

CHAPTER-5

DISCUSSION AND CONCLUSION

On the basis of the analysis and interpretation on role of literate and illiterate women in family welfare, which is described in different tables in the chapter IV, the investigator has compiled the major findings of the present study. Further, with the help of these findings and from the experience of the investigation at the time of data collection some suggestions were made which may help the scholars who are engaged in related research fields. All those findings and suggestions for further research are discussed below along with the scope for future study.

5.1. Major findings of the study:

The major findings of the study are discuss according to the objective and hypothesis

OBJECTIVE-1

The first objective of the study is **to compare the role of literate and illiterate women in taking their own health care, food and nutrition during pregnancy.** The result of this objective are -

1. 93.05 percent of literate women and 73.61 percent of illiterate women have gone for medical check up during pregnancy.
2. 90 percent of literate group of women and 70.55 percent of illiterate group of women were found who consume folic acid and iron tablet during pregnancy.
3. 92.22 percent and 66.67 percent of literate and illiterate group of women respectively have found who were conscious to play their roles towards in taking two doses of T.T (Tetanus Toxoid) during pregnancy.
4. The percentage of non-anaemic women is found 65.83 percent in literate group and 45 percent in illiterate group. More than 34 percent women are anaemic in both the groups of women.

5. In the area of adopting family planning norms 88.61 percent of literate women and 33.33 percent of illiterate women respectively have played their role to adopt family planning measures.
6. From the study, it has been found that 42.4 percent in literate group gave positive response towards taking food timely and among illiterate it was 13.11percent.
7. The study reveals that 76.11 percent of literate and 22.22 percent of illiterate women use different techniques to purify drinking water. Due to lack of awareness towards using pure drinking water people have to suffer from various diseases like Typhoid, Diarrhea, Cholera and other water borne diseases.
8. 82.77 percent in literate group and 30.56 percent in illiterate group of women respectively have found who were conscious to play their role in taking healthy food during pregnancy.
9. 33.05 percent and 11.11 percent of literate and illiterate group of women respectively have shown their consciousness to play their role in consumption of fruits daily during pregnancy.

From the above findings of the study reveals that there exist differences between the literate and illiterate group of women regarding playing their roles towards in taking their own health care, food and nutrition during pregnancy. It indicates formal educational status influence in the role of women in taking their own health care, food and nutrition during pregnancy.

OBJECTIVE-2:

The second objective of the study **is to compare the role of literate and illiterate women in their children's health care, food and nutrition.** The findings are

1. 88.89 percent of literate and 59.72 percent of illiterate group of women have played their role for institutional delivery.

2. 88.89 percent of literate and 59.72 percent of illiterate group of women have gone for measuring weights of their new born. If the parents know the actual weight of their baby at the time of birth it will be helpful for them to nurture the baby properly in future.
3. 84.72 percent and 41.67 percent of literate and illiterate women respectively completed immunization of their children.
4. 86.94 percent of literate group and 79.16 percent of illiterate group of women have found who play their role for breastfeeding of their new born up to six months.
5. Regarding the consciousness towards giving solid food before completion of 6 months only 63.89 percent of literate women had given negative responses and in illiterate women it is 13.88 percent.
6. Regarding the usages of oral dehydration therapy it has been found that 77.78 percent of literate women used this therapy and 16.67 percent of illiterate women used it. The percentage is very low among the illiterate one.

From the study it has proved that there exist differences between the two groups of women regarding playing roles towers in taking their child health care, food and nutrition. It indicates educational status influence in the role of women in taking their children health care, food and nutrition.

OBJECTIVE-3:

The third objective of the study is **to compare the role of literate and illiterate women regarding the maintenance of home environment**. The findings are

1. Regarding the usage of safe drinking (filtered) water and using for their household purpose it has been found that 100 percent of literate women use proper sources of water. (79.16 percent tube well and 20.83 percent well water). And among the illiterate one it was 69.44 percent. (55.55 percent tube well and 19.44 percent well water).

