



Role Of Panchayat In Developing Health Conditions Of The Rural People In The District Of Birbhum, West Bengal

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Abstract

According to the Economic Survey 2022-23, 65% of the population lives in rural areas in India. Rural development improves access to education, healthcare, employment opportunities, infrastructure, and basic services such as clean water and sanitation. When rural population are empowered through skill development, agricultural modernization, and financial inclusion, productivity increases and poverty decline. The development of health is crucial for the overall development of rural areas because a healthy population forms the foundation of social and economic progress. In rural India, limited access to healthcare services, poor sanitation, malnutrition, and lack of awareness often reduce productivity and increase poverty. When health facilities, trained medical staff, immunization programs, and maternal and child health services are strengthened, the quality of life improves and mortality rates decline. Healthy individuals are more capable of working efficiently in agriculture and other rural occupations, which increases income and supports local economic growth. Government initiatives such as the National Health Mission and Ayushman Bharat have aimed to improve healthcare access and financial protection for rural populations. Improving health also enhances school attendance among children and empowers women to participate actively in community development. Therefore, investing in health development is essential for achieving sustainable and

inclusive growth in rural areas. Panchayati Raj Institutions (PRIs) play a vital role in the development of health at the grassroot level by ensuring community participation, local planning, and effective implementation of health programs. Established through the 73rd Constitutional Amendment Act, PRIs empower local self-governments to address the specific health needs of rural populations. The objective of this study is to analyse the role of panchayats in developing health conditions of the rural people.

Keywords: Development, Health, Rural India, Government, Panchayat

Introduction

The importance of health in rural development is very significant because the overall progress of rural areas largely depends on the physical and mental well-being of the people. Healthier populations are more productive, socially active, and capable of contributing to economic and community development. Good health increases productivity. In rural areas, most people depend on agriculture and manual labour for their livelihood. When individuals are healthy, they can work more efficiently and regularly, which increases agricultural production and improves household income. Poor health, on the other hand, reduces work capacity and leads to economic losses for families and the community. Health improves the quality of life of rural people. Access to healthcare services, clean drinking water, sanitation, and nutrition reduces the occurrence of diseases. This helps people live longer and healthier lives and allows them to participate actively in social and economic activities. Better health supports education and human development. Healthy children are more likely to attend school regularly and perform better in their studies. This improves literacy and skill development in rural areas, which ultimately contributes to long-term rural development. Health reduces poverty and economic burden. Illness often forces rural families to spend a large part of their income on medical treatment. When health services and preventive care are available, medical expenses decrease and families can invest more in education, farming, and other productive activities. Improving rural health strengthens community development. Public health programmes, vaccination, maternal care, and sanitation initiatives help create a healthier population, which is essential for sustainable development and social progress in rural areas.

The Panchayati Raj Institutions (PRIs) play a crucial role in the development of rural India by promoting decentralized governance and ensuring the participation of local people in decision-making. These institutions were constitutionally strengthened through the 73rd Constitutional Amendment Act, which provided a three-tier system of rural local governance consisting of Gram Panchayat at the village level, Panchayat Samiti at the block level, and Zilla Parishad at the district level. Through this system, local governments can identify the needs of rural communities and

implement development programmes effectively. One of the major roles of Panchayati Raj Institutions is planning and implementing rural development programmes. PRIs help in executing various government schemes related to housing, sanitation, health, education, and employment. Programmes such as Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Swachh Bharat Mission, and Pradhan Mantri Awas Yojana are often implemented at the village level with the active involvement of Panchayats. Their close connection with local people helps to ensure that the benefits of these schemes reach the intended beneficiaries. Panchayati Raj Institutions also contribute significantly to improving rural infrastructure and public services. They are responsible for maintaining village roads, drinking water facilities, sanitation systems, and community resources. PRIs also support the functioning of schools, Anganwadi centres, and primary health centres, which directly influence the living conditions and well-being of rural populations. Another important role of PRIs is promoting democratic participation and social inclusion in rural governance. Through the Gram Sabha, villagers can express their opinions, discuss development issues, and participate in decision-making processes. The reservation of seats for women, Scheduled Castes, and Scheduled Tribes in Panchayats has strengthened political participation among marginalized groups and helped in addressing social inequalities in rural areas. Panchayati Raj Institutions play a key role in local resource management and sustainable development. They help in managing common resources such as ponds, forests, and grazing lands, and encourage community participation in environmental protection and rural development initiatives. By integrating local knowledge with government policies, PRIs contribute to the sustainable development of rural India. Panchayati Raj Institutions act as a vital link between the government and rural communities. Through decentralized governance, community participation, and effective implementation of development programmes, they significantly contribute to the social, economic, and infrastructural development of rural India.

