CHAPTER-V
ANALYSIS
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Health status was a crucial variable which influenced the average expectation of life as well as number of persons in the productive age bracket, production, productivity, earning capacity and family welfare. It may be stated that a country’s progress depends on the health of the people.

According to modern concept of World Health Organization, health implied a sound mind in a sound body and in a sound environment. It is to be pointed out that health depends to a large extent on nutrition and nutrition on food. Lack of nutritive food led to malnutrition of the child.

Some of the underlying factors that cause malnutrition, such as low birth weight, insufficient breast feeding, nutritionally inadequate food especially lack of iodine, vitamin A and iron, frequent diarrhoea and respiratory infections also impair children’s intellectual growth. While the effects of poor nutrition had been devastating locally, regionally and globally, the impact of good nutrition is equally powerful. Improving the nutritional status of communities, especially of women and children, could help overcome many of the major health challenges which many countries face today.
The health practices of any community have been influenced by socio-economic and political factors. These factors have also had considerable influence not only on the development of medical technology but also in determining the access of different social strata of a community to such technology.

Health had always been an important topic in adult education. It featured in the curriculum of many adult education as well as general education programme. Health related education projects offered course on general health, nutrition, health life style, as well as on specific diseases and their treatment.

Improving people’s knowledge about health is a major component in many literacy and basic education programmes. Many of these programmes focused on women and included nutrition, hygiene and family planning. Health education has been often combined with other measures to improve well being and promote community development.

Education is a major determinant of health. It is well known that those who are most likely to suffer from ill health are not only the poorest, but also those with the lowest level of education what is more experienced both in developing and developed countries as showing that literacy education programmes could lead to significant important in health and general well-being129.

Although considerable progress has been achieved in the area of health since independence, the situation has not been satisfactory. This was also pointed out by the Economic Survey in its report in 2005 of the Government of India Ministry of Finance Economic Division. The National Health Policy (NHP), 2002 set out the basic objective of achieving an acceptable standard of good health amongst the general population of the country. It laid emphasis on providing increased access to decentralized public health system, enhancing public health programmes.

On the basis of the policies and programmes and also the findings of the analysis has to make how far awareness campaign for health care education could be made to the neo-literate and learners of adult education. It is also to be analysed how far the awareness campaign could be beneficial to the neo-literates and learners. Further, analysis has to be made on whether imparting health education could motivate the illiterate to come out from their houses to the adult literacy centers. Analysis is also to be made on the accessibility exceptibility and affordability of health care service to the people through the neo-literates.

While making an attempt to analyse the achievement of these objectives the investigator employed certain tools. Analysis had been made on the basis of the findings through (i) Questionnaire schedule for the Department of Adult Continuing Education and Extension, M.U.
(ii) Questionnaire schedule for the Directorate of Adult Education
(iii) Questionnaire schedule for the voluntary organization (iv) Interview
schedule for the Project Officer/Member Secretary (v) Interview schedule
for the Pre-rak (vi) Questionnaire schedule for the Volunteers/Instructor
(vii) Interview schedule for the Neo-literate (viii) Interview schedule for
drop-out learners (ix) Information sheet for Hospitals.

This Questionnaire Schedule was meant for the Directorate of Adult
Education of the Government of Manipur, the voluntary organization and
the Department of Adult Education and Extension of Manipur University.
This Questionnaire Schedule was distributed to the respective Departments
and Voluntary organizations of WWAGS of Wangjing of Thoubal District,
Manipur. First hand information was recorded by the investigator through
personnel contact.

Interviews were conducted with the Supervisors and Member
Secretary of the Directorate of Adult Education of the Government of
Manipur. Further, interviews were made with the volunteers and neo-literates
of the Department of Adult Continuing Education and Extension and also
with Instructors of the Directorate of the Government of Manipur. Interview
was also made with dropped out learners of the Department of Adult
Continuing Education and Extension, Manipur University.
Information Sheet for the Hospitals, medical experts of Regional Institute of Medical Science, Medical Directorate of Health and Family Welfare Bureau were also developed. Informations were collected from them. Information collected from the local educationists of the adopted villages of Langthabal of Imphal West District and nine adopted villages of Bishnupur District of Manipur was dealt with here separately. These Information sheets were developed for the purpose of getting informations from these four sources.

The informations collected from four sources and the report assessed through the Interview Schedules and Questionnaire Schedules were processed. Hypotheses were framed for testing, on the items mentioned in their schedules. The basic purpose was to get accurate information and data for the present study.

As per Questionnaire Schedule developed for the Directorate of Adult Education of the Government of Manipur there was one Additional Director, two Joint Directors, three Assistant Directors, and nine Project Officers, nine Assistant Project Officers and nine Supervisors along with their ministerial staff. Out of the two Joint Directors one was incharge of Adult Education and another was incharge of Tribal Development and Jana Shikshan Nilayam. Out of the three Assistant Directors one was incharge of monitoring; the other was incharge of Training and third was incharge of Mass Programme of Functional Literacy (MPFL).
All the Project Officers and Assistant Officer had been utilized in the implementation of Total Literacy Campaign (T.L.C.) in the nine Districts of Manipur under the scheme of District Literacy Society. The Deputy Commissioner concerned of the District was the Chairman of the District Literacy Society. It seemed from the record that the Directorate’s Head Quarters at Imphal was concerned with administrative managements and policy, planning including monitoring, training and implementation of Mass Programme for Functional Literacy (MPFL) while at District level the Project Officers handled the literacy programmes. The Head Quarters also dealt with budget and monitoring.

