Seventh Edition; Prentice Hall of India, New Delhi, 1996, Pp.107-108.
QUESTIONNAIRE SCHEDULE FOR THE DIRECTORATE OF ADULT EDUCATION

The questionnaire schedule for the Directorate of Adult Education consisted of 24 questions. Question numbers from 1 to 4 consisted of name, age, sex and location of the Directorate. Question number 5 was meant for the number of officials along with position. The number of project officers at the headquarters and in the districts; the number of Supervisors at the headquarters and in its district, number of instructors or volunteers at the headquarters; district wise and block-wise etc. were included in question number 6, 7 and 8. Question number nine was about the total administrative structure of the Directorate of Adult Education. The system of funding from the central and state government was also dealt with in which the whole sanctioned amount for the Directorate and the amount of fund spent for salary was included in the question number 10 and 11.

The number of project/schemes along with its fund under the Directorate was also mentioned in question number 12. The need was on development of teaching learning materials, and the number of programmes taken up and the number of centres opened, in the state along with its district-wise position was dealt with in question numbers from 13 to 15. The number of training programmes held at the district held at the district head quarters and the group of functionaries involved was dealt with in question number 16.
The number of literature published by the Directorate was dealt with in question number 17. The Total Literacy Campaign (T.L.C.) programme taken up under the Directorate and implementation areas were in question number 18. Preparation of book for the neo-literates and awareness programmes were discussed in question number 19. Question number 20 consisted of the number of learner in each district under Total Literacy Campaign (T.L.C.). Any point of consideration for declaring a particular village totally literate was placed in question number 21.

A pertinent question was asked in about the teaching materials prepared for the hill districts concerning the local language; problem facing in learning and steps taken for the dialect of the 29 recognized tribes etc. were dealt in question from 22 to 24. Continuing Education Programme for neo-literate was consisted of in question number 25. Question number 26 discussed about the awareness on problems and causes of ill health among the learners and how health education programme should be taken under the Directorate. The scope for suggestion in enhancing the programme for neo-literates was also dealt with in 27.
QUESTIONNAIRE SCHEDULE FOR THE DEPARTMENT OF ADULT CONTINUING EDUCATION AND EXTENSION

This questionnaire schedule consisted of 24 questions. Question number from 1 to 4 consisted of name of the Department or Centre, year of establishment, number of facilities and financial liability. Question number 5 and 6 were meant for UGC sponsored scheme and pattern of funding. The programme of literacy taken up by the Department and under which approaches were included in question 7 and 8. Population Education/JSN/Continuing Education programmes was in question number 9. The T.L.C. programme and number of villages; enrolled learners, dropped out and made literate were mentioned at question number 10 and 11. Question number 12 and 13 were concerned about the declaration of Literacy and about the collaboration and single handed. Monitoring assistance and Volunteers enrolled with honorarium were mentioned in question 14 and 15. Continuing Education programme for neo-literate and nature of health education programme were dealt at question number 16 and 17. Opening of Degree and Diploma; Publication; Research project; Research related work; Seminar workshop and level of Seminar were dealt in question number 18 to 23 and any other programme was in question number 24.
QUESTIONNAIRE SCHEDULE FOR VOLUNTARY ORGANISATION

Questionnaire schedule for voluntary organisation consisted of 29 questions. Questions from 1 to 4 included name of the organisation, name of the respondent with position in the organisation, address and date of registration. Question number 5 indicates the schemes and programmes taken up in connection of eradication of illiteracy. Number of adult education centres under the organisation. Classifying male, females total; number of volunteer engaged in educating the programme of eradication of illiteracy classify male, female total; number of learners enrolled in each centre classifying male, female, total; number of learners made literate classifying male, female total; and number of learner dropout classifying male, female, total were included in question from 6 to 10. Question number 11 was concern with the age group of the learner enrolled in each centre. The supervising work of the volunteers and the learning programme, receiving of any feedback were dealt in question number 12 and 13. Question number 14 were concern with facility provided to each learner in terms of learning material like reading writing chart materials and also lighting facilities sitting arrangement etc. Question number 15 was concern with number of supervisor or master trainer engaged in 1 or 2 or 3 centres. Question number 16 was concern with any continuing education programmes taken up including health education or health education or health awareness or health promotion in the form of health and hygiene, food nutrition HIV/AIDS, Safe drinking water or any other communicable or non-communicable diseases.
It was also concern with whether the nature of implementation the programmes were taken up independently or collaborative. Questions from 17 to 22 was concern with any monitory assistant for learners, Instructors or Volunteers; approximate time of conducting the classes; any dropout in any centre; step taken up for dropout; any measuring technique for evaluating the learner functionally literate; and the facilities provided to the neo-literates for continuence including the health awareness programmes. Questions number 23 was concern with a specific question whether the organisation could declared any centre totally literate. Question number 24 to 27 was concern with the financial assistance from any funding agency either from the state government or any other source; system of assistance, distribution of the grant to the centres and controlling the financial management of the organisation. Question number 28 and 29 were concern with satisfaction with the system of administration and management of the organisation and also any suggestion from the respondend.
QUESTIONNAIRE SCHEDULE FOR THE PROJECT OFFICER/MEMBER SECRETARY

This questionnaire schedule consisted of 22 questions, name, designation; age, sex, location and address of the respondent were included in question numbers from 1 to 6. Question number 7 and 8 included those project officers of the University and those Member Secretary under the Directorate who are posted at districts. The number of centres opened was included in question number 9. The teaching learning materials provided and sanctioned by the Directorate and the University were included in question number 10 and 11.