The Panchayati Raj Institutions (PRIs) play a significant role in improving the overall health condition of rural populations in India. As local self-government bodies, they help to bring health services closer to rural communities and ensure that public health programmes are implemented effectively at the grassroots level. Through decentralised governance, PRIs identify the health needs of the local population and coordinate with health departments to improve healthcare facilities and services in villages (Kumar and Mishra, 2016). One of the important roles of Panchayati Raj Institutions is the implementation and monitoring of government health programmes. PRIs assist in spreading awareness and ensuring the effective functioning of schemes such as the National Health Mission, Janani Suraksha Yojana, and the Integrated Child Development Services. Through the support of local representatives, these programmes reach pregnant women, children, and vulnerable sections of society, thereby improving maternal and child health in rural areas. PRIs also play a key role in improving sanitation, drinking water, and environmental health, which are crucial determinants of public health. Village Panchayats take part in constructing and maintaining sanitation facilities, ensuring safe drinking water, and promoting hygiene practices among villagers. Initiatives under programmes like the Swachh Bharat Mission are often implemented with the active

participation of Panchayats, which helps reduce water-borne and sanitation-related diseases. Another important contribution of Panchayati Raj Institutions is strengthening local health infrastructure. They support the functioning of sub-centres, primary health centres, and anganwadi centres by facilitating local cooperation and community participation. Panchayats also help in organizing health camps, vaccination drives, and awareness programmes on nutrition, family planning, and disease prevention. Their involvement encourages villagers to use available health services and adopt healthier lifestyles. Furthermore, PRIs promote community participation and health awareness in rural areas. Through meetings of the Gram Sabha and village health committees, local people are informed about health issues and encouraged to take part in maintaining public health standards. This participatory approach helps in identifying local health problems and finding appropriate solutions at the community level. By implementing health programmes, improving sanitation and infrastructure, and encouraging community participation, PRIs help strengthen the rural healthcare system and contribute significantly to the well-being and development of rural communities. So, the objective of the study is to analyse the role of Panchayats in developing health conditions of the rural people.

Research Methodology- The research methodology is divided into the following steps:

- **Area of study:** Birbhum District of West Bengal has been selected purposively for conducting the study. Four villages (one Other Caste populated village, one SC populated village, one ST populated village and one Muslim populated village) from Bolpur-Sriniketan block has been selected for conducting the study.
- **The Sample:** Here the 200 households were selected through Simple Random Sampling without Replacement from four villages of Bolpur-Sriniketan block in the District of Birbhum.
- **Methods of Study:** A quantitative analysis of the data have been done within the study. An interview schedule has been prepared based on the objectives undertaken for the study. It consists of both open and close ended questions. Besides the primary sources, the secondary data have been collected through various government records, journals, books and e-sources.
- **Target Population:** 200 households from one Other Caste populated village, one SC populated village, one ST populated village, and one Muslim populated village will be selected for conducting the study.

Table 1 Demographic Profile of the Families

| Hindu(Other Castes) | Hindu(SC) | Hindu(ST) | Muslim | Total |
|---------------------|-----------|-----------|--------|-------|
| 50 | 50 | 50 | 50 | 200 |

- **Sampling:** These steps were very important for the researcher as well as the study. To get the representative sample from the target population & its number, the researcher has made every step to get desired number of samples. Simple Random sampling without replacement has been conducted of 50 households from each village to see the exact achievement of the schemes.
- **Analysis and Interpretation:** Based on collected information from the sample, analysis has been done and interpreted accordingly. Appropriate conclusions have been drawn based on the findings.