The Directorate received financial assistance from both the State and Central Government as per Questionnaire schedule item number nine. However, there was no response regarding the amount of fund spent annually in salary for all the administrative staff of the directorate. Regarding a question on number of projects, schemes, implemented and yet to be implemented by the Directorate along with its amount of funds, it was reported that only the Rural Functional Literacy Project and the TLC were reported to be implemented.

As provided in the National Literacy Mission document and in persuasion of the instructions received from the Government of India and with the approval of the state Government, the Directorate had established
212 JSN (Jana Shiksan Nilayam) centres (125 under RFLPs) and 87 centres under SAEPs in the state from 1st April, 1989.

The immediate purpose of the opening of JSN centres was to ensure retention of literacy skills and also to provide facilities to the learners to continue their learning beyond Elementary Literacy and also to create scope for application of their learning for improvement of their living conditions. This was as per their Administrative Report published in 1980. However, there was no proper report of TLC after the crash programme. The programme of TLC was handed over to the District Literacy Society. Till now no particular village was declared Totally Literate. This might be because of various reasons like untimely sanctioning of fund, lack of supervision and inspection and lack of comprehensive and tentative schedules for implementation of programmes. Further, it might also be because of the lack of coordination between administration and management and long term plan. Above all, the Directorate was not headed by the Director but by the Additional Directors who happened to be promoted from their respective hierarchies.

In spite of all lacunas, the Directorate had published enough materials. The publication included teaching learning materials, annual administrative report. Sometimes these materials were also supplied to the Department of Adult Continuing Education and Extension, Manipur University from 1987
to 1990. The same teaching learning materials were distributed to all the
districts of Manipur including the hill Districts. No separate teaching learning
material was prepared for the hill areas. The teaching learning materials
remained the same for all the districts even though some of the learners in
the hill districts faced problems. This was also remained same in developing
Improved Pace Content Learning (IPCL) materials.

Regarding Continuing Education programme for the neoliterate no
step was taken up during the period under study. This was reflected in the
item study, of the questionnaire schedule. Hence, neither programme of
Health Education nor any programme on Continuing Education was taken
up except organising some workshops.

Amongst other Voluntary Organisations the Wangjing Women and
Girls Society had contributed much in the field of adult literacy in the
Wangjing village of Thoubal District. At the beginning many Non-
governmental Organisations made many efforts for eradication of illiteracy.
However, much was not continued because of various reasons. One of the
dominating reason was the nonavailability of fund in time.

The investigator visited the Voluntary Organisation at Wangjing which
was about 28 kilometers far away from Imphal, by bus. After visiting thrice
the investigator could collect the Questionnaire. The organisation was a
registered body. The responses were given by the Project Co-ordinator.
Regarding the schemes taken up by the Voluntary Organisation for eradication of illiteracy it was reported that T.L.C. programme and Post Literacy Programme (PLP) were taken up in 12 Grampanchayat and two Nagar Panchayats. The number of Adult Education Centre under the Voluntary Organisations were 2152 and Volunteers engaged were also 2152 with 826 males and 1326 females.

The number of learners enrolled were 21525 with 8538 males and 12987 females. The age group of the learners enrolled in each centre was from eleven to thirty five years as per information supplied by the coordinator of the Voluntary Organisation at Wangjing.

The materials provided to each learner were Reading materials and Writing materials. No lightening facilities and setting arrangement or any other of such type were provided by the Organisation. The classes were conducted during the day time according to the convenience of the learners for a duration of two hours per day.

The instructors or volunteers were paid Rupees 100 each per month for six months. Regarding the number of drop-outs from the centres it was reported as 6097. The drop-outs and the neo-literates were reported to step up to post literacy course, although it was slightly complicated.

Regarding the measuring technique for evaluation of the learners
functionally literate, it was reported that the learners were evaluated by officials of WAGGS but at the end they were evaluated by the Director of State Resource Centre, Shillong. Income generating activities like piggery, duck farming, kitchen gardening, meat making, weaving etcetera were provided to the neo-literate who became functionally literate for continuance of the facility when the learners were declared literate certificates were issued to each of them which was signed by the Pradhan.

Financial assistance was received by the Voluntary Organization from the Ministry of Human Resource Development of the Government of India. The system of assistance was on instalment basis and the Voluntary Organization did not provide any short of grant or payment in any form to the centres. The overall financial management was controlled by the General Secretary of WAGGS.

Regarding the system of administration and management it was reported that they had the desire for opening Continuing Education centres so that Vocational training courses could be started and entrepreneurship for income generating programme could be made available. This was suggested by the co-coordinator of the Voluntary Organization as it would enhance in saving the adult learners from dropping-out.

The overall assessment of the programme taken up by the organization seemed to be active in their process for eradicating illiteracy. The idea of
organization of programmes of income generation under Continuing Education was also sound well, since, the organization did not venture for organizing Continuing Education Programme, the question for implementing health education did not arisen.

The number of learners made literate were 19892 with 7734 males and 12158 females. The numbers of learners drop out were 1633 males and 910 females. The programme was supervised by 43 Master Trainers with 11 males and 32 females. They supervised the volunteers in teaching learning system. Regarding the pertinent question whether the organization has any feedback from the centres, it was reported that they received positive feedback from the members of the Grampanchayat and Nagarpanchayat in the ability of reading, writing and simple arithmetic by the learners.

Regarding the Adult Continuing Education and Extension, Manipur University the programme seem to be taken in a multipronged approach although the number of core staff members or rather faculty members were only three. There had been one Director and two Project Officers with two Ministerial staff in 1986. The Department took up the programme for eradication of illiteracy under 16th of the 20 point programme of the Prime Minister. Teaching learning materials were prepared at the beginning which was followed by programme of illiteracy eradication by opening 30 adult education centres under the Centre Based Approach Programme.
The Department started implementing the programme of eradication of illiteracy under Area Based Approach Programme since 1992. The programmes included opening of Adult Education Centres, MPFL Programmes in the college, Population Education Clubs in the colleges, one JSN and one Continuing Education. Accordingly, the Department starting implemented the programme of eradication of illiteracy by clubbing a number of villages in different districts.