2. 90 percent of literate group of women and 58.33 percent of illiterate women using proper sanitary facility. 40 percent of illiterate women sample using open place for defecation and urination.
3. Between the literate and illiterate group of women it is found that 81.94 percent and 45 percent respectively have proper drainage system.
4. Regarding the use of medicinal mosquito net, the positive responses has been found very high in literate group of women that is 90 percent whereas in illiterate group of women it has been found to be 58.33 percent.
5. Regarding the separate shed for domesticated animals, 94.44 percent of literate women and 52.78 percent illiterate women have kept their domestic animal under separate sheds.
6. It is found that 83.33 percent of literate women and 47.22 percent in illiterate women have played their role for proper used of medicine like DDT, phenyl, proper disposal of garbage etc to clean their boundaries.

From the above study it proved that there exist differences between the literate and illiterate women regarding the maintenance of home environment. This indicates literate women are more conscious in playing their role than illiterate women to keep clean their home environment? In this regard we may say that formal education plays a vital role in proper maintenance of home environment.

OBJECTIVE -4:

The fourth objective of the study is **to compare the awareness of the literate and illiterate women regarding different family welfare and social welfare schemes and programme.** The findings are,

1. 95 percent of literate women and 61.11 percent of illiterate group of women have played their roles towards different family and social welfare schemes.
2. Role played towards getting benefits from different family Welfare Schemes during pregnancy and post natal child care the positive responses were found

high among the literate group that is 80.55 percent than the illiterate group of women that is 50 percent.

3. Role played towers getting benefits from different social welfare schemes that are related to child and mother health care and empowerment of women etc 86.11 percent literate group of women got the benefit of such schemes where as 33.33 percent of illiterate group of women have got such benefits.
4. Among the three literate groups of women lowest percentage of women i.e 73% of women having highest educational qualification that is degree onwards play role to get the benefit from different social welfare schemes.
5. The women are not conscious to take active part in the Health Day meeting which is organized every month on 2nd and 4th Wednesday. This meeting is organized under District Assurance Unit with the help of MPW (Multipurpose Worker), SK (Surveillance Worker), BSW (Basic Surveillance Worker). These paramedical health workers give them knowledge about proper sanitation, health and hygiene.
6. Role played in attending health day, the lowest percentage was found among the three literate groups of women having the highest educational qualification group that is degree onward and the percentage is 56.66.

The above study proved that there exist differences between the awareness and role played by the literate and illiterate women regarding family and social welfare schemes and programmer. It indicates education has a great influence on the role played by the women towards getting benefits of different social and family welfare schemes and programmes.

5.2 Discussions on the Findings:-

On the basis of the analysis and interpretation of the data presented in the chapter No. IV the discussion of the findings has been presented here in the context of theoretical background presented in the chapter No. I (introduction) and chapter No. II (Review of related literature). The discussion has been done on the basis of the objectives one by one.

The first objective of this present study was to compare the role of literate and illiterate women in taking their own health care, food and nutrition during pregnancy. To analyse and interpret this objective nine indicators were selected and on the basis of these indicators the role of literate and illiterate women towards their own healthcare, food and nutrition were studied. The result of the study reveals that in all indicators the percentage of literate women has been found higher than the illiterate one. To compare the result of the literate and illiterate women ' χ^2 ' test was applied and the result shows a significant difference between the literate and illiterate women in playing their role towards their own health care, food and nutrition. The study proved that literate women are playing better role towards their own healthcare, food, and nutrition during pregnancy than the illiterate women.

Chirstion Parual, Abbi Rita, Gujral Sunder and Gopaldas Tara (1988), studied on "The role of maternal literacy and nutritional knowledge in determining children's nutritional states" and found that there was significant difference between the nutritional knowledge scores between literates and illiterates mothers. The study also shows that if mothers have sufficient nutritional knowledge, it is effective in improving the nutritional status of their children. This implies that although all women do need formal education, nutritional education is a short- term intervention that will have a considerable impact on the community. The need for such education for women is therefore urgent and great in rural and tribal areas India.

Sapru, R.K. (1989) in the book, titled "Women and Development" stated that Women's Education influence positively on the health of the family, health care and it must be available to all women and especially for the illiterate women in rural and remote area.