Role of Panchayati Raj Institutions in Developing Health Conditions

The Panchayati Raj Institutions play an important role in developing health care in rural India by bringing governance closer to the people. Through local planning and community participation, Panchayats help in implementing government health programmes. They assist in improving rural health infrastructure, monitoring the functioning of sub-centres and primary health centres, and promoting awareness about sanitation, nutrition, and maternal and child health. By coordinating with health workers such as ASHA and Anganwadi workers, Panchayats help to ensure better access to basic health services and encourage community participation in maintaining public health standards in rural areas. The view of the surveyed population on the different roles of panchayat and some health parameters of the surveyed population aligned with the role of panchayat is analysed below:

- **Role of panchayat in spreading knowledge regarding Government Health Schemes:** The view of people on the role of panchayat in spreading knowledge regarding government health schemes is analysed. Three Government Schemes were selected for the study. They are Swasthya Sathi Scheme, Mission Nirmal Bangla and Janani Suraksha Yojana. The percentage of benefited families of the schemes is analysed.

Table 2.1 Respondent's view on role of panchayat in spreading knowledge regarding Government Health Schemes

| View | Hindu(Other Castes)(in %) | Hindu(SC) (in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|-----------|---------------------------|------------------|-----------------|---------------|--------------|
| Very Good | 12 | 6 | 12 | 24 | 13.5 |
| Good | 16 | 26 | 16 | 32 | 22.5 |
| Average | 44 | 32 | 30 | 14 | 30 |
| Bad | 16 | 20 | 30 | 16 | 20.5 |
| Very Bad | 12 | 16 | 12 | 14 | 13.5 |

The table presents respondents' perceptions across different Social groups, categorized from "Very Good" to "Very Bad." At the overall level, the largest proportion of respondents (30%) rated that the situation as "Average," followed by 22.5% who considered it "Good." Equal proportions (13.5% each) rated it as "Very Good" and "Very Bad," while 20.5% expressed a negative opinion by selecting "Bad." This indicates that the overall perception is more moderate or neutral, with a noticeable presence of both positive and negative views. Among the Hindu population, variations across caste groups are evident. In the "Other Castes" category, the majority (44%) rated the situation as "Average," suggesting a largely neutral perception, while equal proportions (12% each) rated it as "Very Good" and "Very Bad." Scheduled Castes (SC) show a slightly more positive inclination, with 26% rating "Good," though a considerable proportion still rated it as "Bad" (20%) and "Very Bad" (16%). Scheduled Tribes (ST) demonstrate a more negative outlook compared to other Hindu groups, with the highest proportion (30%) rating the situation as "Bad," along with 12% as "Very Bad," indicating dissatisfaction among a significant segment. The Muslim respondents display a comparatively more positive perception. A higher proportion rated the situation as "Good" (32%) and "Very Good" (24%), while relatively fewer respondents expressed negative opinions ("Bad" 16% and "Very Bad" 14%). This suggests greater satisfaction among this group.

Table 2.2 Respondent's Received Swasthya Sathi Card

| Swasthya Sathi Card | Hindu(Other Castes)(in %) | Hindu(SC) (in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|---------------------|---------------------------|------------------|-----------------|---------------|--------------|
| Yes | 56 | 78 | 44 | 92 | 72.5 |
| No | 44 | 22 | 56 | 8 | 27.5 |

The table presents the distribution of respondents who have received the Swasthya Sathi Card, showing clear disparities among different Social groups. Overall, 72.5% of respondents have received the card, while 27.5% have not, indicating a fairly high level of coverage of the scheme in the study area. Among the Hindu communities, the SC group shows the highest level of access, with 78% receiving the card and only 22% remaining excluded. This suggests effective outreach among this group. In contrast, the ST group records the lowest coverage, with only 44% having received the card and a majority (56%) still without it, pointing to significant gaps in implementation. The Other Castes group falls in between, with 56% coverage and 44% non-coverage. The Muslim community stands out with the highest level of inclusion, where 92% of respondents have received the Swasthya Sathi Card and only 8% have not. This indicates very strong penetration of the scheme within this group. Overall, while the scheme has achieved considerable success, especially among Muslims and SC populations, the relatively low coverage among STs and moderate exclusion among Other Castes highlight the need for more targeted efforts to ensure equitable access across all sections of society.