The Department implemented MPFL Programmes in 10 affiliated colleges of Manipur. In implementing this programme one lecturer or senior lecturer or selection grade lecturer whomever recommended by the principal of the concerned college was the programme officer. The principal of the respective college was the drawing and disbursing officer. Under the organization and management of the programme officer a number of college students were involved in the implementation of the MPFL. Normally the programme officer of MPFL happened to be the programme officer of NSS.

Population Education Clubs in 28 affiliated colleges of Manipur were also opened by the Department. One of the lecturers or senior lecturers or selection grade lecturers whomever recommended by the principal was the programme officer. While implementing the programme of Population Education the concerned teacher involved the Students Union and as such a number of students were involved. The programme officer sometime
happened to be the programme officer of NSS. The officer sometimes took up health education programme in the colleges.

The department surveyed the Bishnupur District before the implementation of total literacy campaign programme. The percentage of literacy was not high in the valley areas. The percentage of literacy of the district was 54.95 while that of the Imphal (before bifurcating into two) and Thoubal districts were 70.75 and 52.47 respectively according to 1991 Census\(^{130}\).

Discussions with the Deputy Commissioner, Block Development Officers, Sub divisional officers and Sub Deputy Collectors of Bishnupur Districts, Fishery Officer and Assistant Registrar of Cooperative department were held regarding the implementation of the programme. A public meeting was held with the Pradhans, Panchayat members, Niyai of the three Grampanchayat, local club members, villagers and other local members at Ishok Work shed. After creating an environment of learning training was given to the 166 village youths. They were given seven days training programme. The volunteers were provided with kit materials after the training for implementing Total Literacy Campaign Programme in the nine adopted villages of Bishnupur District. The Programme was carried out successfully and its achievement was very high. A village called Khupham was to be declared totally literate.
When the programme was started in Langthabal in 2003 there was good progress and Langthabal Chingkha of Imphal West District was declared Totally Literate, with hundred percent literacy achievements. It was for the first time that in Manipur a village could be declared totally literate. It was really a great achievement of the Department.

No such target of declaring one village or one District was made by the Directorate of Adult Education of the Government of Manipur although a number of officials were employed at different levels and at different Districts. Although huge amount of fund was sanctioned for different programmes it seemed that there was lack of commitment.

Even in the appointment of Instructors in the government agency it was cross sectoral with a meager amount of money as honorarium. Lack of practicability was found when one person belonging to one village was appointed to another village. It would not be even sufficient to meet even the Bus fare of the Instructor to go to another village for teaching the learners. As such, there must have been problems in realising the basic objective of eradicating illiteracy in the entire or whole village or district.

On the other hand the Non-Government Organizations also seemed lacking of commitment for making one village totally literate. Of course, they might have had worked with a sense of sacrifice and voluntarism.
However, a sense of commitment was found lagging behind since none of the Voluntary Organizations including WWAGS could not declare one or two villages totally literate. It also seemed that the basic concept of Total Literacy Campaign has not been done from both the government and non-government agencies in achieving hundred percent to literate state.

Lack of political will, decision and commitment of the Government was an important factor. The Government, if it is to be materialized in achieving the target of a totally literate state it could use all the government machineries particularly in giving loans in the cooperative Department, in the Fishery Department in Agriculture, in Horticulture in Election Department at the time of voting and many more departments. These Departments could have contributed a lot in achieving the target of a totally literate state if there is a government decision and direction.

The percentage of literacy of the state might have been very high but it does not reach even 70 percent taking into consideration of both the sexes. Of course the male literacy rate is high however female literacy rate does not reach even 60 percent. However, the state exceeds the national level rate of literacy. But we have to think of Meghalaya’s and Kerala’s rate of literacy. Hence, such more have to be done in achieving the target of making a totally literate state.
The same effort could have been made in the hill District also. For instance, in the whole State, the Senapati District and Chandel District had a very low literacy rate. The rate of literacy of these two hill districts were 46.04 and 46.68 respectively. This could have been ascertained from the literacy rate of 1991 census. A time has come although it is not too late to find out the reason for low rate of literacy in the hill areas except Churachandpur and Ukhrul Districts. Efforts should be made to gear up to increase the rate of literacy in the hill areas.

The Department or Adult Continuing Education and Extension of Manipur University, on the other hand, had a very few staff and faculty strength, but had wider coverage and could achieve more target oriented programmes. As such, one JSN and Continuing Education Programmes in the adopted villages of Bishnupur and Langthabal was implemented. At this juncture the Department implemented these programmes only when the illiterate learners were made literate. It did not mean that the learners were not allowed to avail the facility of attending to these programmes. They also were all involved in the Continuing Education Programme which motivate them very much.

Health Education Programmes were implemented to the neo-literates of these adopted villages. The nature of the programme was through lecture cum demonstration, seminar, discussions free-medical camp, blood donation etcetera. It was held both in the adopted villages and in the University
Campus. These programmes were implemented in collaboration with various agencies of the National as well as State and regional agencies and also with other Universities.

In the Lecture-cum-demonstration on safe drinking water which was held at Maibam Kairel and Terapokpi villages of Bishnupur District the Engineer of the Public Health Engineering Department who was posted at Nambol subdivision in collaboration with the Department delivered lecture on various health hazards resulting from drinking of the undistilled and unfiltered water. These villages used water from the nearby ponds or Pukhris and also from the small lakes in the day to today consumption. Accordingly, allums were distributed to these villages through the Departments. It was a good example. However, efforts should be made from the government for extension of either tanky water or pump facilities so that the villages do not suffer from water borne diseases. The neoliterates including the Pre-rak were made aware of all these problems. Photograph No.5 at Page No.158 had shown one of the programme of Integrated Health awareness.