Sharma Jyotirupa (1997-98) studied on "Health care practices of mothers and infants among the IDUS of Dibang Valley and found that the declaration "Health for All" has motivated the concept of primary health care to improve the quality of life of vulnerable groups of the society, especially mother and infants. The health of the future generation of society depends upon the health of the mother if the mother is weak and suffering from any diseases, her child too will be sick.

Gupta J.P. (1998) studied the impact of adult literacy programmes on people's empowerment. One of the finding of this study was – (i) use of family planning methods was higher in case of neo-literates compare to non-literates. (ii) Better awareness of health practices promoted more neo-literates to collect safe drinking water from community hand pump. (iii) Use of family planning method was higher in case neo-literates compare to non-literate.

Kumar Rekha, V. (1998) tried to assess the impact of the programme on rural women matters concerning small family norm and the findings were – Adult rural female literate had better knowledge and practice of immunization, there was a significant difference between the learners and non-learners with respect to visiting clinic for prenatal check-up, preference of Hospital / PHC as place of delivery attended by specialized person. The adult rural female literates had better health and hygiene awareness than the non-learners etc.

Mishra Vinod K & Retherford Robert D (2000) studied on "Women's Education can Improve Child Nutrition in India", and the finding of this study suggested that women's education and literacy programmes could play important role in improving children's nutritional status.

Barua, Alka and others (2001) studied "Reproductive health– seeking by married adolescent girls in Maharashtra, India". The researcher viewed that husbands made the decision whether their wives could seek care and mother-in-law, sometimes influenced these decisions, girls had neither decision making power nor influence.

Shelah S. Bloom and others, (2001), Dimensions of women's Autonomy and the influence on Maternal Health Care Utilization in North Indian city and the analyses demonstrated that women with greater freedom of movement obtained higher levels of antenatal care and were more likely to use safe delivery care. The influence of women's autonomy on the use of health care appears to be as important as other known determinants such as education.

Radhapriya, D and Vasantha, K. (2009) studied on –"food habit, health status and nutrition knowledge of rural women" and the study results conclude that food consumption of rural women was less than the required amount. Adequate nutrition is

important for women not only because it helps them become productive members of society but also because of the direct effect, maternal nutrition has on the health and development of the next generation.

Some suggestion and findings of the study done by Sujatha, D, Sai and Reddy, G, Brahmananda (2010), Palaniappan, A & Aniyan, Anish (2010), Saha, UC & Saha KB. (2010), Kushwah, Vandana (2013), regarding importance education for mother's health care and family welfare suggested in the conclusion that education could reduce the all inequalities that prevail among the illiterate women. Almost two third illiterate women no care to received ANC compare to literate women in India. Maternal mortality rate in rural areas is highest in the world. Through proper education women should be aware towards different health related problem and they should play better role to tackle this.

From the interaction made by the investigator during the study and also from the information gained by the investigator from the women that despite economic contribution towards the family expenditure, unfortunately, these women are not included in the decision making process. The male member in their family, basically in the illiterate group, exercise right over what the women are earning.

The second objective of the present study is to compare the role of literate and illiterate women in taking their child healthcare, food and nutrition. Like the first objective some indicators were selected to analyze and interpret the objective. The result shows that in all indicators the percentage of literate women is higher than the illiterate women. On the basis of the objective null hypothesis was formulated. To compare the result of the literate and illiterate women ' χ^2 ' test was applied and the result doesn't support the null hypothesis. It can be said from the result that there was a significant difference between the literate and illiterate group. The study proved that literate women are playing better role towards their children healthcare, food, and nutrition than the illiterate women.

It was also found from some informal talks with the parents that many parents think that only primary vaccination at the specific period strengthens the decreasing immunity and protects the child from diseased till his adolescence. Some parents did

not support to give vaccine to their child due to fear of side effect and lack of awareness. It was also found that negative influence of other women of the locality, the pregnant (illiterate) women fear to take regular medicine during their pregnancy. They motivated that medicine will hamper their baby in their womb and sometimes it may be the cause of caesarean.