Table 2.3 Respondent's Received Toilet from Mission Nirmal Bangla

| Mission Nirmal Bangla | Hindu(Other Castes)(in %) | Hindu(SC) (in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|-----------------------|---------------------------|------------------|-----------------|---------------|--------------|
| Yes | 70 | 72 | 72 | 76 | 72.5 |
| No | 30 | 28 | 28 | 24 | 27.5 |

The table highlights the distribution of respondents who have received toilet under the Nirmal Bangla Mission across different Social groups. Overall, a significant majority of respondents (72.5%) have received toilet, while 27.5% have not, indicating substantial coverage of the scheme in the surveyed area. Among the Hindu communities, both SC and ST groups show relatively higher access, with 72% of respondents in each category having received toilet. The Other Castes group has a slightly lower coverage at 70%, along with a comparatively higher proportion (30%) of those who have not received the facility. The Muslim community records the highest level of coverage, with 76% of respondents

having benefited from the scheme and only 24% remaining non-beneficiaries. This suggests comparatively better outreach or access among this group. Overall, the findings indicate that the Nirmal Bangla Mission has achieved broad penetration across all Social groups, with particularly strong coverage among SC, ST, and Muslim populations. However, a notable proportion of households—especially among Other Castes—still remain outside the scheme, pointing to the need for more inclusive implementation to achieve universal sanitation coverage.

Table 2.4 Respondent's Benefited from Janani Suraksha Yojana

| Received Janani Suraksha Yojana | Hindu(Other Castes)(in %) | Hindu(SC) (in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|---------------------------------|---------------------------|------------------|-----------------|---------------|--------------|
| Yes | 24 | 22 | 18 | 28 | 23 |
| No | 76 | 78 | 82 | 72 | 77 |

The table presents the distribution of respondents by Social group in terms of whether they received benefits under the Janani Suraksha Yojana. At the overall level, only 23% of respondents reported that they received benefits from the scheme, while a large majority of 77% did not. This indicates a very low level of coverage and suggests significant gaps in the implementation or outreach of the programme. Among the Hindu population, all caste groups show similarly low levels of access. In the "Other Castes" category, only 24% received benefits, while 76% did not. Among Scheduled Castes (SC), 22% reported receiving benefits and 78% did not. The situation is even worse among Scheduled Tribes (ST), where only 18% received benefits and a striking 82% did not, highlighting the highest level of exclusion among all groups. The Muslim population shows slightly better coverage compared to Hindu groups, with 28% receiving benefits and 72% not receiving them. However, despite being relatively higher, the majority still remains excluded.

- **Role of panchayat in spreading awareness regarding health and hygiene:** The view of people on the role of panchayat in spreading awareness regarding health and hygiene is analysed and here the percentage of diseased persons from respondent's family getting appropriate medication is analysed.

Table 3.1 Respondent's view on role of panchayat in spreading awareness regarding health and hygiene

| View | Hindu(Other Castes)(in %) | Hindu(SC) (in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|-----------|---------------------------|------------------|-----------------|---------------|--------------|
| Very Good | 6 | 14 | 10 | 22 | 13 |
| Good | 20 | 28 | 24 | 32 | 26 |
| Average | 32 | 30 | 32 | 16 | 27.5 |
| Bad | 28 | 18 | 16 | 14 | 19 |
| Very Bad | 14 | 10 | 18 | 16 | 14.5 |

The table presents respondents' perceptions across different Social groups regarding a particular issue, categorized from "Very Good" to "Very Bad."

