

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

The protraction of poverty and favouritism against unpriestly people at different levels, in venom of well-established democratic institution sceptre with constitutional provision, would continue to cock the direction of social enquiry. A broad spectrum of research substitution in social science exists, but the kind of inequalities and disparities skirmish conflagrate interest to study these phenomena over and over again. These are of no little importance for those who experience and face them in their crude form and activity. Variation in predetermined natural condition is of great importance in molding the landscape as well as human intercession, however humanness has neither submitted to these status in the past nor think to accept as such for all times to come. The intact orbit of social framework, including institution and ethos emerged over this given structure explains the struggle of people to overcome the given abrasiveness and reap chance of nature and to achieve the slope less social infinite or social peneplaination to achieve equality in access to the benefits of developing infrastructure. Human enterprise, thus are to be measure within the context of spatial agreements and social relation they depict.

The valuation of the spatial arrangement of natural as well as humanized landscape along with fellow social dimension and processes is thus an importance attribute of geographic inquiry. Smith (1979) has rightly pointed out the valuation of spatial fluctuation in human well-being is closely fellow with Social action. The pattern of such studies not only display status as exists, but also explain the action or the built in processes responsible for them. It is in this context the feeling of spatial iniquity burst during seventies (mack, 1970); Harvey, 1972; buttimer, 1972 and Smith, 1973). In this respect study of this nature is an attempt to discuss the spatial patterns of disparities in wide-ranging socio-economic scenario within the context of influencing status related to both natural and cultural surrounding of a small area with sufficiently high range of variety and resultant variation in patterns.

Disparities as apparent in the society or among regions are thus not self-generated. These, in their different forms, are result of the development priorities chased. As such all spatial as well as strata inequalities are outcome of the development strategist followed over the time. The economies of scale and agglomeration and the primacy to growth tend to increase compactness of productive forces and thus disparity sprouting due to diversity of possibility evident and intensified in different forms ranging from inter individual to inter regional disparities. While evaluating the growth effects on poverty decrease (1995) concluded that the result of growth of inequality depends, of course, on the initial dispersion of assets, the nature of imperfectness in markets, the pattern of growth, component bias in technology, and government policies. In countries with high and relentless inequality the drip-down effects of even fairly high rates of growth have been very slow. Thus, for any growth or development programme, it is highly jussive-mood to evaluate the existing scenario related to disparities in distribution of assets, potentiality and benefits.

Regional disparity means distinction in the values, qualities or quantities of certain items of different regions. These are determined by the application of quantitative methods, however, identified on the basis of classes, ranges or categories. It refer differences in the initial resources, natural endowments, largely of a natural or physiographic character leading to territorial and division of labour through development of the resource advantages comparative as well as absolute. In general, regional disparities mean the failure of some region to effort development possible of the initial resource natural endowments and resources advantage in relation to other region, Comparising factors other than the natural. Education is the complete development of the individuality so that he can make an original contribution to human life to his best capacity. Education is the manifestation of divine perfection already existing in man. Education means the exposition of man's complete individuality. It is also clear that the concept of education as formal schooling became replaced by a broader concept which includes a wide variety of activities that charm the growth and evolution of the individual and the society directly or indirectly. Its main concern is the development of character and personality.

Health' is a positive and dynamic concept. In common parlance, health implies absence of disease. However, that industrial health implies much more than

mere absence of disease. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or illness or infirmity. It is clear from the above discourse that the central idea of all the scholars and thinkers regarding education and health is for overall human development.

1.2 STATEMENT OF THE PROBLEMS

Education and Health has been identified and accepted as a significant component in human development. With the background discussed in the previous section, it can be summed-up that, there is a need to study the sphere of regional disparities in the development of educational and health sector. There were tremendous studies that dealt with regional disparities considering various sector, but in deeper study of a education and health sector was rare. As stated earlier that education and health has seldom been on the focus and all the activities were focus on education and health, it is necessary to name the levels of regional disparities in education and health.

The constitution of World Health Organisation defines health as “a state of complete physical, mental and social well being and not merely the absence of feebleness”. Thus, the health of the community has to be viewed in a broader position than just in terms of demographic indicators. The basic objective of any health care bringing system, therefore, would be to furnish and coordinate the services in such a way that it reaches to everyone and the available resources, knowledge and technology are optimally applied. In India, several policy inaugurals have been taken up from time to time in this direction to deal with various aspects of the delivery of health care and family welfare.

Health, Education and Development are closely interconnected. It is now setup that the poor status of education and health dense down economic development and that inadequacy economic development perpetuates a bed status of education and health. General health advance tends to increase worker productivity and thus contributes to economic growth. Hence, the education and human health have come to be respected as a pre-requisite for optimum socio-economic development.

In TSP Area, government has taken pains to render education and health services free of cost or at low cost and make them easily accessible. At this Juncture, it is the duty of the researcher to review the economics of All Facilities in TSP area.

Hence, the present study is an endeavour to analysis and comparison the role of all facilities to promote the education and health position of the people in TSP Area.

The problems selected for the present research is to know the nature and extent of regional disparities in education and health at micro level in TSP area. Thus the title of the study can be declared as “Regional Disparities in Educational and Health Sector of Tribal Sub-Plan Area of Southern Rajasthan.”

1.3 REVIEW OF LITERATURE

A literature review discusses and analyses published information in a particular subject area. Sometimes the information covers a certain time period. A literature review is more than a summary of the sources; it has an organizational pattern that combines both summary and deduction is a re-organization, or a reshuffling, or it might suggest the rational pattern advance of the field, including major argument and contingent on the most apposite or relevant. For scholar, the depth and breadth of the literature review accent the believability of the writer in his field.

Existence of regional disparities in educational and health care is common phenomena in the world, but to more articulate in tribal area in developing nation. A number of socio-economic, cultural and political problems are account of regional disparities in education and health care facilities. It has been studied with wide-ranging attribute by social scientists in general and geographers and economists in particular. To ensure the distributive justice, it is more important to study the instability and their causative factor. Health and education are the key element of social sector. Healthy and educated people can contribute importantly to the development and prosperity of a nation. This recognition has a great deal of interest in the health and education scenario in country during last two decades. Prior to 1960 very few studies were doing entirely or health and of the tribal. Although there are a large number of studies on the issue of disparities in educational and health facility attempted by researchers. But very few studies for tribal were behavior and the issue is fore Tribles area. Population geography and social and economic geography is considered as a branch of Human Geography. However, it can converge with other fields such as human geography. Geographers seek to understand the development of education and health. It regards regional planning, enlargement and advance. A lot of

studies have been bearer out in this field. All these problem's requirement the study of disparity and persecuting privation and their determinants. However, much of such literature based on empiric studies appeared during the last few years.