Krishnammall, P (1994): studied on the effect of socio- economic environment on child care system, the main findings were- family composition and size did not affect child care practices of mothers apart from the employment status, higher the level of education, income and community status greater was the influence on child care practices of mothers etc.

Kumar Rekha, V. (1998): tried to assess the impact of the programme on rural women matters concerning small family norm, maternal child, health and hygiene, it accepted that female literate had better knowledge and practice of immunization,

Mishra vinod K and Retherford Robert D (2000) studied on “women’s education can improve child Nutrition in India” and results indicate that more than half of all children under age four are malnourished children whose mothers have little or no education tend to have a lower nutritional status than the children of more educated mothers. This finding suggests that women’s education and literacy programs could play an important role in improving children’s nutritional status.

Bondopadhyay Mridula (2009) studied on - Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, the findings were – only 16.5 percent initiated breastfeeding neither an hour of giving birth, about half did not start breastfeeding until at least 24 hours after birth (47.9%) and negligible minority (1.3%) never breastfeed, supplementary food was given to a majority of infants within the first six months. Most women in the sample introduced soft mushy food between the age of seven and 10 months

The third objective of the present study was to compare the role of literate and illiterate women regarding the maintenance of home environment. At home, proper step should be taken by the parents to obtain adequate protection from diseases and infection. This can be successfully achieved by two methods. First is through

immunization and second is through maintaining good and hygienic environment. Hygiene is not only wearing clean cloths but includes the types of food that was consume, water that we drink, proper sanitation and proper living condition. Access to safe drinking water, adequate sanitation and personal hygiene are important intervention for ensuring community health and hygienic living. The provision of this component serves to prevent infection and spread of disease and death. Unclean water, poor sanitation is the leading causes of child mortality. According to the UNICEF, water borne-diseases such as diarrhea and respiratory infections are the number one cause for child death in India. Still, most of the Indian do not have access to modern sanitation. So, the investigator has made a humble endeavour to compare the role of literate and illiterate women regarding the maintenance of home environment. The result of the findings show that in spite of having plan and policies of the government regarding safe drinking water, proper sanitation and clean living conditions etc. both literate and illiterate women have not show 100 percent consciousness to play their role towards the maintenance of hygienic home environment.

Gupta J.P. (1998). The study attempted to study the impacts of adult literacy programme on people's empowerment and found that better awareness of health practices promoted more neo-literate to collect safe drinking water from community hand pump.

Kumar Rekha, V (1998), the study tried to assess the impact of the programme on rural women in matters concerning small family norms, maternal child, health and hygiene. One of the findings related to environment was that, the adult rural female literates had better health and hygiene awareness than the non-learners etc.

Sarma Shamsher (2014) – studied on the right to water in rural Punjab Assessing equitable access to water through the Punjab rural water supply and sanitation project and found that access to water was limited due to affordability and low socio-economic status.

Pardeshi Geeta (2000) – Women in total sanitation campaign: A case study from Yavakmal District, Maharashtra, India and found that the women are the beneficial group at individual family and community level from total sanitation campaign.

Thakur Anita (2012)–carried a study on role of women in Controlling Environmental Pollution at household level. Few major findings were –

- a) The lower income group used raw water for drinking purpose.
- b) Lower income group and middle income group latrine were found near to water sources which is very unhygienic.
- c) 24 percent and 12.3 percent of household from HIG and MIG have ketch drainage system.
- d) Firewood is commonly used by the respondents irrespective of income group.

Findings of the present study reject the hypothesis which was formulated on the basis of this objective; ‘ χ^2 ’ test shows that there is a significant difference between these two groups in maintenance of home environment. One important point as observed by the investigator is that socio-economic factor influence on the maintenance of home environment. Low economic income group basically used the unhygienic sanitation, raw drinking water, no separate place for cattle etc. If proper environmental education and awareness is provided they will defiantly overcome the problem.

The fourth objective of this study is to compare the role of the literate and illiterate women’s awareness towards different family welfare scheme and social welfare schemes and programmes. It has been clearly discussed on different family and social welfare schemes in the introduction part (chapter I) that these schemes not only help the women but also help the whole community. From the result it is found that regarding awareness and getting benefits from different social and family welfare scheme, women’s are not equally aware. The percentage that is shown in the table no 63, depict that both the group of women are not so much aware in taking benefits from these schemes.