While organising Seminar and Lecture-cum-Demonstration Programme Officers who were college Lecturers and Principals of the Colleges and also the Students and Teachers of the University were involved. Resource Persons particularly medical experts from various agencies were also involved.
Photograph No. 5: Integrated Health Awareness Programme at Laimapokpam Village, Bishnupur District

Photograph No. 6: Training on Food Preservation at Lourembam and Kakyai Village, Bishnupur District
along with the resource persons. The discussion traced out the origin of availability of drugs. Magnitude of the problem of HIV/AIDS globally and also in our country and in Manipur. For the HIV positives there is a need for its counselling; epidemiological analyses of HIV/AIDS and its preventive measures in Manipur.

Orientation course on preventive measures of HIV/AIDS and Drug Abuse for three days seemed to be a good step taken up in connection with health education programme of the Department. Further, the lecture series followed by discussions on HIV/AIDS which was organized for seven days involving the medical experts from different disciplines. Research Scholars, Students and experts from the University provided an input to the investigator. Thorough and threadbare discussions were made on the problem with demonstrations by utilizing audio-visual aids was a good venture in its systematic implementation of the programme.

All the papers of the lecture series were very resourceful and thought provoking focusing on the magnitude of the problem in the global, national and state gave real information about it. For instance, AIDS which was first identified in 1981 in USA existed worldwide. It was first reported in India in 1986 and the first paediatric case was reported in December 1982.

In the discussion it was pointed out by the resource person in her paper that in the global scenario W.H.O. estimation, as reported, till July
1993 was two million AIDS cases; out of which there were five lakh pediatric cases. And, 13 million adults and one million children were infected with HIV.

Further the resource paper provided countrywise estimation of HIV and AIDS infected scenario. It was pointed out that in USA in 1990 there were 2786 HIV infected cases with 1441 deaths including 51.7 percent fatality rate for 13 years. Quite approximately 1.5 percent of all AIDS cases occurred during 13 years of period. During 13 years period death occurred during 1 to 4 years in which 9 leading factors were included. During the last 5 to 14 years period 12 leading causes of death occurred.

One of the resource persons pointed out that in Africa 90 percent of global HIV/AIDS paediatric cases in Sub-Saharan areas of the total percentage 6 to 13 percent of paediatric patient were infected. In India upto October 1993 there were 13448 infected cases with 494 AIDS cases. Paediatric fraction which was not known separately except for four AIDS cases act 20 HIV infected children were found in Thalassemhc children.

The World Health Organisation projected that by 2000 A.D. there would be 5 to 10 million HIV infected children born. Ten million children would be orphaned in Sub Saharan Africa alone. In Manipur the first HIV+ve cases were detected in 1990. First, AIDS case was reported in 1990. As of April 1995 there were 91 AIDS case of which 26 had died. There were
seven cases of pediatric HIV positive cases found during the years from 0 to 10.

The mode of transmission were classified into three, namely, perinatal, parentenal and other mode of transmission. The parental modes were 75 percent. It consisted of transplacental, intrapartumn and breast feeding. The percentage of transmission by each of the three mechanism was reported unknown as frequency mother to child transmission is around 25 to 35 percent. The risk factors include: maternal HIV/AIDS, HIV drug abuser or prostitute, H/O blood transfusion or therapy with plasma derived coagulation factors, father who is an HIV drug abuser or by sexual and for adolescences HIV drug abuser prostitution and sexual promiscuity.

Outcome of perinatal transmission included infection mother which is significantly associated with increase rates of neo-natal death, LBW, SGA at birth etc. The paper also dealt with the main cause of death, incubation period, main clinical science and symptoms of HIV infection in children, differences between AIDS in children and adult. Clinical case definition of AIDS in children according to WHO included major and minor science. The paper also discussed on center for disease control classification of HIV infection in children under 13 years of age. It included HIV-I, seropositive children under fifteen month of age without clinical AIDS or proof of HIV-I infection. It also included two or more nonspecific findings persisting for more than 2 months: Fever, Failure to thrive or weight loss Hepatos
pleno-megoly, Generalised Lymphadenopathy, parotitis, and Persistent or semi-current Diarrhoea. In short, the paper made an attempt to present the overall scenery of HIV/AIDS including the number of patients and deaths occurred in U.S.A., Africa, India and Manipur.

In addition to the information supplied and lectures delivered on the aspect of HIV/AIDS by reputed doctors who specialized in medicine, paediatrics, gynecology and experts from the Narcotic Cell, Regional Centre in tracing out the origin and availability of drugs, its route to Manipur, the effects of the drugs to youths, women and children etc. However, the patient who suffered from HIV/AIDS need to be counselled. This was also dealt with the Medical Officer who specialized in psychiatry.

What was most interesting in the deliberation was that definitions on counseling, HIV/AIDS Counselling including preventing transmission of HIV infection and providing psychological support to those affected and whom counselling is necessary, what are objectives of counseling, who needs counseling, pre-test counselling, post test counseling, counselling of care givers including health worker and family and special issues of infants relating to pregnancy with suspected HIV infection, breast feeding, children at school and work place were all included. The deliberation provided awareness and care for HIV/AIDS patients. On the other hand all the participants who were present in the deliberations were also aware of the real position of HIV/AIDS.
The information provided in the deliberations through orientation course, and lecture-cum-discussion on drug and its abusers and preventive measure of HIV/AIDS was opted in the epidemiology analysis in Manipur by the Research and Development wing of Manipur State AIDS Control Society. It included the number of blood sample classified it into surosurveillance and sentinial surveillance. It also included number positive, number of female, number of aid case, deaths, suro-positivity rate per 1000 sample screen, suro positivity among different high rich groups under servilance including sero surveillance and sentinial surveillance, Districtwise distribution of positive case, age-sex propotion of HIV positive case and sentinial surveillance report.

