

REPORT ON FUNCTIONAL LITERACY DRIVE

Under the Supervision of:
Dr. Nita Mitra & Sadan Sheikh

DATE: 30/11/22
(New Rangia Group)

Submitted by: Trishna Chhetri
2nd Semester

F-24

P. Barangi
27-09-2023
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Siliguri B.ED. College



Acknowledgement:

I extend my heartfelt gratitude and appreciation to our dear teachers, Dr. Nita Mitra ma'am and Sadan Sheikh sir for generously allowing and supporting our functional literacy drive survey in the study area. Without their cooperation and encouragement, this initiative would not have been possible.

I would also like to thank the respondents of the study area whose openness and willingness to participate in the survey have been instrumental in gathering valuable data to assess the literacy needs of the area accurately.

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Introduction:

Functional literacy refers to the ability to read, write and comprehend information in a way that enables individuals to function effectively in their daily lives. Improving functional literacy rates is essential for the overall development and progress of the society.

In areas that are predominantly rural or slum areas, the need for functional literacy is felt more because the residents of such areas are more prone to fall into any fraudulent practices, due to lack of functional literacy. Keeping this in mind, this survey was conducted.

Objectives:

- ❖ The prime objective of the literacy drive was to create awareness amongst the older, working section of the society who have missed out on the opportunities of education.
- ❖ To impart knowledge about critical life skills, focusing mainly on financial literacy, health care and awareness, child care and education.
- ❖ To assess the level of education and literacy in the study area and suggest some ways to overcome any loopholes in this regard.



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Survey Area:

The study area chosen for this program was:-
New Rangia, near Shiv Mandir.

- P.S :- Mahgaria
- PIN-CODE :- 734013
- DISTRICT :- DARJELING
- WEST BENGAL

Latitude $\rightarrow 26.7314^{\circ}\text{N}$

Longitude $\rightarrow 88.3374^{\circ}\text{E}$

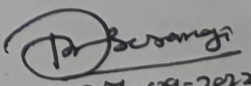
- Time of survey - Around 12 pm.

Data Collection:

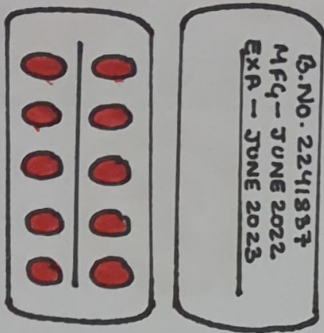
The present report is mainly based on primary data. The data has been collected from 8 respondents through interview method. The questions were both open-ended as well as close-ended and the data collected were both qualitative and quantitative in nature.

Our survey team included eight members, and we surveyed one household each, merged the data collected and prepared a report based on our shared perspective.




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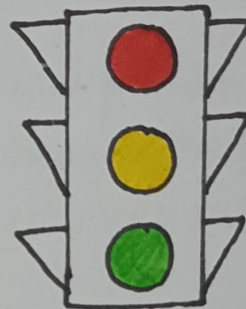
List of items shown :



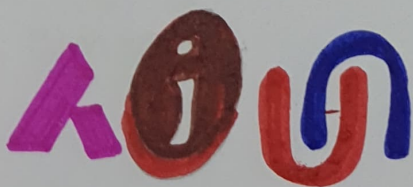
Respondents were made aware of the expiry dates on varied medicines. They were taught to check the details before purchasing it.

EXPIRY DATES ON MEDICINES

Respondents were made aware regarding the traffic lights, for their safety during road travel.



TRAFFIC LIGHTS

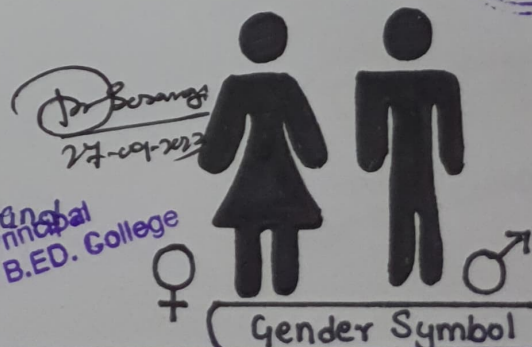


Bank signs & symbols

Respondents are made aware of various signs and symbols of different banks to improve their understanding and also their numeracy skills.



Respondents are illustrated with gender symbol so that in any public place, it will be easier for them to understand the representation of a particular gender.



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Road signs



Various road signs were shown to the respondents to provide them with the information about potential hazards on the roads, for which they should be aware of the signs and symbols on roads.

Findings:

- ❖ From the survey of the study area, It was found that in terms of literacy, the female members of the family were more literate than their male counterparts.
- ❖ Most of the respondents were already aware of the different signs and symbols that were shown to them; only a few were contemplating on a few of the symbols.