D. Nagdev D Bharali (2003) studied on urban rural differentials in maternal and ethics of Health in Andhra Pradesh , India and suggested that Indian Government must take necessary steps to improve MCH programmes, include the provision of

information and education campaign and sending dedicated health personnel to remote and inaccessible rural areas in order to reduce child mortality.

Chowla, Manish, Shiv Sankar and Gupta, S.D. (2006) undertook a study on “Assessment of referral transport scheme for emergency obstetric care under RCH Phase I, Rajasthan and found that the user availed the facility because of complications during pregnancy or delivery and having institutional safe delivery.

Jain, Shailja and Agarwal, P.L. (2007) conducted a study on Assessment or the impact of nutritional supplementation to children under ICDS Scheme in G-block Gwalior – and found that grown up boys and girls aged 3-6 years from ICDS block had better nutritional status than those from non-ICDS block.

To test the hypothesis ‘ χ^2 ’ test was applied. The result of ‘ χ^2 ’ test does not accept the hypothesis that was formulated on the basis of the last objective and difference is found between the literate and illiterate women regarding the awareness towards different social and family welfare schemes. This indicates that due to the lack of awareness they were deprived of taking benefit from different schemes of family and social welfare. Through personal interview done during investigation, the investigator also observed that due to home environment, influence of mother-in-law, husbands were not permitted to avail the benefits of different schemes. It is because of illiteracy among the other family members and pressure of domestic work.

It has been clear from the above discussions that if the schemes and policies are properly implemented among the literate and illiterate women population then the social barrier, family conflict as well as health problems etc. will remove from our society.

5.3 Suggestions:

From the above discussion it is clear in our mind that education is the main indicator for all round development of human society. To fix Human development index three indicators are used - Education, health and per capita income. If one indicator of these three remains in lower position then it will affect the development of the state or the country as a whole.

The Human Development Index (HDI) of Assam is as low as 0.444 and in India that is 0.547. Although India is developing in different fields and able to compete in global field still the people of the world will perceive it in different way on the basis of the Human Develop Index (HDI).

In our country, almost half of the total population is women and they contribute all type of assistance, guidance and support for the development of the society and the family. Education and economic condition of women is closely related with their health. Due to illiteracy among them, they don't know how to spend their income for the welfare of family. And as a result their quality of family life decline. Education, income and health are strongly related to each other.

From these above reasons it is suggested that different plans and programmes should be formulated and special attention must be given towards its proper implementation so that it can fulfil the need of the society. Along with proper implementation of the plan and programme awareness, motivation, guidance etc. are also important. The media sometimes take the responsibility to provide proper information to the society but due to lack of proper communication it cannot meet the need of the society.

In many cases women especially in rural sector often neglect their health issues due to the lack of knowledge, illiteracy, lack of awareness etc. It is also seen that due to superstition prevails in the society some parents do not like to accept new schemes and programmes rather they like to follow the old superstition believes and rituals. Keeping in mind the above discussion the investigator try to give some suggestions in following way-

1. The state should design and implement the schemes and policies to the needy section on a priority basis.
2. The government should give economic satisfaction to the community health worker basically the ASHA *karmi* and the *Anganwadi* Workers so that they could provide with Missionary jeal.

3. Motivation and guidance both are necessary for better result of any work. The health workers should take initiative to motivate and guide the people towards different schemes and policies so that, they can get proper information for their health.
4. NGOs should take active part to provide different facilities which are related to the welfare of the society.
5. Proper nutrition is important for women not only because it helps the women to become productive member of the society but also its effects on next generation.. More focuses on food and nutrition to the expected and lactation mothers should be given so that they maintain a good health for their family. Superstitious believes that affect on the health of the women should be avoided.
6. The lactating mother should be given proper training of feeding practice. Proper infant feeding practices are necessary for the proper growth and development of the child as well as prevention of infection and malnutrition during childhood.
7. It is always better for the women to eat with the family member instead of serving their meal and eating the left over. In long run it will be worse not only for her but for the family if she is not strong and healthy to look after their family.
8. The lactating mother should wash hand with proper way before feeding. Clean nipples and breast with fresh water.
9. In order to produce enough milk, lactating mother should take balance diet with plenty of protein, fresh vegetables, fruits and plenty of fluids. They should avoid alcohol and smoking.
10. Through maintaining good hygienic environment and through proper immunization, parents can protect their child from diseases and infections.
11. Encourage the male member to adopt proper family planning measure to maintain a good family life.