In overall analysis of the programme taken up on drugs and its abuses and HIV/AIDS preventive measures taken up by the Department was a step for creating awareness to the people and also for providing information not only of the state but of the country and global scenerio. Much more programme in the direction would be required for providing it to the other adopted centers of T.L.C.

Analysis on blood donation camp organised by the Department in collaboration with RIMS and Health Centre of Manipur University along with the students union of Manipur University was another aspects taken up in relation to health awareness programme. The programme was held on 11 July 2005 in connection with the observance of World Population at the
11 July 2005 in connection with the observance of World Population at the University Campus. A number of students had participated in the donation. It was a good gesture in the sphere of health education. Photograph No.7 at Page No.168 had shown the picture one of the student donating blood.

Another important area was on organisation of free medical camp at Langthabal Chingkha on 11th July 2004 by the Department. It was a collaborative programme jointly organised with the Family Welfare Bureau of the Government of Manipur and Medical experts of Health Centre of Manipur University organised by the Department of ACEE. More than 100 villagers including the neoliterate and adult learner of the three adopted villages of Langthabal had participated. The patient have been examined and treated by the Doctors with an entry by the Nursing staff and student volunteer of P.G. Diploma Course of the Department.

Free medicine including 10 different types were prescribed and distributed free of cost on the spot. There was a good response from the public as well as from the Department concerned. Although there were many proposals for organising free medical camp it was not as easy as considered. Photograph No.8 at Page No.168 had shown function of observance of World Population-cum-One Day Free Medical Camp. Such programmes if it could be organised at other adopted villages by involving more people, more neoliterate and more learners it would be a good awareness and health care

Photograph No. 8: Observance of World Population Day-cum One Day Medical Camp
health awareness, health care, health education or rather health promotion of the neoliterate.

Health was always related with diet and diet with food. Nutritives food and balance diet was always related with diet. When there was lack nutritive food there would be malnutrition. Realising the relative importance of health with nutritive food and also with preserved fruit the Department organised programmes on preservation of fruits and its nutritive value, and preservation foods and its relative aspect on health was organised through orientation lecture cum discussion with demonstration at the University Campus as well as at the villages.

Organising the programme in collaboration with the Indian Council of Agricultural Research of the Regional Centre at Lamphel, the Food and Extension Unit of the Ministry of Human Resources, Manipur Branch and Home Science expert of the Government of G.P. Women College had shown its importance. All the collaborating agencies were also concerned with the intensity of the importance of the programme in relation to health. However, the implementation of the programme at the University Campus as well as all the adopted villages involving neoliterate and learners were a great achievement of the department.

Analysis can also be made on the three days mushroom plantation and cultivation programme organised by the Department at the University
Campus by inviting experts from the Horticulture Department of the Government of Manipur and also local experts had benefitted the participants numbering about 100 ranging from VIIIth standard irrespective of age group in the open space. Demands for extension of more days from the participants were evident enough for importance of the programme.

Lectures on Social forestry were delivered and plantation of trees inside the University Campus by involving NSS volunteers of the University. The programme was organised in collaboration with experts from Life Sciences Department of the University and also medical experts from the Health Centre and the NSS Volunteers of the University. This programme was also implemented at the two villages, namely, Waheng Khuman and Khunpham villages of Bishnupur District.

Implementation of the programmes on health and hygiene at Leimapokpam village and Social forestry and plantation of trees at the University Campus were another area taken up under health care, health awareness, health education or rather health promotion by the Department. Experts from the Life Sciences Department and in Health Centre and the NSS Volunteers of the University were all involved in the implementation of these programmes.

Trees were planted inside the University Campus, lectures were delivered and discussions were held with demonstrations. In short it could
be stated that health education was included in the curriculum vitae of adult education. This became more clear with the opening of the clubs under the Department. It could be ascertained that health education was given after all the neoliterates and the learners were literate under the Total Literacy Campaign Programme. It occupied an import place in adult literacy program and in the Population Education health education programme occupied a central place and played a dominant role.

From the study it could be ascertained that the neoliterates the learners and the villagers could have been benefited through health education or health promotion. One fact remained sure that it was one of the motivating factors towards the learners who find it difficult to come out of the house to the literacy center because of various reasons.

Another enterprising and unique character of the Department was the opening of Post Graduate course in Adult Education since 2004. This was done with a beginning of Post Graduate Diploma Course of one year duration since 2003 and doubling the session in the same year for maintaining academic calendar with a decision of the University authority. In short, in the same year 2003, there were two batches of Post Graduate Diploma Course students with a gap of three months.

And, in the case of the Post Graduate Course in Adult Education also there were two systems of teaching and evaluation. The first batch of the
Post Graduate students who were enrolled in 2004 followed the non-semester system of evaluation. But those students who were enrolled in 2005 followed the semester system. Accordingly, the whole syllabus was changed. The Department could maintain and keep up with the changes in this regular course of study Population Education which included health education was one of the optional papers.

Research works leading to the award of the degree of doctor of philosophy and publication works were another aspects taken up by the Department apart from other publication of "Progress Report of the Population Education Club in the colleges of Manipur", "Population Education At a Glance", "Survey Reports", "Literacy and Numeracy Primers Vol. I & II" etc. were notable.