The amount and mode of payment of honorarium and administrative control of the instructor or volunteer, pre-raks and Supervisors or master trainers were included in question numbers 12 and 13. The statement of evaluatory technique with feedback and inspection were dealt in question number 14 and 15. The continuance of programme after completion of Literacy either through Jana Shikshan Nilayam (JSN) or any other awareness programme through Directorate were included in question number 16. The programme for continuance of the dropout student taken up and difficulties faced in continuing education for the neo-literate was included in question number 17 and 18. The involvement of awareness of about the health education and related specific diseases of the area about the communicable diseases were included in question number 19 and 20. The sanitary systems of the area which might spread many communicable diseases were included question number 21. Suggestion for the improvement in the programme was included in question number 22.
This interview schedule for the Supervisor or Master Trainers consisted of 18 questions. Question number one to four consisted of name, age and address. The number and name of the blocks or centres and the number of instructor or volunteers included in question number 5 and 6. The number of centres visited in a year and suggestion for improvement or words of encouragement included in question numbers 7 and 8. Nature of awareness given during the programme about the reproductive, health, adolescence education, population growth, drug etc. was involved question number 9.

The number of items given to the neo-literates or the J.S.N. Centre and its effectiveness were concerned in question number 10 and 11. Number of Continuing education centre with number of programmes taken up and health related programme were dealt in question 12 and 13. The nature of report by the Volunteers; by the Pre-rak to the Project Officer and salary per month were dealt question 14 and 16. The need of health awareness and suggestion for promotion of health the area were dealt in question number 17 and 18.
QUESTIONNAIRE SCHEDULE FOR THE VOLUNTEER/ INSTRUCTOR

This questionnaire schedule for the instructor of volunteer consisted of 23 questions. Question number one to five consisted of name sex, age, address and name of the centre. The number of learners enrolled and the number of males and females enrolled and age group of the enrolled learners included in question number 6 to 8. The problems faced in making the learners and individual techniques used in making them to learn were included in question number 9 and 10.

The next question was whether the instructor have given awareness about the adolescence education, reproductive health, population growth, drug etc. during discussion hour as a part of motivation. Any complaint from amongst the learners, find any learner dropping out according to health problem or irregular in attendance; major factors of dropout and dropout due to reason for health problem were dealt with in questions from 12 to 15. Any shortage in the teaching learning materials or in receiving it from the concerned block or office and any suggestion to the resource person while preparing the materials were included in question number 16 and 17.

The problem faced mainly by women like safe abortion, post abortion care service, safe motherhood to improve maternal morbidity and mortality, reproductive tract infection, STDs and HIV/AIDS, maternal and infant nutrition
were a part of continuance of education was involved in question number 18. Difficulties to help in teaching the alphabets and numeric between different communities and reason for absence were involved in question number 19 and 20. About free medical camp or any kind of free distribution in the area was in question number 21. A pertinent question was on remuneration and any suggestion for improvement to implement the programme on eradication of illiteracy were dealt in question number 22 and 23.

INFORMATION SHEET FOR HOSPITAL

The information schedule for Hospital consisted of ten questions including the name of the Hospital, name of the respondent, age, sex, designation, address and district, number of programme for health protection and awareness campaign was launched. The eighth question was on the number of patient enrolled and type of diseases. The ninth question was on the number of patients enrolled due to over use of alcohol. The comment for awareness of health was in question number ten.
INTERVIEW SCHEDULE FOR THE DROP OUT LEARNER

The schedule consisted of thirteen questions including name, age, sex, caste and address. The six questions were on the engagement of the dropout in some sort of business, profession or household duties. The seven and eight question were on whether the learner joined any adult education programme under any centre and circumstances compelled to drop out and its probable reason. The ninth questions consisted of seven sub-question including probable circumstances compelling the learner to drop out. The tenth question was on the probable question relating to health problem. The eleventh to thirteen were on the level of satisfaction with the facilities provided to the learner and the system of management, administration, inspection and supervision and the comment of the drop outs.

INTERVIEW SCHEDULE FOR THE NEO-LITERATES

The interview schedule for the neo-literate consisted of 22 questions. Name, age, sex, caste and address, the reason of engagement in business profession or household duties was included in generations. Before becoming neo-literate a question arose on whether the neo-literate was a learner. This question was asked in order to assess whether the neo-literate himself or herself was to be a learner. Question number 8 and 9 were concerned with the factors or encouragement given to the learner to come out of their respective
home and to attend adult education centre and the convenient timing of attending the class. The tenth to eleventh questions were concerned with the disturbances given to the learner while coming out of the home and cooperation given to the learner.

Regarding the difficulties in learning the letters and trial in learning were mentioned in question number 12 and 13. Satisfaction of reading and writing; continuance of learning and purpose of learning were dealt in question number 14 to 16. Problem of health for learners; awareness about health and steps of taking up in continuing education programme were dealt in question number 17 to 19. Preservation of local wine brewing; affect to the health from frequent use of alcohol and comment were dealt in question number 20 to 22.