12. Drinking water should be properly filtered to prevent our bodies from water bone diseases especially during pregnancy and lactating period.
13. As there is the instance in Assam regarding the presence of arsenic and fluoride in water in different places which are very harmful for the health of the individuals, it is therefore necessary to test the drinking water by competent authority.
14. Train the children how to live a healthy and hygienic life. The child washes their hands with soap and water always after going to the toilet and before eating.
15. Mass media should take active part to motivate the public to avail the facilities that are provided by the governments.
16. It is telecasted in T.V regarding proper sanitation and hygienic living condition. But the major problem is that due to lack of electricity the people in rural and remote areas are unable to see that programme and as a result ignorance prevail among the people of village and remote areas regarding sanitation and proper hygienic living. Proper step should be taken by the government to provide electricity facility and construct hygienic toilet for them to avoid open defecation and urination.
17. Through self help groups that is constituted in village areas they can take the responsibility to motivate the husband , in laws and other family members regarding the importance of different social and family welfare schemes. They can also inform how these facilities can be availed from different sources.
18. House and surroundings should be always kept clean in proper way. Proper drainage system should be maintained and disposal of garbage's should be done regularly. For this reason power should be delegated to local youth, NGOs, Organizations etc. by the government to motivate the people and supervise such activities.

19. Separate shed for domestic animals should be made to keep the animals separately and it should be far from the living house.
20. Regarding family welfare new topic should be included in curriculum from elementary level to give proper knowledge to the upcoming youth
21. Population education should be included in the syllabus as a core subject from primary to the higher level of education/
22. Education is a fundamental right; therefore along with the male children female also should given equal facilities from the family to receive proper education.
23. Government should take initiative to improve the economic conditions of poor families, because income of the family and welfare of the family are closely related.
24. More Self Help Groups (SHGs) should be set up in the village areas so that the poor women can be self employed and motivated to generate income to smooth functioning of their family.
25. Seminar, workshops, conference should be organised by the NGOs or government personnel's on women and child health related issues.
26. Training should be provided to the family members for antenatal, Post-natal and Neo-natal care.
27. The schemes i.e. introduced by government to reduce the infant mortality rate and maternal mortality rate should make popularise through various mass media, NGOs , Local Committees, Seminars , Workshops etc.
28. To provide primary knowledge about health, hygiene and nutrition special lectures should be delivered by Diet specialist, Physicians and other related persons with the help of Government, NGOs and Local Bodies to the needy people.

29. Trained women counsellor should be appointed by the Government to counsel the newly married couples to make them aware of family planning measures.

5.4 Scope for future studies:

Research is a systematized effort to gain new knowledge in various fields. It is a careful, critical and disciplinary inquiry by applying various technique and method according to the nature and conditions of the problem and tries to solve the problems in systematic way. Research opens the advanced frontiers of knowledge in various areas of education. Research enables us in gaining insight into the problems after systematic and scientific exploration. Research on family welfare in Kamrup (rural) area among literate and illiterate women can be said to be a neglected area. Again from the reviewed of related studies it has been found that only few studies were conducted in our state. From this point of view this study can be regarded as first in our state. Therefore the investigator feels the scope of research in this important field. The following point can be suggested for future research-

1. The investigator has delimited the research study to kamrup rural only.
Extensive Research on such topic is suggested to be done on all over Assam.
2. Scope for comparative study is among there different district of Assam to know about the awareness of the people related family welfare.
3. The present study is done to see the role of women toward family welfare.
Similar research can be done by considering the awareness among the man.
4. There is a scope for comparative study between the literate and illiterate husband regarding the awareness towards family welfare in different areas.
5. There is a scope to study on the people of urban and rural areas of Assam in family welfare.

