CHAPTER 7

CONCLUSION AND SUGGESTIONS

7.1 INTRODUCTION:

Besides the social desirability of improving education and health, the education and health status of the population is extremely relevant to the overall development of a region. Health and education are considered important components of social sector. Healthy and educated persons can contribute significantly to the development and prosperity of nation or any area. Better education and health status of the population is an important index of prosperity and well-being of a region. Improving education and health status has become one of the paramount state objectives and the basis to sustain and stimulate optimum level of socio-economic efficiency and development in a state. There is ample evidence to suggest that the contribution of improved education and health sector to the promotion of socio-economic welfare and development in many developing and developed nations has been substantial.

The existence of regional disparities is one of the basic structural characteristics of tribal dominant area due to uneven growth of population, with its gallaping and diversified demands, creating the problems of planner in determining its development process. Tribal have their own socio-cultural. Socio-economic identity and the issues of tribal health and education stand out as distinct disciplines requiring special treatment. For a long period of time, the tribal people of this state were outside the mainstream of society and lived in completely scattered hilly areas. Hence tribal development has been the area of interest for researchers and research. Both the social indicators of health and education are important for improving the conditions of the tribal's. The entire analytical observation of the tribal clutches in the southern Rajasthan revels the socio-cultural ways and means to accelerate development in the region.

In the present study an attempt is made the tehsils wise educational and health status of Tribal sub plan area and the relationship between educational and health sector. Hence the hypothesis has been proved on the basis of derived outputs. The main finding that brought out the foregoing analysis is that the massive expansion of

educational and health facilities and awareness towards importance of educational and health transformation in the tehsils.

7.2 MAJOR FINDING

7.2.1 Education Sector:

In the fore going conclusion the major finding of the present study may be summarized as follows:-

- In the education sector, Dungarpur tehsil shared the topped position during 1971 to 2011, followed by Garhi tehsils.
- In the study region, Kotra, Arnod and Aburoad had the bottom position in education sector in 1971 to 2011. Whereas salumber, Chhoti Sadri, Arnod and Kotra second last position on 1971 to 2011.
- Availability of Primary educational institution in 2011 primary Schools 6927, upper Primary 2359, Senior Secondary 10116, College 18 and total educational amenities 10320.
- Availability of educational amenities compound growth rate 1971 to 2011 Primary level 242.75, Upper Primary level 803.83, senior secondary 980.85, college 350 overall growth rates 333.6.
- Primary level and college level compound growth rate not increase in study time period.
- In the educational development, Kushalgarh, Bagidora and Simalwara tehsils improved their position in education sectors from three to two, six to five, Simalwara twelve to three position respectively during the study period.
- In the study region the maximum regional disparities were observed in the case of Primary schools. Gogunda tehsil stands high in propotion of schools per one thousand person and Jhadol lags behind and Gogunda tehsil stands high in propotion of schools per ten square kilometers Jhadol and Kotra lags behind.
- In the study region the maximum regional disparities were observed in the case of upper primary schools. Gogunda tehsil stands high in propotion of schools per five thousand person and Aburoad, Jhadol lags behind and

Gogunda tehsil stands high in propotion of schools per fifty square kilometers Kotra and Jhadol lags behind.