The integral stage of studies done on different aspect of education and health is so vast that they cannot be recorded on few numbers of pages. Therefore, an attempt has been made to view and analyses the importance research work carried on education. A large number of studies are related to special analysis of education and its role in socio-economic changes and overall development.

1.3.1 International Level Studies:-

Vipul and Jacob 2000. "*Convergence in education Infrastructure in India: Evidence from district level data.*" In their study explained the convergence in rural education infrastructure. It covered the period from 1971 to 2001 and took major states for the analysis. They analyzed strong evidence for cross district conditional convergence in the number of rural primary school. These national level patterns hide significant hetero genetic in state-specific convergence rates. In this study overall analyzed the convergence in primary school marks considerably cross state variation and that state that are more egalitarian as reflected by policy spending and reforms geared forward greater equality. Tend to have greater convergence in primary school.

Ojiambo 2009. "*Quality of Education and its Role in National Development: A Case Study of Kenya's Educational Reforms*". In this article examined in made of various educational reforms that have been undertaken in Kenya in both colonial and post-colonial period and their correlate to National development Historical development of Kenya education and its challenges in meeting its National development. The need to separate educational policies from national politics clear stipulation of educational policies and their role in national development and a sound implementation of educational reforms.

Ozturk 2001. "*The role of education in economic development: A theoretical perspective.*" In his paper examined the role of education in economic development and the effects of education on labour productive, poverty, trade, technical, health, income distribution and family structure. Education in every sense is one of the fundamental factors of development. Not can achieve substantial investment in human capital. Education enriches people understanding of themselves and world. It

improves the quality of their lives and leads to broad social benefits to individuals and society.

Johnstone 1977. "*The Dimension of education System*". In this study investigated the relationship between the education system and one of the other societal sub-system an attempt to identify the main dimension of an educate system. These dimensions in turn allow the identification of those variables which are most useful in describing and differentiating between system for purposes.

Guo 2006. "*Decentralized Education Spending and Regional Disparities : Evidence from Chinese Countrie*". In this study discussed the impact of decentralization of regional disparities in socio-economic development and public education. While generating crucial condition for local policy innovation conducive to economic growth the delegation especially of spending responsibilities without commensurate fiscal support from upper levels has magnified the gap in countries capacity to provide essential public services.

Clugsten and Calder 1999. "*Critical dimension of sustainability in Higher-Education*". Evolution of the concern for sustainability in the higher education. it describes the origin of the falloires declaration as a guiding set of commitments for college and universities pursuing sustainability. Critical dimensions of sustainability in higher education are presented as a result of the association of university leader's for sustainable indicators. A concern for sustainability arose in the early seventies as growing numbers of people realized that the degradation of the environment would seriously undermine our ability to ensure expanding prosperity and economic justice.

Fiscella, and Williams 2004. "*Health disparities based on socio-economic inequities : Implication for urban health care*". Analyzed in Health is unevenly distributed across socio-economic status. Persons of lower income, education, or occupational status experience worse health and die earlier than do their better off counter parts. This article discusses these disparities in the context of urban medical practice. These disparities in the context of urban medical practice. The article beginning with a discussion of the complex relationship among socio-economic status, race and health in the united states. It highlights the effects of institutional, individual and internalized racism on the health, health disparities based on socio-economic status across the life cycle, beginning in fetal health and ending with

disparities among the elderly. Under scores social causation as the primary explanation for health disparities and highlight the cumulative effects of social disadvantages across stages of the life cycle and across environments. The implication of health disparities for the practice of urban medicine, including the role that concentration of disadvantage plays among patients and practice sites and the need for quality improvement to mitigate these disparities.

Wang, Zaang and Zou 2006. "*Regional Disparity in Health and Health care in China*". In their study examined the recent trends in the disparities in health and health care resources across the provinces and the relationship between health status. Health care resources and socio economic status. Index of measuring regional disparity in health and health care resources. Overall view in this study show that the disparities in maternal mortality, number of beds and number of doctors increased and then declined in most recent years, socio economic status has significant association with health status and health care resources. The association between socio economic indicators and health status and health care resources varies in different economic zones.

Meredith and Griffith-Forge 2002. "*The Road to Eliminating Disparities in Health Care*". In this study analysed a describing disparities in health care where differences lies, barely out of the drive way and on the road to explaining why disparities exist nor do we know how to eliminate them. The influence of managed care on disparities in health care quality. These studies concluded that minorities receive tell access to and poores quality care.

Mackenbech, Stirbu, Roskam, Schaap, Menvielle, Leinsalu and Kunst 2008. "*Socio-economic Inequalities in Health in 22 European Countries*". In this study analysed the comparison among countries can help I n identify opportunities for the reduction of inequalities in health. Compared the magnitude of inequalities in mortality and self-assessed health among 22 countries. the main aim of the study at measuring variation in the magnitude of inequalities in health and identifying some of the immediate determinants of these variations. Observed variation across Europe in the magnitude of inequality in health associated with socio-economic status. These inequality might be reduced by improving educational opportunities, income distributed health related behaviour, or access to health care.

Grosse and Harkavy 1980. *"The Role of Health in Development"*. Analysed the basic needs strategy of development in directed towards helping poor nation meet requirements for adequate food, shelter, sanitation, health and education. This health becomes an objective of development. Expenditures on health are considered as an investment in human resources, contributing the productive capacity but empirical studies on the contribution of health to per capita economic growth are largely anecdotal married by poor design and insufficient data demonstrating whether or not changes in the health of population would exert a significant enough impact on the growth of per capita income in a country to justify investments in its promotion relative to competing investment opportunities. The main aim of the study to adult education programs directed towards parents of young children emphasizing information on improved food production, proper diet, provision of primary health care and diseases control and nutrition policies and programs targeted at improving diets.

Patry, Morris, Leatherman 2010. *"The importance of the Health Care Sector to the Economy of Smith Country"*. These study analysed the rapidly changing delivery of health services in rural countries has the political to greatly impact the availability of health care services in future. The health care sector can have a large impact on the local economy. Health care facilities such as hospital and nursing home provide jobs and income to people to the community. As these employees spend their income in the community, a ripple spreads throughout the economy, creations additional jobs and income in other economic sectors. The main focus the role of health sector in rural area development and the employment, income, retail sales impact of the health sector on the economy.