6. Research study can be done on nutritional knowledge and education among the women in different areas.
7. Research can be done on the role of women towards small family norms in rural and urban areas separately.
8. Impact of immunization and nutrition on the development of children in rural, urban and tea garden areas can be done.
9. There is a scope to do research study on food habits, health status and nutrition knowledge of rural women.
10. Future study can be done on the impact of Socio-Economic status on the family health in rural areas.
11. There is also scope to study the maternal and child health care practices among the different families of different communities.

5.5 CONCLUSION:

“Matri deva Bhava” is a saying in Sanskrit which equals mother with God. Education is important for everyone, but it is very important for women, because it not only helps the development of human resources, but it also helps in improving the quality of human life at home and outside the home. At home women education has a greater effect on the welfare of family than man’s education. Family welfare includes all types of assistance, guidance, and support to families in solving different problems related to the health, education, security, economic security, food, and maintenance of environment etc. for which women education is paramount importance. The result of this study highlights that only literate (educated) women can play better role towards better family welfare than the illiterate one.

Women of today could lead a better healthy life through the attainment of education. Both education and health are strongly related to each other. In rural areas, women often neglect their own health care due to the lack of knowledge, education and awareness. On the other hand health of women basically in rural areas is always given

less importance than men. The result of the first objective of this study reflects that the role played by the literate women in their own health care, food and nutrition in each of the indicators is superior than the illiterate women.

From this study it is clear in mind that women education (formal) has paramount importance not only for the upliftment of the family but also for the society. Empowering women can create a strong society. Various health problems related to their maternal, child health etc of rural women are found to be preventable through proper education, creation of awareness and improvement of social and economic conditions.

According to the census 2011, India belongs to mediumly developed country which indicates the lower status of India than the developed countries. And this is determined on the basis of three aspects namely health, education and per-capita income of the country. This study is related to both education and health status of the people. Besides the increase of income level is also influenced by the education and health of the people. In India lots of schemes and programmes were formed and from time to time high amount of money is spending to uplift the health and educational status of the people. For this reason this study is very valuable and further such type of studies if done in different areas will definitely prove helpful for the policy makers in developing different schemes and programmes to educate the people regarding health matters. Awareness brings realisation and understanding clear about any new ideas and schemes and thereby automatically makes the people used of playing proper role in their life matters.

Women makes house into a home, so women's role in this regard is very valuable. In spite of different effort and priorities the percentage of female literacy is very low in Assam that is 67.27 percent (2011) and more than that the percentage of literacy of women the living in rural areas is 64.09. This indicates that to take active part in playing role by the women it is very important to make them more motivated for which they should get more information and more education.

On the basis of the results of the present study it is reflected that there is a need to make the illiterate mothers aware by educating them about the benefits and necessity

of antenatal check-ups, consuming iron and folic acid supplements, medical care during pregnancy and delivery, full immunization of children, proper breast feeding up to 6 months, maintenance of good and hygienic home environment, and awareness towards different social and family welfare schemes. Inspite of having door to door visits of different health workers the percentage of medical check-up during pregnancy and institutional deliveries among the illiterate women was found very low. Institutional deliveries play a vital role towards reducing the maternal and infant mortality rates. In this regard the health workers play an active role to motivate the women to avail the facilities that will help them to maintain better health and also play positive role for the welfare of their families.

Proper plan and policies that are related to women health, child health and their empowerment can help in improving the health of women. It was also found from some informal talks with the parents (illiterate) that many parents think that only primary vaccination at the specific period strengthen the immunity and protects the child from disease till his adolescence. Some parents did not support to give vaccine to their child due to fear of the side effect. It was also found that negative influence of other women of the locality, on the pregnant (illiterate) women for which fear develop to take regular medicine during their pregnancy. They believed that medicine will hamper their baby within their womb and sometimes it may be the cause of caesarean. In this regard through proper education mass media can take active part to motivate the public mainly the illiterate group to avail the facilities that are provided by the government and play their better roles to maintain good and hygienic family life. The self help groups that are formed in village areas can take the responsibility to motivate the husband, in laws and other family member regarding the importance of different social and family welfare schemes. They also can be motivated to avail the facilities provided by different sources.

