Proximity of Health and Education Facilities in Tamil Nadu Villages

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Abstract
"India Lives In Its Villages", Said Mahatma Gandhi, A Great Freedom Fighter And Visionary Leader Of India. A Rural Area Is A Geographic Area That Is Located Outside Cities And Towns, While Rural Areas Are Also Known As ‘Villages’ In India. About 68.84 (2011 Census Report) Per Cent Of The People Lives 640,867 In Different Villages. The Quality Of Village Life Largely Depends On Different Infrastructure And Facilities And Natural Resources Available In The Villages. The Present Research Aims To Assess The Proximity Of Health And Education Facilities In Villages In Nilakottai Taluk, In The Dindigul District, Tamil Nadu, India. The Objective Of The Present Research Is The Proximity Of Rural Health And Educational Facilities In The Villages. The Researcher Purposively Selected The Nilakottai Block Of Dindigul District, Tamil Nadu. The Selected Taluk Has Consisted Of 42 Villages And Are Included In The Present Research. A Pre-Tested Interview Schedule And A Pre-Planned To-Do List Were Prepared By The Researcher To Gather Necessary Information About Health And Education Facilities In Villages. 57% Of Study Villages Estimated That The Health Facility To Lie Within The Village. Health Facilities In The Villages Are Relatively Easily Available Compared To The Other Educational Facilities.

Keywords: Village, Facility, Health, Education, Proximity, Rural.

Introduction
“India lives in its villages”, said Mahatma Gandhi, a great freedom fighter and visionary leader of India. A rural area is a geographic area that is located outside cities and towns, while rural areas are also known as ‘villages’ in India. About 68.84 (2011 census report) per cent of the people lives 640,867 in different villages. The quality of village life largely depends on different infrastructure and facilities and natural resources available in the villages.

Context
Basic amenities are an essential foundation for a decent living and it enhances economic growth and quality of life. The scope of basic amenities includes safe drinking water, sanitation, housing, an all-weather road to the village, electrification, fuel, connectivity, a healthcare centre, a school, a playground and recreational facilities and many more (The pioneer, 2022). The duty of the government is to provide village facilities such as providing drinking water, individual toilets, rural roads, playgrounds, burial ground, animal shelters, community harvesting grounds, open-air theatres, citizen service centres, roads to farms, and village tanks (The Hindu, 2013). Electrification, Public health, Public libraries and skill for rural inhabitants to generate employment opportunities and income to increase their quality of life (Suma Mani, 2019).
The present research aims to assess the proximity of health and education faculties in villages in Nilakkottai taluk, in Dindigul district, Tamil Nadu, India. The objective of the present research is the proximity of rural health and educational facilities in villages.

Data and Methodology

The researcher purposively selected Nilakkottai block of Dindigul district, Tamil Nadu. The selected taluk has consisted of 42 villages and are included in the present research. A pre-tested interview schedule and a pre-planned to-do list were prepared by the researcher to gather necessary information about health and education facilities in villages. The secondary data also was collected from the block development office, village Panchayat office, Village Administered Officer (VAO) and Anganwadi of the study village. A comprehensive discussion will be made with the village leaders and representatives to study the baseline data. The collected data will be analyzed using descriptive statistical tools, such as mean, median, mode, and percentage. Pre-primary and primary education in the villages is relatively easily available compared to the other educational facilities. About 33% of study villages were estimated to lie within the village.

Study Locale

Nilakkottai is a Taluk in the Dindigul District of Tamil Nadu. According to Census 2011 information, the sub-district code of the Nilakkottai block is code 05767. The total area of Nilakkottai is 482 sq. km including 416.72 sq. km in rural areas and 64.93 sq. km in urban areas. Nilakkottai has a population of 2,86,641 people. There are 73,232 houses in the sub-district. There are about 42 villages in the Nilakkottai block.

Review of Literature

The village facilities are said to deliver important primary services in the everyday lives of villagers, allowing them to shop for groceries, take their children to school, and engage in leisure activities within the village (Joost Gieling, 2018). Emphasis on making rural areas smart and sustainable is imperative because it is aptly said about India that India lives in villages and if farmers are happy then and only then the city dwellers will be happy and prosperous. These services such as Power, Water, Buildings, Retail, Health care, education, skill for vocation etc. to villages can well channelize the energies of the youth as a powerful tool for the nation (Mirza, 2018).