Westert & Groenewegen 1999. *"Regional disparities in health care supply in eleven European countries : does politics matter ?* Examination the regional disparities in Health care supply in European countries. Hypothesis that spatial disparities in health care supply will be smaller in countries with socialist government. Countries were classified according to the political composition of government in the post war era. It is concluded that the amount of regional variation is greater for hospital beds than for doctors, both aspects of supply, regional disparities between 1970-1990 both for and for doctors in hospitals was stronger for countries that had more year of relation between the number of years of socialist government

between 1945-1990 and regional variation in health care supply in 1970. Government participation between 1970-1990 and variation in supply in 1990. The Variation in supply of acute hospital beds and physicians within eleven European countries. Regional variation in the number of physicians per 1000 population is larger than variation in the number of acute beds per 1000 variation in both supply indicators has decreased over the period 1970-199. Explanation of regional variation in health services supply in the theory that the political colour of government influences the distribution of access to scarce goods, such as education, work, income, and also health care. Main finding in this study will not be influenced by this data problem. Ideally in future we should use a comparable regional scale level for all countries but the result of this paper will not change dramatically because of these efforts.

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Vogi 2012. *"Education and Health in Developing Economics"*. In there study analysed the entangled role of human capital is not limited to aggregate income

growth. However education exhibits complex dynamic relationships with several components of well being, including health, multiple causal pathways link, the two domains, across different phases of an individual's life cycle and across generation in a family within an individual, childhood, health enhances schooling outcomes, longevity incentivizes human capital investment and education improves adult health. Across generations, the health and education of parents particularly mothers boost both outcomes in their children.

Edgerton, Peter & Roberts 2008. *"Back to the Basics : Socio-Economic, gender and Regional Disparities in Canada's educational System"*. The study reassessed the extent to which socio-economic background, gender and region endure as sources of educational inequality in Canada. the nation of education as the great equalized has a prominent place in the ideology of modern liberal democratic states. This popular belief in meritocracy is also paralleled by more formal conceptualization informing the social policy-making process.

Bloom 2005. *"Education, Health and Development"*. These study analysed the connections between education and health and their impacts on development have received relatively little attention. These connections and briefly outlines some central issues. the first part of the part discusses why interactions between health and education are important. The second part describes how the links might work, looking at conceptual channels between them, part three reviews the literature to establish whether there is evidence for these channels and concludes that there is.

1.3.2 National Level Studies:-

The global and national level studies have little relevance if they are not reflected at regional and sub-regional levels. To identified specific disparities and to identified appropriate strategies for the balanced development at that particular level a number of attempts have been made for state level investigation. In India the post planning era of development present a picture of uneven regional development. A number of studies at all India level shed light on the fact of regional disparities in health and education. Some studies also identify regional variation in over all development or in a particular sector of the economy.

In India the post-Planning era of development present a picture of uneven regional development. A number of studies at all India level on the fact of regional

disparities in education and health sector. Few studies also identify regional variation in over all development or in a particular education and health sector. In all India level studies usually state is taken as basic unit of analysis. Only a few studies at the national level use district as the unit of analysis.

Baru 1993. *"Inter-Regional variation in Health Services in Andhra Pradesh"*. In his study examined the health status of a population is shaped by a variety of factors like food, water, sanitation, housing, income, education and availability and accessibility to health care facility. Health status is influenced by socio-economic factor & political factors in society, health services development in India have confined their attention to the national level. these studies have pointed out that public services are essentially creative, capital intensive and are oriented towards urban area.

Ghuman and Mehta 2009. *"Health care services in India: Problems and Prospects"*. This study examined the problems and prospects of health care services in India. However this rapid economic development has not been accompanied by social development particularly health sector has been accorded very low priority in terms of allocation of resources. The unequal access to health services is reported across strata, gender and location. Main objects of the status and problems of health services and the access of health across economic strata gender and space but did not study health education, awareness and etc.

Naidu and Nair 2007. *"Development disparity in education sectors an Inter-district temporal analysis in Kerala"*. The objective of the study is identifying the trend and disparity in development in the education sector at the district level. Analyzed the factor that led to this inter district variation in education sector development and delineate the district on the basis of the homogenous pattern of development as part of regionalization. The disparity in development in this sector is mainly due to the skewed availability of higher and technical education.

Narayana 2008. *"Education, Human Development and Quality of Life: Measurement Issues and Implications for India"*. These study analyzed the measurement of indicators and variables in the construction of education index in Human Development Index at the global, national and 18 sub-national human development reports in India since 1990 intended to compare the Unique Similarities and essential differences of India's measurement of education index with that of

UNDP-HDRs and relate the education index in HDRs to quality of life (QOL) indices. These analyzed are useful to establish comparability between global, national and sub-national HDRs and linkages between human development and quality of life indices.

Sayed, Ashraf and Rawal 2011. *“Regional Disparities in the level of Education in Western Uttar Pradesh, India”*. In their study analyzed the regional disparities in the level of education. The present study finds out that there exit large regional variations in the level of education. This regional disparity in educational level is due to various factors. Like historical, social, cultural, economical inefficient government polices etc.

Virk 2011. *“Gender Disparity in the Educational System: An Investigation of the Universal Primary education in India”*. Study examined the gender inequality in education is one important aspect of educational Disparities. The Constitution of India provide for universal education to all children up to the age of 14 years. In these study problems of girls education needs to be located in the overall situation of women in our society. Regional variation in status has contributed to different access with some regions recording higher educational achievement and on the other notwithstanding regional difference women across the country have not had equal access to education.

Pal 2012. *“Decomposition of Income-related Inequality in educational performance: Evidence from India”*. Analyzed the income related inequality in educational performance of Indian children. The main objective of this study was to show the income related inequality in educational performance of Indian children and examine its determinants. This decomposition analyzed quantifies relative contribution of each factor to inequality in educational performance. In this study finding point out importance of parents education in determining educational performance of child.

Suresha and Mylarappa 2013. *“Literacy and Education system in Karnataka State”*. In their study analyzed the Education and Literacy in state. Education is recognized as a fundamental human right. In this state literacy rate increased for 1991-2001. The female literacy rate increasing more swiftly than the male literacy rate. Overall the gender disparity in literacy is declining rather perceptibly and the declining is much more evident in the less economically

development of the state. Literacy positive association with improved demographic indicator's underlines its crucial role in the process of human development. Primary, up to and inclusive of plus – two education. Tertiary education is a vast sphere, encompassing as it does, diverse fields such as professional courses as well as general education. A plethora of issues has emerged in higher education such as financing, autonomy governance and quality all in the context of equity and social justices. This study is main focus on education increasing and improvement in literacy rate.