The result of the present study related to the food habits, nutritional knowledge and health status among the illiterate group of women was found inadequate. Due to their neglect of own health care, remaining busy with household activities and superstitious believes the village illiterate women not do not take their food before the elder members, for which they could not take their food timely and also neglect taking

medicines in proper time. For this reason the majority of women become anemic, which hamper the health of both one that is mother and the child. Breast feeding is the best way to protect their children from numerous diseases. But in this present study it is observed that the practice of breast feeding was not at the satisfactory level among the illiterate women. Most of the illiterate women belong to low income group so to earn for the family most of women were engaged in different types of outdoor works. For which they could not to provide breast feeding to their children timely. Due to illiteracy they are unable to read books, to clarify their queries and doubts. Proper nutritional education and literacy programme can play important roles in improving the nutritional status among women.

The result of this study highlights that the practices of family planning methods was lower among the illiterate group of women than the literate group. If we want women to play their roles effectively in adopting family planning measures then at first they must be educated. Women who have large number of children, have repeated deliveries, spend more time as a mother, wife and confined to the four walls of their home then it will hamper in playing an active role towards their family welfare as well as for the welfare of community and society. Education is the best way to access the health services.

The study has revealed that there exists differences between the literate and illiterate women in playing their roles towards maintenance of home environment. For proper provision of adequate water, sanitation, and hygienic living conditions the government of India under Minimum Need Programme (MNP) provides different facilities among the rural and urban areas. Proper maintenance of home environment as well as society can arise from many activities and education is the most important of them. Formal education can develop knowledge and understanding among the people which leads self realisation towards health care and maintenance of healthy and hygienic environmental conditions and help them to play a better role towards their society as well as family.

It was also observed that the role play by the illiterate group of women towards availing the facilities provided by the Government for the welfare of the family under social and family welfare schemes was found very low than the literate women. In spite

of having door to door visit of the health workers, many women due to the lack of education, knowlege and communication skill they were unable to play their roles to access essential health services. Along with implementation of the schemes and programmes, the government should make provision of proper information and education campaigns and send dedicated persons to the remote and rural areas to disseminate these information among them.

The Union Health Ministry sources confirm the survey report that the maternal mortality rate is highest in Assam i.e 300 per one lakh live births. In upper Assam where most of the tea gardens are located has the highest maternal mortality rate more than 400 per lakh live birth. The main causes include poor health care services in these areas, poor nutrition, consumption of salt in tea, poor awareness, poor literacy and above all prevalence of large – scale of child marriage.

IEC (Information, Education and Communication) are the three ways applied in the health sector of Assam to motivate the women about their behaviour, avail the facilities available for healthy growth of the baby and also important for their own health etc. Besides this the Anganwadi workers are also actively take part in motivating the pregnant women by educating them about the needs and how to fulfil the needs in their life etc. These are all related to family welfare and the investigator noticed that monitoring and taking feedback system should be stronger to get effective result.

Education of women increase the knowledge and knowledge increases the power of reasoning, ability to analyse and develop self esteem. Low rate of female literacy has always been a matter of concern in India. Illiteracy among the women always effect in social status, economic condition and family welfare. Regarding the role of women in health care and family welfare it is suggested that education could reduce all the inequalities that prevail between the literate and illiterate women. In this study the investigator has found that the role played by the literate women regarding family welfare like proper health care during pregnancy, their child health care, maintenance of environment, getting benefits from different family and social welfare schemas etc are better than the illiterate women. Education of women benefits individuals, families as well as communities.

In conclusion it can be said that education is the foundation on which individual awareness grow in different aspects. Awareness is the first step in realising the value of any new aspect which helps in playing positive roles in applying that aspect in one's life and this is very distinctly reflected in the roles played by the women in this study. With this, the investigator concludes the study with the hope that the increase in literacy rate and proper education will definitely help to play proper role by the women in family welfare in the society and also successful implementation of different family welfare related schemes and programmes.