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Remedial Measures:

Remedial measures to be taken to enhance the effectiveness and sustainability of future functional literacy drives, the following recommendations are proposed:-

❖ Increased funding →

Securing additional funding and resources will be crucial in expanding the program's reach and impact.

❖ Sensitization and Community Outreach →

Efforts should be made to address cultural barriers and raise awareness among communities about the importance of education.

❖ Tailored Learning Programs →

Designing personalized learning plans that accommodate the unique needs and schedules of adult learners can reduce drop-out rates.

❖ Technology Adaptation →

Embrace adaptable and accessible technologies to reach individuals in remote areas.

❖ Public-Private Partnerships →

Collaboration with private sector organizations can aid in resource mobilization and skill development opportunities.



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Conclusion:

Based on the functional literacy survey conducted in the study area, it is evident that there is a pressing need for significant improvements in educational access and quality. The survey revealed that a substantial portion of the study area lacks basic literacy skills, which hinders their ability to fully participate in socio-economic activities and access essential services.

Thus, empowering rural communities with functional literacy can pave the way for sustainable development, improved livelihoods, and a more inclusive and equitable society.



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GALLERY



Plate 1: Surveying a Respondent.



Plate 2: Our Survey Team.

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Baramohan Singh Jote
Kadamtala, Darjeeling, West Bengal – 734011

FIELD SURVEY REPORT

Topic:

Survey on woman health and hygiene.



Supervised by

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Submitted by

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Semester: 2nd

Class Roll No: F-23

Session: 2022-2024

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Acknowledgement

I have taken effort in this assignment report writing. However it would not have been possible without the kind of support and help of numerous individuals. I would like to extend my sincere thanks to all of them.

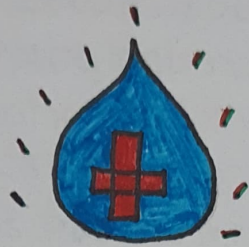
I would like to express my special thanks to our respected Dr. Nita Mitra maam and Assistant Professor Sadat Sheikh sir faculty of Siliguri B.ed college for their guidance. Their useful advice and suggestions had helped me out to complete this report writing.

I would also like to thank all the members and seniors of our group for their kindful help.



Dr. Seemaj
27-04-2023

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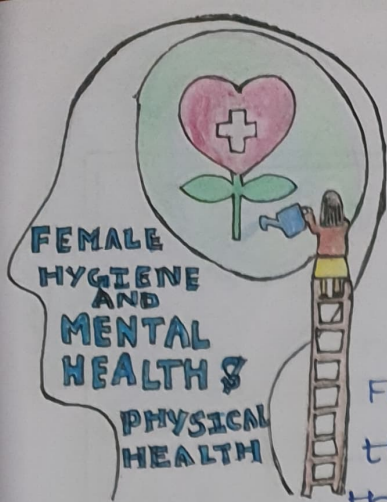
TOPIC

WRITE A REPORT ON
FEMALE HEALTH AND
HYGIENE



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INTRODUCTION

Female health and hygiene are essential aspects of overall well being that pertain specifically to the biological and physiological needs of the women.

Proper maintenance of mental health and hygiene is crucial for promoting physical and mental wellness preventing infections and ensuring a comfortable and dignified life. The female body undergoes unique changes throughout different stages of life such as puberty, menstruation, pregnancy and menopause making it imperative to address these specific needs with care and understanding.

In this regard we performed a survey on female health and hygiene to identify what is the scenario of women in different sectors in nearby areas.

OBJECTIVES

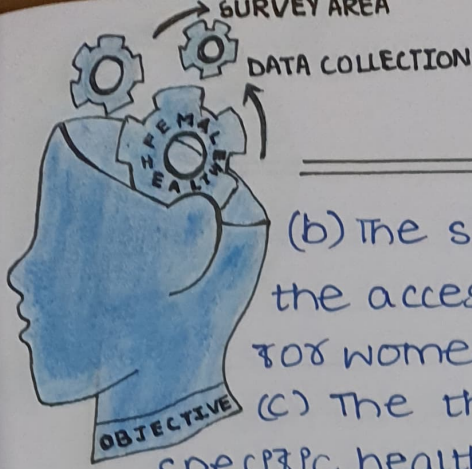
The objectives of this survey are as follows:-

(a) The first objective was to gauge the level of knowledge and awareness among women regarding various aspects of their health and hygiene.



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(b) The second objective is to determine the accessibility of hygiene products for women.

(c) The third objective is to explore specific health concerns and family planning incentives is given priority or neglected.

(d) The final objective was of the survey is to evaluate the impact of education and empowerment programs on female health and hygiene.