Kamble 2012, “*regional disparity of education in Maharashtra, with special reference to vidharbha*”. In their study examined the district wise progress in various sector. This study could not comprehensively analyses the level of backwardness in the three regions and different sectors but revealed noticeable disparities in irrigation, road, public health and technical education sectors. The removal of disparities in these sectors and there is a need for detailed study conclude that the innovations are necessary to make education at all the levels meaningful and relevant. This is important since there are continuous changes in the economy and the skills acquired through such specific programmes of vocationalization are likely to become obsolete within a short period.

Suresha and Mylarappa 2012. “*Socio-Economic Status of rural Scheduled Caste Female Students in higher education*”. In their study is concerned with SC Female students in higher education and its major focus is on socio economic background. It is indeed difficult to point the social and educational status of women including untoch ability throughout Indian history till the down of independence on the canvas of a limited. This study is basically exploratory in nature.

Jandhyala BG Tilak 2005. “*Post-Elementary education poverty and development in India*”. There is a general presumption among many policy makers that secondary and higher education is not necessary for economic growth and development it is literacy and primary education that is argued to be important. Estimates on internal rate of return also contributed to strengthening of such as presumption. Overall neglect of secondary and higher education in many developing countries. The Problem of resource scarcity added further to the problem. Accordingly, secondary and higher education do not figure on the poverty reduction agenda of many poor countries. Secondary and more strikingly higher education has been subject to neglect by the government and the current situation with respect to not

only elementary education, but also secondary and higher education is far from satisfactory. This study is based on the recent research and based on further research evidence on India presented here, it is attempted to show that the general presumption on the weak or negligible role of secondary and higher education in development is not valid and that post elementary education is important for reduction in poverty in improving infant mortality and life expectancy and for economic growth. Accordingly it also pleads for sound and comprehensive education policies that recognize the importance of not just elementary education, but also of secondary and higher education and for integration of educational planning with development planning.

Poonia, Rajeshand Nangia 2007. "*Spatial pattern of scheduled caste literacy in Haryana (1991-2001)*". In this study analysed the spatial pattern of literacy among scheduled castes population of Haryana as it emerged during 1991-2001. the main objective of this study is to find out "Socially and economically backward group is being brought into the mainstream through changes in its literacy level. The spatial urban/ rural and male female variations in literacy rates and to examine the relationship between literacy and various socio-economic variables. Find out the wide disparities between urban rural and male / female literacy have been observed. Although poverty has been found to be an important factors, the degree of urbanization has been observed as an important determinant of literacy even among scheduled castes population.

Lohumi, 2007. "*Development of education in Himachal Pradesh : A post statehood review*". In his study examined the education and training are among the most important factors in raising the level of quality of human resources and care sectors for generating proficiencies optimizing resources and increasing synergies, facilitins expansion and upgrading of existing networks, mobilising resources and improving out reach for assured quality, results and impacts. The national policy of education 196 as modified in 1992 envisages improvement and expansion in all sectors, elimination of disparities in access to education and laying greater stress on improvement in the quality of education at all levels, including technical and professional education. It also emphasizes the interventionist role of education in correcting social and regional imbalances, empowering women and securing a rightful place for the disadvantaged and minorities. A brief appraisal of the endeavors made

by Himachal Pradesh in achieving these goals has been done in study with focus on literacy elementary education and higher education.

Kaur 2007. "*Female literacy in rural Punjab (2001)*". examined the women as the pivotal point in the facility where they are supposed to play multiple roles which require them to be fully equipped with education. Only then they could be successful in maintaining good quality of life in their families. It is rightly said that when a female gets educated in a family, the whole family gets educated. The significance of analyzing female literacy. Main objects of the study of the spatial pattern of female literacy in rural Punjab and the factors associated with the same.

Husain 2010. "*Gender Disparities in Completing School Education in India Analyzing Regional Variations*". In their study examined regional variation in gender difference in the probability of completion school education and employees. Having established the regional pattern of disparity. Then proceed to estimate the contribution of the residual effects in explaining gender gap in regional outcomes. Main focuses specifically on education because of its importance in human development and as a determinant of the quality of life. The importance of education in economic growth and human development has been widely recognized.

Kumari 2007. "*Gender Related Education Development Index of Bihar (1991-2001)*". Analyzed the gender disparity in education existing in the state. Gender gap in education is an indicator of discrimination existing in the society between two genders. The more the gap low is the status of women. Identified the regional imbalance is gender of women indentified the regional imbalance in gender gap using gender related education development index.

Dutta and Siraramakrishnan 2013. "*Disparity in the Literacy level among the Scheduled and Non-Scheduled Population : Indian Scenario in the 21st Century*". In his study examined the according to the article 45 of the Indian Constitution. It aim to give everyone a chance to learn and get benefited from basic education not as an accident of circumstance or as a privilege but as a right. But due of the prevalence of rigid caste system in India. This study makes an attempt in mapping out the literacy level and the extent of rural-urban gap and male-female disparity in literacy rate existing among the scheduled and non-scheduled population analysed the best possible reasons responsible for the existence of any such disparities in literacy level

and has also made an effort to discuss about the new strategies and appropriate programmes which will hopefully result in bridging the gap between the privileged and un-privileged classes of the society.

Ghatak 2012. *"Level of Educational Development and the Underlying disparities: A Study of Burdwan District, West Bengal"*. In this study analyzed the education play a significant role for human resource development as well as social development. So elementary education and basic education is necessary for any state or nation. Social inertia and infrastructural facility are the essential for systematic development of education. The major objectives in this study for develop spatial variation of educational achievement and in the implementation of SSM (Serve Siksa Mission) and find out the cause of such disparities.

Mohiuddin and Hashia 2013. *"Disparities in the levels of educational development & geographic analysis of Kashmir Valley"*. In their study examined the problem of regional disparities in the level of social and economic development is a universal phenomenon. Educational attainment of the population in a region determine its standard of living and overall socio-economic development. There are considerable inequalities among tehsils (area) with respect to literacy level, opportunities for primary, secondary and higher education, facility for professional courses and training in specialized technical skills. These inequalities are bound to create various socio-economic and political problems. The main aim of the study that the differentially developed area and classify the tehsils in the basis of differential levels of education development for different time period.

