

A STUDY ON THE AWARENESS OF WOMEN ADULT LEARNER ABOUT REPRODUCTIVE HEALTH

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“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

— *Preamble to the Constitution of the World Health Organization, 1946*

Introduction:

Education is not an end in itself, but it is a means to the lifelong process. Adult education has become an essential aspect of the strategy of human resource development and of the goal of creation of a developing society. Even those who have had the most sophisticated education must continue to learn. One of the major plans in the strategy of a society which is determined to achieve economic development, social transformation and effective social security should educate its citizens to participate in its developmental programs willingly, intelligently and efficiently. This is particularly urgent in a society in which masses of people have missed schooling and in which the education given has been irrelevant to the developmental needs. The farmers who till the soil or the worker who turns the machine must understand the nature of the soil and the machine and acquire some acquaintance with the scientific processes involved in production in order to be able to adopt new practices and improve upon them. Mere persuasion or coercion cannot assist population growth; people must understand the implications of unchecked increase in population acquire some knowledge of the laws of life and appreciate individuals responsibility in programs of family planning.

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Health Education:

Health is not merely absence of disease or infirmity notwithstanding; it is a complete state of physical, mental and social wellbeing. Thus, health is that quality of life which enables individual for living with better and best form of service. The health is not necessary for individual's life, notwithstanding, it is also essential for entire nation as a whole.

Reproductive health is also considered as one of the major aspects in determining the health status of the foetus. Awareness of reproductive health to the illiterate adult women is a very difficult and challenging task because of the social standing of women which distances them from the right source of information and also because of the taboos regarding the discussions on issues like safe sex, unsafe sexual practices etc. The awareness of Indian women on family planning methods has steadily risen up in the last decade due to alarming growth of population after independence in our country. In this regards, education is recognised as an important instrument for social transformation as well social development. Health education is any combination of learning experiences designed to help individuals and communities improve their health, increasing their knowledge and influencing their attitudes.

The Government of India adopted various programmes and policies of educational programmes related with health education for the welfare and healthy life of the people of the country. From literacy point of view, according to 2011 census more than 283 million are still illiterates in our country and not able to contribute effectively for over all development of the country like healthcare, small family norms, nutrition and diets, social, economic, cultural, political etc. With this view, Department of School Education and Literacy, Ministry of Human Resource Development, Government of India will launch a new literacy programme "Padhna Likhna Abhiyan" with the target of Totally Literate Country on 2022.

Objective of the study:

To study the awareness level of the women adult learners about reproductive health.

Method:

The investigator adopted descriptive type of research for thorough and comprehensive study.

Sample:

For the purpose of the present study, 100 women adult learners were selected randomly as sample of the study. Hence, the locale of the study was Tamenglong district of Manipur and sample constitutes 100 women adult learners enrolled in Saakshar Bharat Mission (SBM) programme.

Data Collection:

The present study was based on both primary and secondary data. Secondary data was collected from various reports, journal and portal websites. Primary data was collected through personal surveys from women adult learner and various group discussions with adult education functionaries.

Tools:

In order to collect the required data for the present study, self-developed Interview schedule for adult learner was developed and collect the data.

Scoring of the Data:

The scoring of the present study was 'Yes' or 'No' responses. If the respondent answer 'Yes' then given 'Y' while the respondent answer 'No' then given 'N' sign.

Statistical Techniques used:

The analysis of data in the present study was done by using percentage techniques for each item.

Findings of the study:

In order to understand the awareness level of the women adult learners about reproductive health, the following items were considered:

Table

Awareness Level of the Women Adult Learners about Reproductive Health

Item	Response	Frequency	%
Adoption of family planning method	Yes	68	68
	No	20	20
	Not responded	12	12

Type of method	Condom	36	36
	Contraceptives	34	34
	Loop	12	12
	Traditional method	18	18
Preferred method of family planning	Condom	30	30
	Contraceptives	7	7
	Loop	3	3
	Traditional method	60	60
	Operation	7	7
Gender preference	Boys	5	5
	Girls	5	5
	Whoever may be	79	79
	Not responded	11	11
Gap preferred for the next child	1 year	13	13
	2 year	49	49
	3 year	7	7
	Not responded	31	31
Adoption of family planning method in the future	Yes	60	60
	No	25	25
	Not responded	15	15

Source: Field Survey

(N=100)

From the table, it is clear that more than half of the women adult learner (68%) were adoption of family planning method while 20% learners were not adopt the family planning. And, 12% respondents were not responded regarding this item. The type of methods that the women adult learners were used for adoption of family planning, 36% were used condom, 34% were used Contraceptives, 18% were used Traditional method and 12% were used Loop.

Regarding the preferred method of family planning, more than half of the women adult learners (60%) were responded that they were preferred traditional type of method, 30% were preferred

condom used, 7% of the women adult learners responded that they preferred contraceptives used and 3% were preferred loop type method.

The above table also depicts that majority of the women adult learner who join in the Saakshar Bharat Mission (SBM) in Tamenglong district (79%) responded that 'whoever may be'. This means that majority of the learners in the district are not gender preference. 11% respondents were not given any comments while 5% each of the respondents responded that they were given preference to boys and girls respectively.

It can also reveal that 49% of women adult learner preferred a gap of 2 years for the next child, 13% of the respondents preferred a gap of 1 year, 7% of the respondents preferred a gap of 3 year and 31% respondents were given no response. Regarding the adoption of family planning method in the future, 60% of the women adult learners interested the adoption of family planning method in the near future, 25% respondents are not interested while 15% of the adult learners were not given any response.

Conclusion:

From the present study, it can observe that women adult learners enrolled in Saakshar Bharat Mission (SBM) programme in Tamenglong district of Manipur are not fully aware about the reproductive health and family planning methods. Hence, there is a need to dissemination of information and inculcate awareness among the adult learner for healthcare and healthy life.

References:

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