To sum up it could be stated that the Department of Adult Continuing Education and Extension had taken up more programmes and courses than the Directorate of Adult Education and the non-government organisation like the Wangjing Women and Girls Society of the Thoubal District of Manipur.

Moreover, the programme on Health Education for the neo-literates was not at all implemented by any other voluntary organization like WWAGS and the government agency like the Directorate of Adult Education except the Department of Adult Education and Extension, Manipur University. None
of the agencies either government or voluntary organisations did not take up Continuing Education Programme although some of them had taken up Post Literacy Programmes.

The approach of the two agencies differed from one another. While the government agency had taken up the Programme on Centre basis the University agency had taken up on villagewise. It showed that although both the agencies had the same objectives of eradicating illiteracy the University Department was target oriented. The University Department was far ahead of any other agencies. The difference was in Policy matters and its application.

In analysing the present study the investigator had also taken into account the responses of the Project Officers or Member Secretary of both the University and Directorate of Adult Education. For the Directorate of Adult Education interviews were taken with all the Project Officers of the nine Districts of Manipur who were made incharge of the District Literacy Centres.

Out of the nine Districts there were two male Project Officers for the two districts under study for the Directorate. For the University there were one male and one female Project Officers during the period under study. They belonged to the age group of 40 to 55.
The Adult Education centres were under the supervision of the Project Officers of the Directorate of Adult Education. And, under the supervision of the Project Officers of the Department of ACEE of Manipur University there were 12 villages having literacy centres in the Bishnupur and Imphal West Districts of Manipur. These 12 villages were under T.L.C. programme.

The teaching learning materials provided by the Directorate of Adult Education were slate, pencil, rolling blackboard, duster, chalk, attendance register and literacy and numeracy primers I, II and III. Under the Department of ACEE the teaching learning materials included Numeracy, Literacy Primers and another primer from the Directorate of Adult Education, Exercise book, pencil, chart, rolling black board etc. were in a kit box. The materials provided by the Directorate were termed as kit materials.

There were 3485 volunteers both from the Directorate and the Department of ACEE. Out of these total numbers 3389 were from the Directorate and 196 were from the Department. Again, out of 3389 volunteers 1353 were from Bishnupur District and 2033 were from Imphal West District for the Directorate.

Out of 196 volunteers from the Department, 30 were student volunteers who were prosecuting Post Graduate Diploma Course for one year and Post Graduate Course of two years duration. In fact the student volunteers were prosecuting Diploma and Degree Course in Adult Education
under the University of Manipur. In both the courses field work was a compulsory paper which carried 100 marks each. These student volunteers worked in the three adopted villages of Langthabal of Imphal West District of Manipur while the remaining 166 volunteers worked in the nine adopted villages of Bishenpur District.

These 166 volunteers were members of the local club and associations of the respective villages. Some of this local clubs members were students who were prosecuting their studies in the under graduate and post graduate course. These volunteers taught the adults learners in their respective villages. So, there was no question of cross sectoral engagement in regard to the University Department.

While examining the evaluatory and monitoring technique, employed by the three agencies it was found quite different from each other. Each of the agencies had its own distinctive features and its own systems. For instance, the State Literacy Mission Authority and NLM of the Government of India evaluated the progress of the literacy programmes taken up by the Directorate of Adult Education of the Government of Manipur.

In the case of the voluntary organisations it was done by the State Research Centre, Shillong and Ministry of the Human Resource Development.
Analysis was also made on the system of payment of honorarium to the Instructors or Volunteers and Pre-rak. The instructors were paid an amount of rupees one hundred per month. The system remained same in the three implementing agencies. However, the system of instructor was no longer continued. In case of the volunteers no honorarium was paid by the three implementing agencies as decided by the University Grant Commission and the National Literacy Mission.

For the University it was found quite different. The progress of the Department of Adult Continuing Education and Extension of all the universities of the country had been monitored by the nodal Universities and the University Grants Commission. Moreover, the programmes were quite comprehensive, with more coverage and more extensive to such an extent that it became the Third Dimension in the University System of teaching and research.

Supervision and inspection were done by the Project Officer in case of the Department of Adult Continuing Education and Extension and in case of Directorate it was done by the Supervisor or Block Coordinator or by sector co-coordinator. The frequency of inspection was only once one month for six months. In case of the Department the inspection was frequent at the time of opening of centres and evaluation of the progress.
Regarding the preparation of teaching learning materials the Department prepared the materials and examined by a committee constituted by the University. In addition the Department also used the materials prepared by the Directorate who consulted the NLM materials and also engaged resource persons. The non-government organisations who used the materials prepared by the Directorate.

Regarding the steps taken up for Continuing Education or of the neoliterate it was reported that no step was taken up by the Directorate for implementing the programme. Hence the question of taking up health related programmes was not found applicable. It was only the Department of Adult Continuing Education programme. Stress was given on health related programmes by the Department. The content and area of the programme was on health and health related programmes as stated in Chapter No.4 at Page No.122 to 128.

Regarding the difficulties faced by the Project Officers in executing the programmes assigned to them relating to eradication of illiteracy was reported by the Directorate as the unfavourable law and order situation in the State. While some Project Officer of the same Directorate stated no difficulties was faced by them. In this regard, the Department had not given any comment on it.
The Directorate of Adult Education did not appoint or engage any pre-rak. The Department had appointed one pre-rak for looking after the progress of the learners for one year only. In one sense the pre-rak had some supervising capacity over the volunteers as well as the learners. When there was progress by making the learners neo-literate the pre-rak informed the concerned department which was verified by physical inspection of the centres. Only then JSN and Continuing Education centres were opened at Wahengkhuman and Laimapokpam Khunham.