Bhatt and Jacob 2013. *"Convergence in Education infrastructure in India: Evidence from District level data"*. Convergence in rural education infrastructure across India district between 1971 and 2001. Main findings of this study that first there is strong evidence for cross-district conditional convergence in the number of rural primary schools. By contrast, patterns for convergence in high school are relatively weak. Second, in state-specific convergence rates. Hypothesis that the difference in state level convergence patterns reflect differences in state-level policies of spatial egalitarianism. Find that more egalitarian states experience greater convergence in the number of rural district primary school.

Sheet and Roy 2013. *"A micro level Analysis of disparities in health care infrastructure in Birbhum district, west Bengal, India"*. In his study examined the regional disparities in health care infrastructure are a common problem in both development and developing countries. The regional disparities are caused by a number of factors that lead to misallocation, under utilization of resources. Regional disparities lead to various economic, social and cultural problems. Health condition of any person show its economic strength and working ability. It is the way of development. The imbalance in the level of development with spatial emphases on the regional dimension.

Nath 2007. *"Inter-District Disparities in Health Care Service of Assam"*. In this study examined the status of development of health care services of Assam has been estimated with the help of composite index based on optimum combination of 35 development indicate. The specific objective of the study is to evaluate the inter district imbalances in the level of development of health care system and to classify the districts into different stages of development such as high level, medium level, developing and low level. To get a clear picture of health care situation of Assam development index are computed separately for basic infrastructure, performance it had shown demographic rate, maternal health and overall health care status in the districts separately. Wide disparities in the level of development have been observed in different districts of the state. For bringing about uniform region development in the state, model districts have been identified for fixing up the potential target of different development indicators for low development districts.

Ghuman and Mehta 2009. *"Health Care Services in India : Problems and Prospects"*. In their study examined the problems and prospects of health care services: economic development has not been accompanied by social development particularly health sector development. Health sector has been accorded very low priority in terms of allow of resources. Resource allocation to health sector has adversely affected both access and quality of health services. The unique access to health services is reported across strata, gender and location with a view to improve access and quality of health service.

Reena and Raman 2011. *"Inter-District Disparity in Health Care Facility and Education : A Case of Uttar Pradesh"*. In his study analysed an Economic and Human Development in any society are pre-requisites for a better quality of human

life. The inequalities in health and education among and among different regions/district. It is covered the time period 1990-2008. It use the 8 indicators for the health attainment and 13 for educational attainment. The widening of this disparity in the period of reforms is further. Complicating problems for the planners. The development of Social Infrastructure in general and education and health in particular reflects the quality of life of people in particular region. It is very important and understand the extent of disparity in attainment of different states and different regions within a large state on the human development front or more precisely on the front of education and health, the way this disparity has evolved. Since the launching of reforms, the way performance of a region in one field. The study in main focus to the disparities in the context of health and education at micro (District) level for the state. To find out the inter-relationship between health and education sector two significant factors of human development. The inter-region disparity has changed over a period of time and identify the factors behind the existences and growth of disparities in the state economy.

NRHM Report 2009. *"Concurrent Evaluation of National Rural Health Mission 2009"*. In their study analyzed the accessible, affordable and quality health care to the rural population, especially the vulnerable section, with special focus on 18 states. The main proposes to facilitate increased access and utilization of quality health services. This has been carried out by increasing the spending on health and improving the health care services at the community level. Also addresses issues on sanitation and hygiene, nutrition, safe drinking water, gender, social concerns and inter-state as well as inter-district disparities in health care provision. The main objective to reduction in child and maternal mortality, access to integrated complete primary health care, population stabilization, gender and demographic balance, promotion of healthy life styles. In this study seven chapters analysed- Chapter 1 – Introduction, 2 – Household Response to NRHM, 3. Women's Response to NRHM, 4 – Janani Suraksha Yojana (JSY), 5 – Communitisation of Services – RKS; Asha, 6 – Physical Infrastructures and Human Resources, 7 – function of ANMS and HSCS.

Baru, Acharye, Acharya, Kumar & Nagaraj 2010. *"Inequities in access to health services in India : Caste, class and Region"*. analyzed despite India impressive economic performance after the introduction of economic reforms in the 1990s. progress in advancing the health status of Indians has been slow and uneven. Large

inequities in health and access to health services continue to persist and urban areas, and within communities. Three forms of inequities have dominated health sector. Socio-economic inequities manifest in cast, class and gender differentials and inequities in availability, utilization and affordability of health services. Determinants of the study to examine the inequities in availability, accessibility and affordability across geographic, social and economic group. To examine lay health service barriers that are responsible for inequities in access. To examine recent initiative for reducing inequities in availability, accessibility and affordability of health service.

Gopal 1991. "*Socio-Economic Inequalities and Health Status*". In their study analyzed the level of socio-economic development and the health of the people of rural area. Unequal distribution of the fruits of socio-economic development among the different strata of society. This is reflected in high morbidity rate. In this study comprehensive effort to relate socio-economic status to health status. It has provide valuable information on the relationship of socio-economic status to health status. the study examined the implications of Kerala high level of female and total literacy on the health of the different socio-economic strata.

Ghatak & Das 2012. "*Status of Rural Health Care and the Hidden Disparity : A Study of Birbhum District, West Bengal, India*". In his study examined the health is key role of socio and economic development of the society. All round development process health care facility is the essential criteria. Health care system in the district is very far from the level of satisfaction, especially from the infrastructural point of view. this facility leads to inconsistency in the development of basic health care system as well as in overall all development of the society. the main aim of study to find out the spatial pattern of disparity regarding the health care facility through the calculation of health index in different blocks and implementation of universal health converge.

Prinja, Kumar, Pinto, Jan and Kumar 2013. "*Equity in Hospital Services Utilisation in India*". In this study examined the situation in India the use of public and private sector hospital services by economic class was analyzed and the relationship between utilization and public spending on health services and the reported out of pocket payments were assessed. Hospital services in the private sectors were found to be significantly pro-rich. Overall found that the hospital

services are inequitably utilized more by the rich. Overall, the public sector has equitable and the private sector was inequitable irrespective of the region.