- In the study region the maximum regional disparities were observed in the case of Secondary level schools. Gogunda tehsil stands high in propotion of schools per ten thousand person and Kotra lags behind and Gogunda tehsil stands high in propotion of schools per hundred square kilometers Kotra lags behind.
- In the study region the maximum regional disparities were observed in the case of senior secondary level schools. Lasadiya tehsil stands high in propotion of schools per twenty thousand person and Gogunda lags behind and Garhi tehsil stands high in propotion of schools per hundred square kilometers Kotra lags behind.
- In the study region the maximum regional disparities were observed in the case of college levels. Aburoad tehsil stands high in propotion of schools per one lakh person and Girwa lags behind and Banswara tehsil stands high in propotion of schools per one thousand square kilometers Girwa lags behind.
- Peepalkhoont (88.09%) stands first position in the SC categories of male literacy and lies at bottom position in Lasadiya (56.79%). Peepalkhoont (67.52%) is on top position in female literacy and lags behind in Chhoti Sadri (25.08). stands first position in Peepalkhoont (78.16%) in total SC categories and lags behind in Chhoti Sadri (41.72).
- Kherwara (79.34%) stands first position in the ST categories of male literacy and lies at bottom in Chhoti Sadri (34.55). Kherwara (47.46%) in top position in female literacy and lags behind in Chhoti Sadri (15.03). Kherwara (63.59%) stands first position in total literacy and lags behind Chhoti Sadri (24.88%).
- Peepalkhoont (93.27%) is on top position in GEN categories of male literacy and at bottom level in Lasadiya (74.09%). Peepalkhoont (79.28%) is stands first position in female literacy and lags behind in Pratapgarh (46.74%). Peepalkhoont (86.49%) is on top position in total literacy and at bottom position in Lasadiya (41.72%).

- Peepalkhoont (86.65%) is on top position in total literacy and at bottom in Chhoti Sadri (36.43%). Peepalkhoont (67.30%) stands first position in female literacy and lags behind Chhoti Sadri 16.49%). Peepalkhoont (77.18%) is on top position in total literacy and at bottom Chhoti Sadri (26.58%).
- Enrollment of SC is observed highest at primary level in Aburoad tehsil and lowest in Kotra tehsil. While enrollment of ST is observed highest in Kushalgarh and at very low level Chhoti Sadri. General category enrollment is highest in Chhoti Sadri tehsil and very low in Kotra tehsil. The overall assessment of enrollment shows highest in Sarada and lowest in Dhariawad tehsil.
- Enrollment of SC is observed highest at upper primary level in Aburoad tehsil and lowest in Kotra tehsil. While enrollment of ST is observed highest in Peepalkhoont and at very low level Kotra. General category enrollment is highest in Aburoad tehsil and very low in Kotra tehsil. The overall assessment of enrollment shows highest in Pratapgarh and lowest in Kotra tehsil.
- Enrollment of SC is observed highest at secondary level in Chhoti Sadri tehsil and lowest in Kotra tehsil. While ST is observed highest Simalwara and lowest in Gogunda. General category enrollment is highest in Aburoad tehsil and lowest in Peepalkhoont tehsil. The overall assessment of enrollment shows highest in Garhi tehsil and lowest in Kotra tehsil.
- Enrollment of SC is observed highest at senior secondary level in Pratapgarh tehsil and lowest in Kotra tehsil. While ST is observed highest Bagidora and lowest in Gogunda. General category enrollment is highest in Pratapgarh and lowest in Kotra tehsil. The overall assessment of enrollment shows highest in Pratapgarh tehsil and lowest in Gogunda tehsil.
- Enrollment of SC is observed highest at college level in Chhoti Sadri and lowest in Peepalkhoont. While ST is observed highest Chhoti Sadri and lowest in Peepalkhoont tehsil. General category enrollment is highest in Chhoti Sadri and lowest in Girwa tehsil. The overall assessment of enrollment shows highest in Chhoti Sadri tehsil and lowest in Girwa tehsil.
- Dropout rate of SC is observed highest at upper primary level in Peepalkhoont and lowest in Jhadol tehsil. While ST is observed highest Kotra tehsil and

lowest in Gogunda tehsil. General category is observed highest Jhadol and lowest in Gogunda tehsil. The overall assessment of dropout shows highest in Kotra and lowest in Gogunda tehsil.