It is true that people are moving from our villages at great speed. They want a certain quality of life—good education, healthcare, electricity, Internet and entertainment options. (Vinayagamoorthi G. 2017). The rural households are intimately connected to the village’s natural resource base-its forests, grazing lands, and water resources. Whether households are able to make a living from agricultural income depends on the amount of water available for irrigation. Similarly, the availability of fodder on village grazing lands affects the income that households derive from livestock rearing (Urvashi Narain, 2016).

Analysis and Discussions

The proximity of schools, colleges and other educational facilities Regarding the “availability” of educational facilities, we can say that since pre-primary, primary and middle schools are mainly meant for young children only, their benefits can be properly availed of by villagers provided they are located within the village. The other educational facilities, namely, secondary schools, higher secondary schools/colleges, colleges with degree courses, ITIs, etc., can be found useful (by older children) even if they are located outside the village but within, say, 5 km of it.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Particulars</th>
<th>With in the village</th>
<th>Less than 2 k.m</th>
<th>2 k.m to 5 k.m</th>
<th>5 k.m to 10 k.m</th>
<th>10 and above</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary school</td>
<td>42</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>2</td>
<td>Middle school</td>
<td>31</td>
<td>10</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>3</td>
<td>Secondary school</td>
<td>15</td>
<td>11</td>
<td>12</td>
<td>3</td>
<td>1</td>
<td>42</td>
</tr>
<tr>
<td>4</td>
<td>Higher secondary school / junior college</td>
<td>4</td>
<td>12</td>
<td>26</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
</tbody>
</table>
The above table shows pre-primary and primary education in the villages to be relatively easily available compared to the other educational facilities. An about 33% of study villages were estimated to lie within the village. 21% had the above said facilities 2 to 5 k.m. 29% were within 5 km, 14% of the villages had a facilities 5 to 10 km. only 3% had an above 10 km. to access the different educational facilities.

**Proximity of community health facilities**

Health forms an Important index of human development and in turn that of the development of any society. It is the fundamental human right. Health, defined as the state of complete physical, mental, social and spiritual well-being and not merely absence of disease and infirmity, proves to be a major contributor to the level of quality of life. Healthy population plays a key role in achieving the developmental activities as health helps to improve the productivity of mankind both directly and indirectly.

### Table 2 Distribution of villages by proximity of community health facilities

<table>
<thead>
<tr>
<th>S.No</th>
<th>Particulars</th>
<th>Within the village</th>
<th>Less than 2 k.m</th>
<th>2 k.m to 5 k.m</th>
<th>5 k.m to 10 k.m</th>
<th>10 and above</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary health centres</td>
<td>20</td>
<td>22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>2</td>
<td>Community health centre / government hospital</td>
<td>25</td>
<td>10</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>3</td>
<td>Private hospital</td>
<td>21</td>
<td>11</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>4</td>
<td>Private clinic / doctor</td>
<td>24</td>
<td>10</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>5</td>
<td>Medicine shop</td>
<td>30</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td>6</td>
<td>Local herbal country practitioner</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>=</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Not recorded</td>
<td>41</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td>57</td>
<td>28</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source:** Primary data

The above table shows health facilities in the villages to be relatively easily available compared to the other educational facilities. An about 57% of study villages were estimated to lie within the village. 28% had the above said facilities 2 to 5 k.m. 15% were within 5 km.

### Recommendations

The schools need to be given additional funds for school buildings, staff, equipment, teaching aids, etc. Awareness campaigns for involvement of the girl child as well as adolescent girls in the education process needs immediate attention.

### Conclusion

To develop a stronger economy the rural areas must grow. Rural areas are still bound by many problems such as the nourishment, illiteracy, unemployment and lack of basic infrastructure like schools, colleges, hospitals, sanitation etc.

The researcher concludes that a holistic village development approach is need of the hour in all the villages in the country.
References


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