Hadi & Gani 2005. *"Socio-Economic and Regional Disparity in the utilization of Reproductive Health Services in Bangladesh"*. In their study examined the health care system has significantly expanded in Bangladesh during the last two decades the health status of the population has remained very poor because of the uneven distributes of services. In equality in health exists in many forms and multi dimensions. This study attempts to improve our understanding about the socio-economic and regional disparity in the utilization of reproduce health services. the main observed the significant of socio-economic and regional differentials in the use of reproductive health services. The use of services was much lower among the extreme poor than the non-poor and among the ethnic minorities in the hill and rural under-served than the other regions focus of the health program should be equitable health development, the current health system should include proper health components in it. An essential element of this strategy should be the sensitization of the community about the benefits of this approach, inclusion of the poor in decision making and raising access of the poor to basic health resources and services.

Kapur 2011. *"Analysis of Health and Health Care Services in Punjab"*. Health is increasingly being recognized as a critical human capital component, which contributes significantly towards the development of a nation. Only a healthy and educated population can contribute to productivity, economic growth and human development. Concern in both developed and developing countries not only to reach the whole population with adequate health care services but also to secure an acceptable level of health for all through the application of primary healthcare programmes. Study is mainly confined to state and a detailed analysis of the health sector of Punjab has been carried out by examining various health indicators, health infrastructure and health expenditure. The study has been based on both primary and secondary data. The main objective of this study there has been an improvement in health facilities in India and as a consequence there has been appreciable improvement in various health indicators. The public expenditure on health has not been an issue of high priority because of which a disproportionately large share of the burden of health care has to be borne by the households. The health infrastructure in state it has been found that the number of medical institutions in Punjab have grown

over a period of time. A greater number of medical institutions have been located in the rural areas as compared to the urban areas, but the medical institutions in urban areas have grown at a higher rate as compared to that of the rural areas. It has been observed that all major developments in health infrastructure have taken place during the eighties. An analysis of inter-district variations highlights that there were large disparities in availability of medical institutions, beds, population served per bed, population served per medical and para-medical personnel, average radius served per institution in state in 1981-2008. The expenditure on social services has always been given greater importance viz-a-viz economic services in Punjab. Within social services, education followed by health and a family welfare service has been given paramount importance. Observed the average annual health expenditure incurred by the sampled households on treatment of minor as well as major illness it was found that the households in urban areas spent 1.33 times more than that of the households in rural areas. The maximum expenditure was incurred on medicines & injections followed by hospitalization and surgery. The average health expenditure moved up as we moved from lowest income category to the highest income category.

Ohlan 2012 "*Pattern of Regional Disparities in Socio economic development in India: District level Analysis*". In their study discussed the pattern of disparities in the socio economic development at the district level in India. The level of development is assessed separately for agriculture, industrial and infrastructural sector and the district are classified into four development categories. For bringing about uniform regional development and improving the quality of life, model district for disadvantaged district has been identified and potential targets for various social amenities has been estimated. To obtain an overall view wide disparities in the level of socio economic development exist among different districts within and between different regions of India.

Saikia 2012. "*Regional Inequality of Social Sector Development in India*". In this study examined the major objective of deliberate progress of a society is to guarantee human well-being through sustained improvement in people's quality of life. The development of human resources is crucial for sustained enlargement and productive employment. From this perspective, the North-East India is a front line region of North Eastern Region has its distinct culture and traditions. India is rich in terms of human and natural resources, the region is backward in terms of Socio-

Economic development and consequently wide disparity in terms of various indicators of social sector development. An Endeavour is made to measure the intra and inter-regional disparity in India using various statistical measures especially data envelopment analyses and principle component analysis. In the last part of the attempt is made to analysis the main factors influencing the social sector development in NER.

Dasgupta 1971. *"Socio-Economic classification of district a statistical approach"*. This study examined the classification of districts according to their degree of development. The socio-economic variable's is first examined in order to weed out the less significant ones and to find a smaller set of variables which move together and which approximate stand for economic and social development. A principal component analysis is carried out on the basis both this smaller set as also the original set of variables and the districts are classified into four development categories according to the values of the principal component. Discriminate analysis method is applied in order to subject this classification to a more rigorous test. Then the basis of this comparison the author summarizes his own result with new rank values for the districts.

Joseph 2006. *"Health Education Needs of mentally retarded children parents and teachers"*. This study investigated the knowledge of parents and teachers regarding general health education aspects, their perception on the health status of these children and it also examined how much health aspects are included in the curriculum for the training aspects are included in the curriculum for the training and education of these children and special teachers. The findings of the study revealed that parents had my moderate knowledge in general health aspects whereas teachers possessed good knowledge. Both parents and teachers favourably perceived the need for educating mentally retarded children on general health education aspects. No significant difference was observed between perception of parents and teachers. Children with mental retardation are found to have good health status even though majority of them are below the NCHS standards for height and weight. Content analysis of the curriculum for the education and training of mentally retarded children and far the special teacher training programmers revealed that the coverage of general health education aspects were inadequate.

Gaur 2010. *"Regional disparities in Economic growth : A case study of Indian States"*. Regional imbalance has been one of the major concerns before policy makers and planners. there had been a huge gap between active and vibrant region and hinterland during Pre-independence period in terms of availability of facilities and this has resulted in the form of unequal levels of development both in terms of economic and human .This study has been undertaken against this backdrop. In order to accomplished the task, inter-state disparity in total as well as per capita SDP for 20 major Indian states for the period 1980-2002 has been examined with the help of inequality indices that are based on properties of Lorenz curve. This is indeed an alarming situation and a potential threat for stability of a federation like India. The present study attempts to examine inter-state disparities in terms of state domestic product and per capita state domestic product over the period 1980-81 to 2001-2002. Significant to me mention that state income and per capita income have their limitations in any study of inter-state comparisons. Inter-state comparison of SDP is also hampered by the quality of statistics provided by different states and the CSO has revised the base year from 1980-81 to 1993-94. Over all the study examined interstate disparities in economic growth, total as well as per capita state domestic product at current prices for the period 1980-2002 has been taken.

Narain, Sharam, Rai and Bhatia 2002. *"Dimensions of regional disparities in Socio-Economic Development of Madhya Pradesh"*. In his study the level of development of various districts of Madhya Pradesh was estimated with the help of composite index based on optimum combination of socio-economic indicators. In this study forty fine district of the state have been included in the study. The level of development was separately estimated for agricultural, industrial, infrastructural and socioeconomic fields out of forty seven indicators included in the study. Wide disparities in the level of development were observed in different districts. Positive significant association was found between the levels of agricultural, industrial and socio-economic development. Infrastructural facilities are influencing the growth and progress of agricultural, industrial and socio-economic development in the positive direction. For bringing about uniform regional development, model districts have been indentified and potential targets for various indicators have been estimated for low developed district. These districts require improvement of various dimensions in most of the indicators for enhancing the level of overall socio-economic development.