- Dropout rate of SC is observed highest at secondary level in Bagidora tehsil and lowest in Sagwara tehsil. While ST is observed highest Gogunda tehsil and lowest in Chhoti Sadri tehsil. General category is observed highest in Gogunda tehsil and lowest in Garhi tehsil. The overall assessment of dropout shows highest in Gogunda and lowest in Garhi tehsil.
- Dropout rate of SC is observed highest at senior secondary level in Simalwara tehsil and lowest in Pratapgarh tehsil. While ST is observed highest in Gogunda and lowest in Pratapgarh tehsil. General category is observed in Sarada tehsil and lowest in Girwa tehsil. The overall assessment of dropout shows highest in Gogunda tehsil and very lowest in Pratapgarh tehsil.
- Aggregate Levels of educational Institutions observed very high level in Lasadiya tehsil and very low level in Rishabhdeo tehsils.
- Aggregate levels of literacy founded very high level in Kushalgarh tehsil and very low level in Rishabhdeo tehsil.
- Aggregate levels of enrollment founded very high level in Gogunda tehsil and very low level in Rishabhdeo tehsil.
- Aggregate levels of dropout founded very high level in Lasadiya tehsil and very low level in Pratapgarh tehsil.
- Aggregate levels of educational development founded very high level in Gogunda, Lasadiya, Dhariawad tehsil and very low level in Rishabhdeo tehsil.

7.2.2 Health Sector

In the fore going conclusion the major finding of the present study may be summarized as follows:-

- In the health sector, Dungarpur tehsils shared the top position throughout the study period during 1971 to 2011, followed by Sagwara.
- In the study region, Sarada, Chhoti Sadri and Rishabhdeo had the lowest position in health sector in 1971 to 2011.

- In the study region, Dungarpur had first position in health sector in average composite index in 1971 to 2011. The position of
- Availability of CHC institutions 62 in 2011, Primary Health Centers 194, Mother and Child welfare Centres 15, TB 3, Ayurvedic hospital 410, total health amenities 684.
- availability of health amenities compound growth rate 1971 to 2011 Community health centres 148, Primary health Centres 708.33, Mother and Child welfare Centres 1400, TB 50, Ayurvedic Hospital 111.34 and overall growth rate 180.33.
- Community Health Centres, Tb and Ayurvedic hospital compound growth rate not increase in study time period.
- In the study region the maximum regional disparities is observed in the case of Community health centres. Gogunda tehsil stands high in propotion of centres per twenty thousand persons and Kherwara lags behind and Gogunda tehsil stands high in propotion of centres per hundred square kilometers Kotra lags behind.
- In the study region the maximum regional disparities is observed in the case of Primary Health Centres. Gogunda tehsil stands high in propotion of centres per ten thousand persons and Aburoad lags behind and Gogunda tehsil is on top position in propotion of centres per fifty square kilometers Aburoad tehsil at bottom level.
- In the study region the maximum regional disparities is observed in the case of Sub Centres. Gogunda tehsil is on top position in propotion of centres per one thousand persons and Sagwara tehsil at bottom level and Gogunda tehsil stands first position in propotion of centres per ten square kilometers Kotra tehsil lags behind.
- In the study region the maximum regional disparities is observed in the case of Ayurvedic Hospital. Gogunda tehsil is on top position in propotion of centres per twenty thousand persons and Sagwara at bottom position and Gogunda tehsil stands first position in propotion of centres per hundred square kilometers Pratapgarh lags behind.

- In the study region the maximum regional disparities is observed in the case of Health Amenities. Gogunda tehsil is on stands first position in propotion of doctors per twenty thousand persons and Sagwara tehsil lags behind, Gogunda is on top position in propotion of Beds per twenty thousand per persons and Sagwara tehsils at bottom position. Gogunda tehsil is on top position in propotion of nursing staff per twenty thousand per persons and Kherwara tehsil at bottom position.
- The crude birth rate observed high level in Gogunda and very low level in Girwa tehsils.
- The crude death rate observed high level in Kherwara and very low level in Aspur tehsils.
- Infant mortality rate founded in high level in Chhoti Sadri high level and very low level in Bagidora.
- Natural Increase rate founded in Peepalkhoont high level and very low level in Girwa.
- Aggregate Levels of Health Institutions observed in Lasadiya tehsils high level and very low level in Garhi tehsils.
- Aggregate levels of health rate founded in Kherwara tehsil high level and very low level in Girwa tehsil.
- Aggregate levels of health development index founded in Lasadiya tehsil and very low level health development in Garhi tehsil.