At the aggregate level, the largest proportion of respondents (46%) rated the situation as "Good," followed by 27.5% who considered it "Average." Only 13% perceived it as "Very Good." On the negative side, 19% rated it as "Bad" and 14.5% as "Very Bad." This suggests that overall perception is moderately positive, though a considerable section still holds unfavourable views. Among Hindus, variations are evident across caste groups. In the "Other Castes" category, the highest share (32%) rated the situation as "Average," followed by 28% as "Bad." Only a small proportion (6%) viewed it as "Very Good," indicating a relatively neutral to negative perception. Scheduled Castes (SC) show a comparatively more positive outlook, with 28% rating "Good" and 14% "Very Good," while negative responses ("Bad" and "Very Bad") together account for 28%, which is lower than some other groups. Scheduled Tribes (ST) exhibit a mixed perception: 32% rated "Average" and 24% "Good," but a relatively high 18% marked "Very Bad," reflecting dissatisfaction among a notable segment. The Muslim respondents display the most favourable perception overall. A majority rated the situation as "Good" (32%) and "Very Good" (22%), while only 14% and 16% rated it as "Bad" and "Very Bad" respectively. This indicates comparatively higher satisfaction within this group.

Table 3.2 Diseased persons respondent's family getting appropriate medication

| Got medication/ Not got medication | Hindu(Other Castes)(in %) | Hindu(SC) (in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|---------------------------------------|---------------------------|------------------|-----------------|---------------|--------------|
| Got medication | 72 | 76 | 40 | 92 | 70 |
| Not got medication | 28 | 24 | 60 | 8 | 30 |

The table presents the distribution of respondents by Social group in terms of whether they received medication. Overall, 70% of the respondents reported that they got medication, while 30% did not. This indicates a generally satisfactory level of access to medication, though a significant proportion still remains deprived. Among the Hindu population, clear variations are visible across caste groups. Respondents belonging to Other Castes show that 72% received medication, while 28% did not. Similarly, among Scheduled Castes (SC), a slightly higher proportion (76%) received medication and 24% did not, suggesting relatively better access within this group. However, a contrasting situation is observed among Scheduled Tribes (ST), where only 40% reported receiving medication, while a majority of 60% did not. This highlights a serious disparity and indicates that ST communities are significantly underserved in terms of access to medication. In comparison, the Muslim population shows the highest level of access, with 92% reporting that they received medication and only 8% not receiving it. This suggests comparatively better outreach or utilization of healthcare services among this group.

- **Role of panchayat in spreading knowledge regarding family planning:** The view of people on the role of panchayat in spreading knowledge regarding family planning is also analysed and here the number of death during child birth in the surveyed families after 2015 is analysed.

Table 4.1 Respondent's view on role of panchayat in spreading knowledge regarding family planning

| View | Hindu(Other Castes)(in %) | Hindu(SC)(in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|-----------|---------------------------|-----------------|-----------------|---------------|--------------|
| Very Good | 6 | 4 | 8 | 10 | 7 |
| Good | 22 | 4 | 20 | 42 | 22 |
| Average | 38 | 20 | 32 | 22 | 28 |
| Bad | 22 | 28 | 18 | 12 | 20 |
| Very Bad | 12 | 44 | 22 | 14 | 23 |

The table presents respondents' perceptions across different social groups, categorized from "Very Good" to "Very Bad." At the overall level, the largest proportion of respondents (28%) rated the situation as "Average," followed by 22% who considered it "Good." A significant share expressed negative opinions, with 20% rating it as "Bad" and 23% as "Very Bad." Only 7% of respondents viewed the situation as "Very Good." This indicates that overall perception is tilted more towards neutral and negative views, with dissatisfaction outweighing strong positive responses. Among the Hindu population, clear variations are visible across caste groups. In the "Other Castes" category, the majority (38%) rated the situation as "Average," with equal proportions (22% each) marking "Good" and "Bad," indicating a balanced but moderately neutral perception. Scheduled Castes (SC) exhibit a highly negative outlook, where the largest proportion (44%) rated the situation as "Very Bad" and 28% as "Bad," while very few respondents expressed positive views. This reflects strong dissatisfaction within this group. Scheduled Tribes (ST) show a mixed perception: 32% rated "Average" and 20% "Good," but a notable 22% marked "Very Bad," indicating the presence of both moderate and negative sentiments. The Muslim respondents display a comparatively more positive perception. A majority rated the situation as "Good" (42%), along with 10% as "Very Good." Negative responses are relatively lower, with 12% rating "Bad" and 14% "Very Bad." This suggests higher satisfaction among this group compared to others.