Manju 2012. *"Reproductive Health Education for Adolescents: A comparative study of Government and private schools in Delhi"*. This study on reproductive health education to adolescents made an effort to scientifically present the detailed account of the level of knowledge and perception of the adolescents regarding reproductive health issue, and various source of information accessed by them for gaining the knowledge on reproductive health issue. Main objective in this study on reproductive health education is an attempt to respect and care about one's basic needs contributing to healthy body and mind. Thus the present study aimed at looking the representations of adolescents', teachers and parents to examine the adolescents reproductive health issues, including the knowledge, perception and context within which they arise and also explored the opinion of parents and teachers on imparting reproductive health, education amongst adolescents finding reflected that the policies and programmes, be they related to women and child development, youth health and family welfare or HIV, have all recognized the importance of improving sexual and reproductive health and choice among adolescents and the importance of healthy adolescents. Findings proposed that there is a need to ensure that policies and programme do indeed reach adolescents, hat it should be implemented properly in an effective way. The finding being on reproduction health education for adolescent, the social work intervention too focused on imparting reproductive health education to adolescents. For imparting reproductive health education to adolescents in an effective way, the social worker needs to work with various groups like, parents, teachers, principals, management committee of the schools, policy implementing machinery team of professionals and media.

Das 1999. *"Socio-Economic Development in India : A Regional Analysis"*. In his study examined the existing variability of inter-state development and there by identifying the indicators responsible for the diversity in development. The analysed support the general perception about the states. The states in India are make with wide disparity in socio-economic development. Overall development process relate to basic needs like education, availability of food minimum purchasing power and facility like safe drinking water, health care infrastructure, emphasize the role of well-functioning public action in improving the overall living conditions of the people. Although economic growth in the sense of expanding gross national product and other related variables is one of the most fundamental input to the overall development process the

basic objective of development should focus on the expansion of human capability which has been neglected for long in India.

Siddiqui and Hussain 2010. *"Analysis of Micro level Socio-economic Disparities in Malda District, West Bengal"*. In his study examined the process of development involves a significant change in the economic activities over different regions along with a change in the structure of the economy. The socio-economic change does not take place uniformly in different areas. Regional disparities are caused by a number of factors that lead to misallocation. Under utilization of resources, etc. development over different regions occurs unequally, it becomes politically imperative to resort to corrective policy measured. The imbalance in the level of development with spatial emphases on the regional dimension and the existing wide regional imbalances, planner and decision-makers should make comprehensive policies to reduce the Gap in the level of development.

Noorbaksh 2003. *"Human Development and Regional Disparities in India"*. Analyzed the regional disparities amongst major states in India. It compares human development and poverty indices for various states in India and investigates if there has been any reduction in disparities over a decade. The analysis extended to the evolution of disparities among the states with respect to a larger set of socio-economic indicators. A number of inequality and polarization measures are employed to see the change in inequality and polarization over the decade.

Majumdar 2003. *"Infrastructural facilities in India : District Level Availability Index"*. In this study analyzed the distribution is made between economic or physical infrastructure and social infrastructure and various issues regarding infrastructural availability. This study divided into nine parts. First & Second section issue regarding of infrastructure in development process. the third and fourth section outline the importance of infrastructure in planning and the main objective. the objected the regional aspect of distributed of infrastructural facilities. The concept of region has been studied at various dimensions and the specific definition adopted differs from one study to another depending on the objective. It observed that there exists, considerable regional disparity in infrastructural facility, not only among the states but within states also noted that the relative hierarchy has remained quite sticky over times.

Sharma 2012. *"Inter-State Disparities in Socio-Economic Development in North Easth Region of India"*. The level of development of North-East region has been estimated with the help of composite index based on optimum combination of socio-economic indicators.

DSAED 2012. *"The Role of Health in Economic Development"*. In his study discussed the health's role in fostering economic development. Good health is an important development outcome in its own right. Illness brings suffering and heal their lines are likely to be longer and more fulfilling. These facts alone provide a rationale for development work that improves people's health. Yet improved health also brings broader benefits, including enhanced economic development.

It is amply clear from the above review of literature that since the middle of the present century many studies have been attempted to examine regional disparities in health and education using various techniques, principal component analysis, factor analysis, cluster analysis and other multivariate techniques. It also clear from review that in the studies conducted at international, national, state, or district were taken as the unit of analysis, whereas in the state level studies, district level studies were the unit of analysis. A few studies were conducted at district level also using the unit of analysis.

1.3.3 State Level Studies:-

The Global and national level studies have little relevance if they are not replicated at regional and sub-regional levels. To identify specific disparities and to identify appropriate strategies for the balanced development at that particular level, a number of attempts have been made for state level investigation.

Jhala 2012. *"Regional disparities in Tribal area (Analysis of Health and Educational Amenities)"*. In his study he analyzed the tribal problem in the state in Banswara, Dungarpur district in southern Rajasthan in particular are the most focusing point, so far the health and education amenities. The purpose of the study was to investigate the two major indicate of development in health and education. This is major problems of the area. This would in turn help policy-making for its development and reduce the regional disparities. The volume highlights the disparities in health and education in tribal area. The study content in term of micro-level

planning location analysis and infrastructural facilities at Panchyat samiti level. The present study is divided into six chapters.

1. Introduction:- In this chapter discussion the general introduction and define the health and education and regional disparities. This content devoted towards objective, scope and methodology of the study.
2. Geographical background: - In this chapters examined the geographical introduction of the study area including the many physical aspects- relief, climate, drainage etc., social aspects, cultural aspects and demographic profile constitute.
3. Development scenario: - health- in this content analyzed the status of health amenities in the study area. Classified the special analysis of basic medical and health amenities. This study was undertaken to investigate the extent of awareness and utilization of health services by tribal population about the health services available in their area. The main objective of this research exercise is to analyzed the health development trend in the study area at the regional level during 1981 to 2007.
4. Development scenario: - education- in this content analyzed the educational amenities, trend of literacy rate, gender disparities in literacy, level of educational and regional disparities in educational development.
5. Cause and Effect: status of health and education: - the effective factor and relationship to health and educational development.
6. Regional disparities: Problems and policy recommendation- this chapters summarizes the problems of health and education including suggestion for future planning. Disparities are major finding in health and education amenities.