SURVEY AREA

Most the survey area we were allotted was Indrapalli and specifically saying it was:-

Bara Mohansingh, West Bengal India
P927 + 88J, Bara Mohansingh,

West Bengal 734011, India

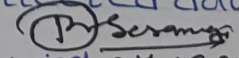
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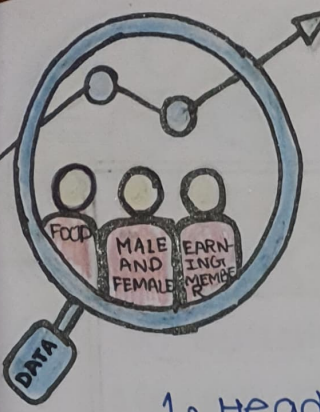
as given in my appendix section.

DATA COLLECTION

The data collection was done by survey method in which printed questionnaires were taken and visited individuals and collected data through interacting with them.


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DATA

1. Head of the family - 4 female 1 male
2. Family members - male = 5, Female = 11
3. Earning members - male = 5, Female = 0
4. Educational Qualification - (i) 8th Pass, (ii) 10th Pass
(iii) 12th Pass (iv) 12th Pass (v) Graduate
5. Educational Qualification -

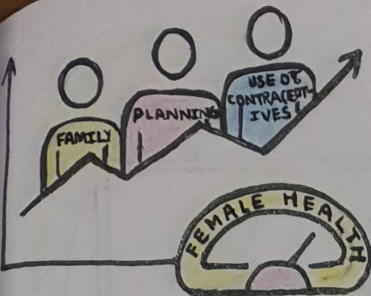
Family member	Male	Female
occupied	5	3
unoccupied	0	8

6. Food habit - male = nonveg = 5
Female = nonveg = 11
7. Frequency of taking food -
(a) 3-4 hrs apart - 4
(b) more than 4 hours apart - 1
8. Frequency of fasting - occasionally - 5 only
adult female member
9. Nutritional food intake - 4 = all, 2 = health
drink.
10. Food distribution - (i) Female adult member
take less = 3 (ii) Equal = 2
11. source of drinking water = (i) Tubewell - 4
well - 1
12. washing - tube well - 4, well - 1
13. Bathing - tube well - 4, well - 1
14. Tree plantation - Guava, mango, tulsi, cactus
etc.



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15. Pakka toilet - 5 Pakka

(P) attached to any other part of ma-

in building - 3 (P) not attached nearby - 2

16. Use of different measures during menstruation - (a) clothes - 4 (b) sanitary pad - 1

18. Frequency of changing sanitary napkin - (a) more than 6 hrs - 5

19. Case of private parts - (a) yes = 3 (b) sometimes = 2

20. Family Planning - (a) yes = 1 (b) No = 4

21. Use of contraceptive - (a) yes = 3 (b) No = 1 (c) sometimes = 1

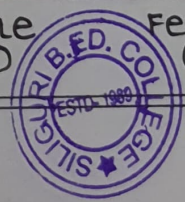
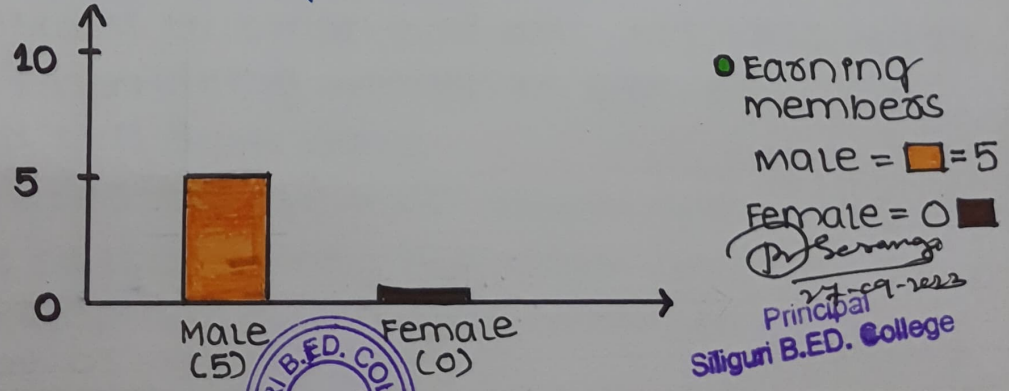
22. Treatment - (a) primary health center = 1

(b) Government hospitals = 1

(c) Pharmacist = 3

FINDINGS

- In most of the family head was seen to be a female members.
- All the earning members were so far male as per the gathered information.



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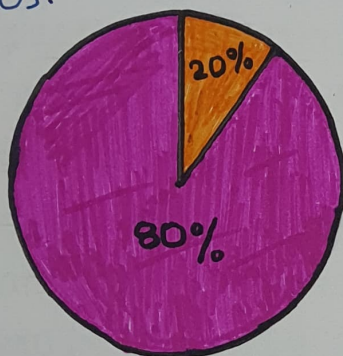


○ All the male and female were more or less educated and all the male were occupied but no of females occupied were only 3 out of 8.