Extension Education Programme was also given to these centres. As reported by the pre-rak the literacy progress of Khunham village was above 90%. The numbers of learners enrolled in the adopted village of Bishnupur District were 1070 including 240 males and 830 females. Amongst the nine villages the progress of Leimapokpam Khunham, Leimapokpam Wahengkhuman and Kakyai were reported very good while Maibal Kairen and Terapokpi remained at average. The age groups of the learners were from 15 to 68.

Analysing on the institutions it was reported by the Pre-rak that he had visited the centres once a week and gave them words of encouragement and did some corrections whenever required. Regarding the teaching learning materials he reported that all the volunteers received slate, pencil, reading and numeracy primers, exercise book, rolling black board, etc. In case of
and numeracy primers, exercise book, rolling black board, etc. In case of the JSN centre which was opened at Leimapokpam Khunpham, the materials received were three newspapers, books, journals, wooden almirah, table and game materials for both boys and girls. Such facilities were not extended in the other two agencies since Continuing and Extension Education Programmes were not taken up.

Out of the total number of 196 volunteers 166 were from Bishnupur and remaining 30 were from Imphal West. The numbers of learners enrolled were 1585 including 340 males and 1245 females. These total figures were inclusive of the total 12 adopted villages of Langthabal of Imphal West District and Nambol of Bishnupur District.

Analysing on the enrolment of learners as submitted by the volunteers the highest number of enrolment was found in the age-group 15 to 60. The lowest group of enrolment amongst the learners were found between 60 and 70. Providing of literacy to ten years of age and its continuation to 70 was with the objective of eradication of illiteracy totally from the village. As such, Langthabal Chingkha village could be declared totally literate by 2003.

A pertinent question came up on whether the learners find any problem in making the illiterate learners to come out of this house to learn in the adult education centres. Some of the volunteers expressed that some of the learners were hesitant and they hid inside their house and it was really
difficult to make them convinced of the importance of the programme. Motivation was to be given timely. Sometimes, they did not cooperate because of their ignorance. Sometimes they informed the volunteers that they had no time to attend to the centre as they felt shy of coming out to learn as they considered themselves matured enough.

Regarding the motivational technique employed by the volunteers it was reported by the volunteers of Langthabal adult education centres that they used different techniques of motivation like dialogue and discussion; sometimes by singing and dancing; sometimes through explanation; sometimes by making house to house campaign; sometimes by joining in household duties and sometimes sharing to the family problems related by them. This technique was employed by the student volunteers of Langthabal Chingkha and as such the village could be declared totally literate.

However, in making the learners to come to the adult literacy centres depended on the convenient time. An approximate timing was fixed in between the learner and the volunteer. Accordingly, classes were started by not affecting their duty hours. They attend classes in the afternoon for the Langthabal learners while the Bishnupur learners attend classes in the evening.

Another area for analysis was on language. While teaching the learners of Bishnupur area there was no complain. However, for Langthabal learners
it was a bit difficult at the beginning to pronounce the vocabulary in pronunciation and follow the teaching methods followed as they belonged to one of the recognised scheduled tribe community called Kabui.

Out of 1590 enrolled learners in both the district under study 435 drop-outs. Out of 435 drop-outs 430 were from Bishnupur and five were from Imphal West District against the enrolment 1500 and 90 respectively. Out of 435 drop-outs 181 were males and 254 were females. Again out of 181 male drop out 1 was from Imphal West and 180 were from Bishnupur District. And out of 254 female drop out 250 were from Bishnupur District and 4 from Imphal West District. Table No.11 at Page No.181 had shown the enrollment and drop out learners of the two districts under study.

**TABLE NO.-11**

**DROP OUT LEARNERS OF THE TWO DISTRICTS UNDER STUDY**

<table>
<thead>
<tr>
<th>Districts</th>
<th>Population of the adopted area</th>
<th>Illiterate</th>
<th>Enrollment</th>
<th>Drop out</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Imphal West (Three villages)</td>
<td>1013</td>
<td>165</td>
<td>90</td>
<td>01</td>
</tr>
<tr>
<td>Bishnupur Districts (Nine villages)</td>
<td>15786</td>
<td>6730</td>
<td>1500</td>
<td>180</td>
</tr>
</tbody>
</table>

Source: Department of Adult Continuing Education and Extension (ACCE).
Analysis was made on the reasons for dropouts in the two districts the reasons for dropouts were irregularities in attendance and house hold duties, poor family conditions and illness particularly from local Eczema which resulted to allergy and other health problems. Another reasons for dropouts were marriage, illness, busy in household duties, cultivation, selling goods through pot vendering, engaging in the brewing wine from early morning to 11 late in the afternoon etc.

The health problems as expressed by Volunteers of Langthabal Chingkha, Langthabal Chingthak and Langthabal Khoupum of Imphal West District were the problems in the eyes, mental retardation of old age, skin problem like Eczema allergic from debranching of trees in the forest etc. Photograph No.9 at Page No.183 had shown one of the earners which was affected by the Eczematus allergic. The problems in the eyes might have been because of constant confinement to smokes effected out of fire for preparation of alcohol in the dark room.

However, the reason for dropout for the nine villages of Bishnupur were found different. The reasons as reported were malnutrition, water borne diseases out of the ponds or small lakes owing to lack of hygenic drinking water facilities like tap or filtered water. These problems were because of the fact that the main occupation of most of the villagers of the nine adopted villages were fishing and cultivation. And gender discrimination was not to be seen in their social behaviour and in performing their occupational duties.
Photograph No. 9: Affected portion of the Eczematus allergic
Responses given by neoliterates in both the districts under study were analysed. Out of the learners the responses in maximum were from the people in the age group of 35-39 and 45-49. Out of the 1500 learners in Bishnupur District 430 dropout and out of the remaining of 1500 learners 1070 were made literate. Out of the number of neo-literates, that is, 1070 neo-literates 158 were males and 912 were females. The numbers of learners enrolled in the three villages of Langthabal area under Imphal West District were 90. Out of the learners 85 were made literate including two males and 83 females.