Joshi (2013). *“Education index at gram Panchayats /Micro level Rajasthan- Spatio-Temporal and Gender Appraisal”*. In his study analyzed the educational index at micro level of Rajasthan in particular are the most focusing point, so far the education amenities. The purpose of the study was to investigate the two major

indicate of development in education. This would in turn help policy-making for its development and reduce the regional disparities. The volume highlights the disparities in education in Rajasthan. The study content in term of micro-level planning location analysis and infrastructural facilities at Panchyat samiti level. The present study is divided into six chapters.

Joshi (2007). “*Health status Index-Rajasthan Spatio-Temporal Appraisal at Panchayats Samiti/Block Level*”. In this study analyzed the health status at micro level of Rajasthan in particular are the most focusing point, so far the health amenities. The purpose of the study was to investigate the two major indicate of development of health. This would in term help policy-making for its development and decrease the regional status. The study content in term of micro-level planning location analysis and infrastructure facility at Panchayats samiti level. The present study is divided in to twelve chapters.

1.4 OBJECTIVE

1. To measure and describe the spatial pattern of distribution and accessibility of educational and health facility in the region
2. To find out variation across gender and social groups in development of educational and health Sector.
3. To analyses relationship between the levels of health and education in the area and various causative factors associated with inequality
4. to recommend strategies for reducing inequality in educational and health sector for the region

1.5 HYPOTHESIS

1. Null hypothesis (Ho): The educational and health status of people belonging to different region of TSP Area is same
2. Alternate hypothesis (H1): The educational and health status of people belonging to different region of TSP Area is Different

1.6 IMPORTANCE OF STUDY

The report of UNDP (1990) placed human being at the centre of all development programmes. Development of human being receive high priority today all over the world. Better living environment educates and health of human being are treated as the ultimate objective of development. Initial, per capita income was regarded as the role indicator of development. This has been increasingly questioned in recent years and the emphasis has now shifted to alternative measures of development. This is due to the realization that growth of GNP does not automatically lead to overall development. Economic growth has miserably failed in solving human problems. Such as poverty, exploitation, unemployment, low productivity, malnutrition, infant and maternal mortality and illness. Human development, which ensures overall development in nutshell development, is not only the growth in income, wealth or consumption but also the expansion of human capabilities.

Human development which ensures overall development of human being society among three indicators to formulated HDI, education and health are important indicators to measure human development. Today on the agenda of planners is undivided to highlight social expenditure in human capital in general and health care and education in particular. Health and education are two important components determine the status of a person, it is an integral part of country's development process. Education is a very important source of socio-economic development. Which asset erodes or it is not developed properly, it can cause weakening the overall development, causing obstacles in the lives of people. The previous connection can be seen as the relationship between income and health. Life cycle models have explained how one's health status can determine future income, wealth and consumption a social investment; it is also an economic investment since it enhances the stock of human capital. Education in its general sense is a form of learning in which the knowledge, skills, and habits of a group of people are transferred from one generation to the next through teaching, training, or research. Education in every sense is one of the fundamental factors of development. No one can achieve sustainable economic development without substantial investment in human capital. Education enriches people's understanding of themselves and world. It improves the quality of their lives and leads to broad social benefits to individuals and society. Education raises people's

productivity and creativity and promotes entrepreneurship and technological advances. In addition it plays a very crucial role in securing economic and social progress and improving income distribution. Twentieth century, education, skills, and the acquisition of knowledge have become crucial determinants of a person's and a nation's productivity. One can even call the twentieth century the "Age of Human Capital" in the sense that the primary determinant of a country's productivity is a country's stock of human capital. A less developed economy needs professionals in all sectors to accelerate the growth and development of such sectors. The importance of Health and Education as the most powerful means of bringing about socio-economic development. An education and health development is a stepping-stone to economic and social development the most effective instrument for empowering. The importance of health in personal life minimized. It has come to be regarded as a prerequisite for optimum socio-economic development of a man. Health care a right of every individual has been recognized in many countries. Countries standard of living is how well it succeeds in developing and utilizing the skills and knowledge, and furthering the health and educating the majority of its population.

The role of education as a social infrastructure and as a stimulant of growth and development can be enhanced only if it is qualitatively provided. The proposed research work intent to undertake an investigation of the states of education and health amenities in Tribal sub-plan area of Rajasthan. It will prove useful in planning, development strategies for the tribal remote area and also create awareness among tribal people regarding were in such key issue as health and education and its --- on over all development of the region. In tribal sub plan area after government planning that in this region literacy rate is very low, and health care facility is very poor its need to improved one more dominate fact about this state is the regional and gender disparities is highest in the country. Education and health sectors development play a key role in the development process. The goal of all development effort is to raise the level of well being of all the citizen of a state or country. Educational and health development plays a key role in the development of Tribal sub-plan area development process.

1.7 CHAPTER SCHEME

The present study contributes to the growing literature on education and health sector. The thesis is structured in seven chapters. A brief overview of the chapters is as follow.

Chapter I: Introduction

The first chapter deal with the introductory account of the problems of the statement, work of review done so far, significance of the study, objective, hypotheses, the importance of study and chapter scheme.

Chapter II: Describe the Database and Methodology

The Chapter introduces the theme of the data base and methodology, which includes the choice of the study area, period of study, tools and technique of analysis

Chapter III: TSP Area Profile

The Chapter deals with the profile of TSP area which includes its Geological Historical and Demographic Account. It also discusses the location setting, evolution, administrative and physical landscape of the study area.

Chapter IV: Spatial pattern of Educational Disparities

In this Chapter regional disparity in four dimensions of education that are institutions, literacy, enrollment and dropouts are discussed. The outcome is depicted in layouts using GIS.

Chapter V: Spatial Pattern of Health Disparities

The chapter portrays nature and extent of regional disparities in health development at tehsils level. Health disparities are depicted through table, Graph and maps using GIS.

Chapter VI: Spatial Pattern Education and Health Disparities

This chapter deal with the regional disparities in education and health development at tehsils level. Which are highlighted through table, graph and maps.

Chapter VII: Conclusions and Suggestions

The chapter offers summary of research finding along with conclusion and suggestions. It also discusses base for designing of new policies health and educational development by minimising regional disparities.

References and Bibliography

A comprehensive bibliography has been listed.