○ Most of them used tube well for drinking and all of them had pakka toilet.

○ It was seen that out of 5 2 female take care of their private part sometimes whereas 3 regularly.

○ On the domain of family planning we see that out of 5, 4 do not perform planning whereas only 1 does.



- (a) ■ Do not perform family planning
 (b) ■ Perform family planning

REMEDIAL MEASURES

○ Following measures should be taken:-

(a) creating awareness about hygiene & education.

(b) other skill and vocational programmes

(c) Access to clean and safe drinking water.

(d) Empowering women to get educated and self dependent.

(e) creating general awareness among people

so that family planning and use of co-

ntraceptives and it's importances comes in

view of all the people.



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Conclusion

In conclusion, female health and hygiene plays integral roles in empowering women and ensuring their overall well-being. It is crucial to acknowledge the unique biological and physiological aspects that women experience throughout their lives and provide appropriate support and education to address their specific health needs. Education on sexual and reproductive health is fundamental in empowering women to make informed decisions about their bodies, ^{on} contraceptives and family planning which will create advancement and prosperity not only for the women but also their families, communities and nations.



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Appendix



Pr. Bara Mohansingh
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Survey on Female Health and Hygiene: Data analysis and Interpretation Format

• **General Information -**

Location of all 5 surveyed households

Date:

Time:

• **Head of the family** – Male / Female (If elder female member present yet younger male member considered as head) Make Note.

• **Family Members** – Sex-ratio (Diagrammatic presentation may be done)

• **Earning Members** – Male vs Female (Diagrammatic presentation may be done)

• **Educational Qualification**– % of literacy in relation to total family members _____
and gender-wise - (Diagrammatic presentation may be done)

Family Member	Male	Female
Occupied		
Unoccupied		

• **Food Habit of Family Members –**

Gender-wise food preference		Male	Female
Food Preference	Veg		
	Nonveg		

Make special note on any special rules followed (like veg food for widows)

• **Frequency of Taking Food throughout the Day, Frequency of Fasting in Female Members, Nutritional Food intake and Food distribution in the family:**

Make note if any discrimination made based on gender.

• **Source of Drinking Water** (Diagrammatic presentation may be done)

• **Source of water for washing and cleaning purposes** (Diagrammatic presentation may be done)

• **Source of water for bathing purposes** (Diagrammatic presentation may be done)

• **Whether priority given to tree plantation and gardening**

Make observation-wise notes

• **Pakka toilet facility availability and its accessibility**

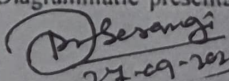
• **Use of different measures during menstruation** – (Diagrammatic presentation may be done)

Make note on awareness

• **Frequency of changing sanitary measure during menstruating days** – (Diagrammatic presentation may be done) Make note on awareness

• **Care of private parts (Cleaning, medical check-up etc.)** - (Diagrammatic presentation may be done) Make note on gender discrimination

• **Female members as decision makers in family planning and contraceptive use** – (Diagrammatic presentation may be done) Make note on gender discrimination


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Survey on Female Health and Hygiene

13. Management of food distribution in case of inadequacy (fish/ meat/ milk/ or any other item)?

- a. Female adult members take less b. Female members take less
c. Everybody takes equally

14. Source of Drinking Water

- a. Well b. Tube well c. Supplied water d. Other sources

15. Source of water for washing and cleaning purposes

- a. Well b. Tube well c. Supplied water d. Other sources

16. Source of water for bathing purposes

- a. Well b. Tube well c. Supplied water d. Other sources

17. Whether priority given to tree plantation and gardening

Observation made:

❖ **HEALTH AND HYEGENE RELATED PRACTICES:**

18. Pakka toilet facility at home - Yes No Under construction

19. If yes, what type is it?

- a. Attached with bedroom b. Attached to any other part of main building
c. Not attached but nearby d. Very distantly situated

20. Use of different measures during menstruation -

- a. Sanitary napkin b. Clothes (Old/ New) c. Cotton and gauge
d. Others _____

21. Frequency of changing sanitary measure during menstruating days -

- a. Less than 3 hours b. 3 to 6 hours c. More than 6 hours

22. Care of private parts (E.g.: washing and drying after each use, medical check-up etc.)

- a. Yes b. No c. Sometimes

23. Participation in family planning decision -

- a. Yes b. No c. Sometimes

24. Participation in deciding contraceptive measures -

- a. Yes b. No c. Sometimes

25. Place of Treatment for Primary health issues (seasonal viral, fever, cough and cold, Dysentery, Diarrhea etc.)

- a. Govt. Hospital b. Primary Health centre c. Medical College
d. Private chamber e. Pharmacist

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