Table 4.2 Death during child birth in the surveyed families after 2015

| Category of death | Hindu(Other Castes) | Hindu(SC) | Hindu(ST) | Muslim | Total |
|-------------------|---------------------|-----------|-----------|--------|-------|
| Mother | - | - | - | - | - |
| Child | 2 | 1 | 2 | 3 | 8 |
| Both | - | - | - | - | - |

The table represents on deaths during childbirth in surveyed families after 2015 reveals a relatively low but still concerning occurrence of maternal and child mortality. A total of 8 such cases have been reported across all Social groups. A closer look shows that deaths are reported only in the “Child” category, while there are no recorded cases of maternal deaths or deaths of both mother and child. This suggests that, within the surveyed population, child mortality during childbirth remains a more significant issue than maternal mortality. Among the Hindu communities, the highest number of child deaths (2 cases each) is observed among Other Castes and ST groups, while the SC group reports 1 case. In the Muslim community, the number of child deaths is slightly higher, with 3 cases, making it the single largest contributor among the groups. Overall, the findings indicate that although maternal deaths appear to be absent in the dataset, child mortality during childbirth persists across different Social groups, with relatively higher incidence among Muslims and certain Hindu sub-groups. This highlights the need for improved maternal and child healthcare services, especially focusing on safe delivery practices and neonatal care.

- **Role of panchayat in spreading awareness regarding alcoholism:** The view of people on the role of panchayat in spreading awareness regarding alcoholism is also analysed. The percentage of family with at least one alcohol consumer is analysed.

Table 5.1 Respondent’s view on role of panchayat in spreading awareness regarding alcoholism(Percentage)

| View | Hindu(Other Castes)(in %) | Hindu(SC)(in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|-----------|---------------------------|-----------------|-----------------|---------------|--------------|
| Very Good | 4 | 8 | 4 | 18 | 8.5 |
| Good | 14 | 12 | 26 | 30 | 20.5 |
| Average | 26 | 16 | 30 | 26 | 24.5 |
| Bad | 28 | 18 | 28 | 16 | 22.5 |
| Very Bad | 28 | 46 | 12 | 10 | 24 |

The table presents respondents' perceptions across different social groups, categorized from "Very Good" to "Very Bad." At the overall level, opinions are quite divided. The highest proportion of respondents (24.5%) rated the situation as "Average," closely followed by 24% who rated it as "Very Bad" and 22.5% as "Bad." Only 20.5% considered it "Good," and a smaller proportion (8.5%) rated it as "Very Good." This indicates that negative perceptions ("Bad" and "Very Bad" combined at 46.5%) outweigh positive ones, suggesting an overall dissatisfaction. Among the Hindu population, clear disparities are observed across caste groups. In the "Other Castes" category, the highest shares are in the negative categories, with 28% each rating the situation as "Bad" and "Very Bad," while only 18% (4% "Very Good" and 14% "Good") expressed positive views. This reflects a predominantly negative perception. Scheduled Castes (SC) show the most critical outlook, where nearly half of the respondents (46%) rated the situation as "Very Bad," along with 18% as "Bad." Positive responses are minimal, indicating strong dissatisfaction within this group. Scheduled Tribes (ST), however, display a comparatively balanced perception: 30% rated it as "Average" and 26% as "Good," though a notable proportion (28%) still marked "Bad," suggesting mixed experiences. The Muslim respondents exhibit a relatively more favourable perception compared to Hindu groups. A majority rated the situation as "Good" (30%) and "Very Good" (18%), while negative responses are comparatively lower, with 16% rating "Bad" and 10% "Very Bad." This indicates a more positive overall outlook within this group.