7.2.3 Combined Education and Health Sector

In the fore going conclusion the major finding of the present study may be summarized as follows:-

- In the educational and health sector, Dungarpur tehsils shared the high level position during 1971 to 2011.
- In the education and health sector, Arnod, Kotra tehsils position high and Aburoad had the lowest position in education and health sector in 1971 to 2011.

- Availability of overall institutions in 2011 educational institutional 10320, health institutions 684 and total education and health institutions 11004.
- Availability of education and health compound growth rate 1971 to 2011 educational 333.61, health 180.33 and overall 319.36.
- Health compound growth rate not increase in time period.
- In the education and health development, Kushalgarh, Simalwara, Bagidora, Ghatol and Salumber tehsils improved their position in education and health sector from fifth to two, twelve to three, six to five, nine to six and twenty to ten position respectively during the 1971 to 2011.
- In the study region levels of development is observed in the education and health sector Lasadiya and Gogunda tehsils position high level and Rishabhdeo tehsils position is very low level development.
- In the study region, factor analysis observed is levels of educational development in Lasadiya, Dhariawad tehsils high level development and Rishabhdeo tehsils low level development in these tehsils.
- In the study region, factor analysis founded is levels of health development in Lasadiya, Arnod tehsils high level development and Aburoad, Kotra and Garhi tehsils low level development in these tehsils.
- Factor analysis, levels of combined educational and health development was observed in Lasadiya, Gogunda tehsils high level development and low level development in Rishabhdeo tehsils.
- Hence the

7.3 PROBLEMS:

The overall analysis reveals that the twenty four tehsils of study area lie in the region have low level.

7.3.1 Education Sector

- Being dominated, the study area is economically backward and consequently the percentage of literacy is very low.

- There is shortage of secondary, upper primary and Primary Schools in the area.
- The number of schools is very low. Furthermore, the basic schools were not present in many tehsils.
- Enrollment ratio between male-female and scheduled tribe-other caste is very negative in this area.
- Schools are not in proportionate to the number of population and the areal spread.
- The dropout rate is found to be higher in these regions.
- The Educational institutional facilities are not properly developed in these regions.
- The large scale illiteracy among parents is also one of the major problems that retard the progress of education and health in these tehsils. Uneducated people do not appreciate the value of education, health and hence do not send their children to schools.
- There is lack of girl's enrollment in the schools and also the dropout rate for girls has been consistently higher than that for boys, because they do not receive adequate attention due to ridden traditions such as child marriage, purdah system and negative attitude towards education of girls.
- The Educational institutional facilities are not properly developed in these tehsils.
- People in the area are of orthodox mind set hence child marriages are very common problems, therefore girls are not sent to schools for higher education.
- The tribal sub plan area is fully tribal dominated region where most of the population is engaged in agriculture and labour work.
- Poor economic conditions and lack of awareness are the major cause of low levels of education and high dropout rate in these areas. Lack of institutional facility is another important cause of educational backwardness in most parts of the study area. It can be concluded that tribal sub plan area is educationally unsound with regional disparities in levels of education.

- The educational institution is very important factor for the development of any region. The primary schools are comparatively more than the upper primary, secondary, senior secondary and higher education. The student's enrollments at primary level are highest in comparison to that at upper primary, secondary, senior secondary and college level. Unfortunately the number of dropout increases from primary to upper primary and so on. These could be because of poverty, lack of accessibility (remote area) economically backwardness and other factor as well. The location of the primary institutions either within the habitation or in a walk-able distance is very important to enhance the better enrollment of the student into the schools and decrease the dropout rate.

7.3.2 Health Sector:

- The study area is tribal dominant and economically backward, therefore, there is lack of health awareness.
- The study area is unevenly distributed and has scattered tehsils which has result in poor health facility.
- The Health institutional facilities are not properly developed in these tehsils.
- Poor level of tehsils also caused slowing down of health related progress.
- Being a tribal area, there is lack of infrastructural facilities viz. health, education, means of transportation in particular which discourages doctors, beds and nursing staff from providing services in the area.
- The number of beds, Nursing staff, doctors, CHC and PHC is highly disproportionate to population and health centres lack quality.
- In this region, crude birth rate and crude death rate is very high for the reason that people do not follow medical advice.