Most of the learners were in their occupations of wine brewing, weaving, running small hotel, wood cutting and selling of forest products. Among them majority was in the profession of cottage industry half of them in the profession of wine brewing and one-third of them were in the professions of weaving, wood-cutting and of running small hotels.

In case of the nine villages of the Bishnupur Districts, most of them were farmers. They were engaged in household duties after their agricultural work, weaving cloths, selling goods, running small hotels, selling milk, fish farming etcetera were the natures of engagement of the learners.

They came out to the centres for learning after doing the household duties and also after returning from their agricultural farms. It was about 11a.m or so during day time in case of the three villages of Langthabal. In
the case of the nine villages of Bishnupur District they came out to the centres in the afternoon or evening.

The factors which made them come out of home to the centres were due to the awareness given by the youths and clubs members through dialogue and discussions. This happened to be the case of the Langthabal villages. In case of the learners of the nine villages of Bishnupur District it was through Public meeting, dialogue, discussion with the Panchayat members, Niyai, Pradhan, Upa Pradhan and local club members. The awareness and motivation given by the Department of Adult Continuing Education and Extension of Manipur University was very effective.

Lack of skill in writing the letters was another problems found with the learners. However, after several repetitions they could learn. This happened in both the districts under study. Most of the learners expressed their willingness to continue their study, but it became difficult to continue in their studies owing to their occupational engagements.

Regarding the health it was reported that they had problems in stomach, skin, headache, weak health, eye sight etc. These were some of the common diseases expressed by the learners. More free medical camps and health awareness campaigns were required for these two districts under study.
Even though the state had altogether 578 medical institutions comprising of 13 hospitals, 16 Community Health Centres, 72 Primary Health Centres, 240 Sub-Centres, 20 Medical Dispensaries and 09 Drug De-Addiction Centres One Nature Care Clinic, 08 Homeopathic Dispensaries, 06 STD clinics, 09 T.B. centres, 04 Leprosy Control Units the learners belonging to the area of the study suffered the aforementioned diseases due to their ignorance and illiteracy.

Although the state had the medical facilities as above the learners of Langthabal villages failed to avail of the facilities available with then they consulted the Primary Health Centres, then the Health Centres of Manipur University and the Regional Institute of Medical Sciences and the Jawaharlal Nehru Hospital according to the nature of illness.

In case of the nine villages of Bishnupur District the learners could avail of the medical facilities in consulting the Primary Health Centres of Nambol and Bishnupur District and then either to Regional Institute of Medical Sciences or J.N.Hospital or the hospital of the medical Directorate. Of course, they used to consult Private clinics also depending upon the nature of their diseases. However, during the period under study no learners consulted neither Private clinic nor RIMS or J.N. Hospital. The investigator for further analysis visited the Health Department of the Government of Manipur was found that a number of Health programme and Schemes were also implemented in the state.
The programmes were (i) Minimum Needs Programme / Basic Minimum Services under which schemes of CHC, PHC, PHSC and MPW were included (ii) National AIDS Control Programme (under a society) (iii) National TB Control Programme (iv) National Leprosy Eradication programme (v) National programme for Control of Blindness (vi) National Iodine Deficiency Diseases control programme (vii) National Anti Malaria programme (viii) National Surveillance programme for control of communicable Diseases (xi) Mental Health programme (x) Homeopathy and ISM (xi) Drug De-addication programme and (xii) Prevention of Food Adulteration programme.

The investigator further consulted the Family Welfare Bureau and found that the Government of Manipur had been implementing the programme in the State since 1965 by establishing the State Family Planning Bureau which had now been upgraded to a full fledge Directorate from July, 1991 and there after the re-organisation of the Administrative set up of the Directorate were made by State Government with posting of one Director and other Supportive Officers and staff.

Since 1997 District Family Welfare Bureau had been functioning as full fledged Department office in the District for the implementation of the programme. The programme was being implemented under Centrally Sponsored Scheme (CSS) with 100% assistance from the Ministry of Health and Family Welfare (Department of Family Welfare), Government of India.
Most of the scheme of Family Welfare and Maternity and Child Health have now been integrated under a new Scheme known as Reproductive Child Health (RCH) which is being implemented from 1997-98 onwards. The Department of Family Welfare, Manipur was committed to achieve the different Goals being set out under the National Health Policy (1983).

For further analysis the present investigator visited RIMS and the record from 2002-2003 were consulted. All the records were maintained in proper shape mentioning the number of patients admitted indicating the nature of diseases. Moreover, the investigator consulted the medical experts relating to skin problem, peptic ulcer weakness etc. emanated from constant use of alcohol and abuse of drugs.

To conclude the investigator studied the drop out learners who would not continue due to their illness from skin allergy called Eczmatus allergy. This allergy was infected while they were cutting wood. The allergy spread over the whole body, in the three villages of Langthabal of Imphal West District. During this period of illness continously for about 20 days or so they found difficult to pick up the progress of the other learners. As such, they became naturally drop-out from the course,
naturally drop-out from the course, some times they consulted the local physician and not the medical practitioner. Consequently they suffered long. Hence, awareness programme on health education needed to be imparted more.

The hypothesis tested on (a) whether health care education had been an important aspect of adult education programme and (b) whether in programme of health awareness were useful not only to the adult learners but also to the whole village have now become null hypothesis.