Table 5.2 Respondent's status on alcoholism

| Consumption | Hindu(Other Castes)(in %) | Hindu(SC)(in %) | Hindu(ST)(in %) | Muslim(in %) | Total(in %) |
|--------------|---------------------------|-----------------|-----------------|--------------|-------------|
| Consumer | 60 | 68 | 80 | 66 | 68.5 |
| Non-consumer | 40 | 32 | 20 | 34 | 31.5 |

The table presents the distribution of consumers and non-consumers across different Social groups, revealing notable variations in participation levels. Overall, a clear majority of respondents (68.5%) are consumers, while 31.5% are non-consumers, indicating relatively high utilization or acceptance of the concerned service or commodity among the surveyed population. Among the Hindu groups, the ST category shows the highest proportion of consumers (80%), followed by SC (68%) and Other Castes (60%). This suggests that consumption is most prevalent among the ST population, while Other Castes have comparatively lower participation and a higher share of non-consumers (40%). In the Muslim community, 66% are consumers and 34% are non-consumers, placing them between the SC and Other Castes in terms of consumption levels. Overall, the data indicates that consumption is widespread across all Social groups, but it is particularly high among Scheduled Tribes, while non-

consumption remains relatively more significant among Other Castes. This variation may reflect differences in awareness, accessibility, or socio-economic conditions among the groups.

- **Role of panchayat during Covid-19:** The view of the people on the role of panchayat during Covid-19 is analysed. The Covid vaccination profile in terms of vaccine and number of doses is analysed.

Table 6.1 Respondent's view on role of panchayat during Covid-19

| View | Hindu(Other Castes)(in %) | Hindu(SC)(in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|-----------|---------------------------|-----------------|-----------------|---------------|--------------|
| Very Good | 26 | 34 | 8 | 18 | 21.5 |
| Good | 24 | 24 | 16 | 46 | 27.5 |
| Average | 14 | 18 | 36 | 20 | 22 |
| Bad | 20 | 16 | 24 | 12 | 18 |
| Very Bad | 16 | 8 | 16 | 4 | 11 |

The table presents respondents' perceptions across different social groups, categorized from "Very Good" to "Very Bad." At the overall level, the largest proportion of respondents (27.5%) rated the situation as "Good," followed by 22% who considered it "Average" and 21.5% who rated it as "Very Good." Negative perceptions are comparatively lower, with 18% rating it as "Bad" and 11% as "Very Bad." This indicates that overall perception is moderately positive, with favourable opinions outweighing negative ones. Among the Hindu population, variations are observed across caste groups. In the "Other Castes" category, responses are fairly distributed, with 26% rating "Very Good" and 24% "Good," but a notable share also expressing dissatisfaction (20% "Bad" and 16% "Very Bad"), indicating mixed perceptions. Scheduled Castes (SC) exhibit the most positive outlook among Hindu groups, with 34% rating "Very Good" and 24% "Good," while negative responses are relatively low (16% "Bad" and 8% "Very Bad"). In contrast, Scheduled Tribes (ST) show a more moderate to negative tendency, with the highest proportion (36%) rating "Average," along with 24% "Bad" and 16% "Very Bad," suggesting comparatively lower satisfaction. The Muslim population displays the most favourable perception overall. A majority of respondents rated the situation as "Good" (46%) and 18% as "Very Good," while negative responses are minimal (12% "Bad" and 4% "Very Bad"). This reflects a high level of satisfaction within this group.

Table 6.2 Respondent's covid vaccination profile

| Doses | Hindu(Other Castes)(in %) | Hindu(SC)(in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|--------------------|---------------------------|-----------------|-----------------|---------------|--------------|
| Covishield | 80 | 82 | 88 | 84 | 83.5 |
| Covaxin | 20 | 18 | 12 | 16 | 16.5 |
| Not got Vaccinated | | | | | |

The table presents the distribution of respondents by social group based on the type of COVID-19 vaccine received. At the overall level, 83.5% of respondents received Covishield, while 16.5% received Covaxin. Notably, no respondents fall under the “Not got Vaccinated” category, indicating full vaccination coverage among the surveyed population. Among the Hindu population, the preference for Covishield is consistently high across all caste groups. In the “Other Castes” category, 80% received Covishield and 20% received Covaxin. Similarly, among Scheduled Castes (SC), 82% opted for Covishield and 18% for Covaxin. The proportion of Covishield recipients is highest among Scheduled Tribes (ST), where 88% received Covishield and only 12% received Covaxin. This reflects a strong inclination towards Covishield across Hindu groups, with minor variations.