7.4 SUGGESTIONS

Based on the finding of the study, the following suggestions have been made to improve the education and health development of the study area.

- The study revealed that there are wide disparities in education and health facility of tribal sub plan area. In order to overcome the issue it is recommended that broadly designed norms at the state level may be followed

at tehsils by considering geographical, social, demographic condition of the tribal sub plan area of the southern Rajasthan.

- Identification of backward tehsils by using scientific methodology.
- Expanding the provision of the basic education in appropriate way.
- Educational and health growth rate should be accelerated by creating awareness among the local population.
- In every tehsils, the basic institutional facilities should be provided on an optimum level.
- The number of Educational and health facility can be increased in tehsils where number of facility per unit persons is less. State norms can be chalked out in this regard.
- The number of Primary Schools and upper Primary Schools emerged as a crucial factor in maintaining and enhancing the educational status of tribal sub plan area and government should give priority to open some more Primary and Upper Primary Schools in TSP area. The ratio of Primary and Upper Primary per thousand persons and per hundred square kilometer has been found low in TSP area.
- There must be rationale of setting up of new facility and upgrading of new facility, the decision must be more people oriented than political oriented.
- Improving the enrollment on priority basis. Especially girl's enrollment should be increased in these areas.
- Reduce in dropout rate should be on priority basis by implementation of various scheme.
- To conduct the extracurricular activities among the students.
- There should be provision of scholarship on the basis parent's income.
- The number of CHC and PHCC emerged as a crucial factor in maintaining and enhancing the health status of tribal sub plan area and government should give priority to open some additional CHC and PHC in TSP area. The ratio of CHC per twenty thousand persons and per hundred square kilometer has been low level in TSP area.

- Permanence of staff should be ensured and additional budget should be allocated for health services.
- There is need for increase in the number of Doctors, Beds, Nursing Staff and Community health centres.
- It is necessary to Public awareness to be created through education and general health facility and there is a special need of awareness among scheduled caste and scheduled tribes.
- Enforcement of education and health facilities by ensuring consensus in a consolidated manner.
- There is a need to improving the lowest condition of education and health facilities in the backward tehsils.
- The negative attitude of parents towards female and their education should be eradicated by removing gender bias, gaps through the programmes of public awareness.
- Undesired customs and conservative which influence female education in a negative manner should be extirpated from the society.
- Despite the availability of health facility in this area, the people here do not these facilities due to conservative tradition.
- To implement important schemes in the area by the government, it should be done friendly behaviour with the people here to change their mind set.
- There is a need to bring awareness among the people of this region to changing their negative mental view towards modern facilities, telling them the advantage of modern facilities.
- For the easy accessibility to education and health facilities, road network, transportation and means of communications should be developed and peovided.
- Effective implementation and monitoring of tehsils level plan for improvement of access in education and health sector.
- Generating awareness among masses regarding education through community and motivating student for open and distance learning mode of education.

Suggestions to Government:-

The following suggestions are placed before the government for enhancing the health status of the state further.

Firstly, if there is recommendation for the reorganization of education and health process for the most backward tehsils then, what should be the approach for such planning exercise?

Secondly, if infrastructural gap are to filled in these most backward tehsils. What would be the design of this exercise?

Thirdly, if the reasons for these regional disparities are due to improve allocation of funds than what must be the new mechanism of allocation of funds in these backwards tehsils.

Fourthly, if model educational and health development plan for these backward tehsils are needed than what must be the modus operandi of designing this educational and health development plan?

Geographers are best equipped to answer all the aforesaid questions through the process of micro-level educational and health planning in regions. There is every reason that geographers should ensure an orientation to their learning and expertise. So to concluded finally, one can say that in order to meet the challenges of universalization of educational and health of TSP area, there is a need for a paradigm shift in the conceptual design of educational and health planning. Educational and health planning must focus on new and innovative technology of geo-spatial technology. As phenomenon of educational and health is influenced by physical and socio-cultural, economic and demographic variables.

Thus, we can concluded that by improving education and health conditions of a region in area lacking behind the regional disparities of the region can be minimised and development will take place.