The Muslim population also shows a similar pattern, with 84% receiving Covishield and 16% receiving Covaxin, closely aligning with the overall trend.

Table 6.3 Respondent's covid vaccination (Number of doses)

| Doses | Hindu(Other Castes)(in %) | Hindu(SC)(in %) | Hindu(ST)(in %) | Muslim)(in %) | Total)(in %) |
|-----------------------|---------------------------|-----------------|-----------------|---------------|--------------|
| One Dose | - | - | - | - | - |
| Two Doses | 78 | 82 | 74 | 60 | 73.5 |
| Three Doses (Booster) | 22 | 18 | 26 | 40 | 26.5 |

The table presents the distribution of respondents by Social Group based on the number of COVID-19 vaccine doses received. A notable feature of the table is that no respondents fall under the “One Dose” category, indicating that all individuals have received at least two doses of the vaccine. At the overall

level, 73.5% of respondents have received two doses, while 26.5% have taken the third (booster) dose. This suggests a fairly good level of full vaccination, though booster coverage is comparatively lower. Among the Hindu population, variations are visible across caste groups. In the “Other Castes” category, 78% have received two doses and 22% have taken the booster dose. Among Scheduled Castes (SC), a slightly higher proportion (82%) have received two doses, while 18% have taken the booster, indicating relatively lower booster uptake. In contrast, Scheduled Tribes (ST) show a higher inclination towards booster doses, with 26% having received the third dose—the highest among Hindu groups—while 74% remain with two doses. The Muslim population demonstrates the highest level of booster dose coverage, with 40% of respondents having received the third dose, while 60% have completed two doses. This indicates comparatively greater acceptance or accessibility of booster vaccination within this group.

Major Findings

The analysis of the above data reveals several important findings regarding the distribution, access, and perception of health services and welfare schemes among different Social groups. Overall, there is moderate to high coverage of major schemes such as Swasthya Sathi and Nirmal Bangla, with more than 70% of respondents benefiting from these programmes. However, significant disparities persist across groups, particularly affecting Scheduled Tribes (ST), who consistently show lower access to medication, lower enrolment in schemes, and comparatively poorer perceptions. In contrast, Muslim respondents and, in some cases, Scheduled Castes (SC), demonstrate relatively better coverage and more positive perceptions. The Janani Suraksha Yojana stands out as having very low reach across all groups, indicating gaps in implementation and awareness. Perception-based tables further highlight that while many respondents rate services as “Good” or “Average,” negative responses remain substantial, especially among disadvantaged groups. 30% of surveyed families have persons who have not got proper medication and this is most from the ST community. 33.5% are not satisfied with the role of panchayat spreading awareness regarding Health and Hygiene. It is observed that the panchayats have done much but should do more in terms of spreading awareness regarding Health and Hygiene. This is observed that the panchayats have done some work but should do more in terms of spreading awareness regarding family planning. Additionally, behavioural patterns such as high alcohol consumption and varying levels of booster vaccination uptake suggest underlying socio-economic and awareness-related differences. Despite achieving full vaccination coverage in terms of primary doses, disparities in booster uptake are evident. Overall, the findings point to uneven development and implementation of health services, emphasizing the need for targeted interventions, improved outreach, and inclusive policies to ensure equitable access and satisfaction across all sections of society.

Conclusion

The Panchayati Raj Institutions played a vital role in strengthening rural healthcare delivery at the grassroots level. Through planning, monitoring, awareness generation, sanitation initiatives, and implementation of various health programmes, they contribute significantly to improving public health outcomes. However, their effectiveness depends on adequate financial resources, proper training, community participation, and coordination with health departments and PRIs are not fully effective. So, the PRIs should be strengthened more. Strengthening Panchayati Raj Institutions with greater autonomy and capacity-building measures can further enhance health conditions in rural areas. Therefore, empowering local self-governance remains essential for achieving sustainable and inclusive rural health development in West Bengal.

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