

Original Paper

Role of Local Government in Promoting Women's Health in Tamil Nadu

Dr. A. RANJITHKUMAR¹

¹ Assistant Professor of Political Science School of Law, Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology, Avadi, Tamil Nadu, India

Received: November 9, 2022 Accepted: November 30, 2022 Online Published: December 21, 2022
doi:10.22158/uspa.v5n2p54 URL: <http://dx.doi.org/10.22158/uspa.v5n2p54>

Abstract

As a way of public health is concerned, the health issue of people in the nation is a crucial tool for all-round development of people. It is only a tool that develops the society and the state at large. Rural health is a vital weapon that develops the feeling of obligation as citizens towards rural advancement and management through the Panchayat Raj system for retaining sustainable rural health care services. The Panchayat Raj System plays an extensive role in the development of health, girls and child development and women participation in local administration, and so on. The Panchayat Raj institutions are an important device that plays a crucial position in rural health care services. The Panchayat Raj system is the backbone of rural health. The sustainable development of rural areas may be done easily in healthy surroundings and through first-class health care machines. Without a high-quality health care system and healthy surroundings, sustainable development is impossible. Indeed, Panchayat Raj Institutions play an essential role in improving primary health care and rural health.

Keywords

local government, women's health, rural health, village Panchayat, 73rd constitution amendment act

1. Introduction

After a long journey of rural development, in 1992 Parliament passed the 73rd and 74th Constitutional Amendment Act. These amendments introduced local self-government in rural and urban India. The major objectives of these acts are to promote people's participation in the policy-making process. The 73rd amendment act gave constitutional powers to rural local governments and was assigned 29 subjects. They are related to the development of the rural community. The XI schedule includes Family Welfare, Health, and Sanitation which incorporates hospitals, number one fitness centres, and dispensaries. It is also predicted that PRI involvement will boost community expertise to solve problems of responsibility

for penalty and reliability of health care offerings. There is a close relationship between Village Panchayats and rural health. Village Panchayat acts as a direct democracy which facilitates a good atmosphere with political institutions and people.

Each village Panchayat is required to perform certain mandatory and optional functions for the development of the rural people. One of the major functions of the Gram Panchayat is the development of women. Rural women have limited access to opportunities to make use of health care programmes. We all know that women play a major role in promoting the rural economy which contributes to the maximum food security of the country. Rural women in Indian society are the most marginalized group and they are deprived of political, social, and economic development that affects the overall development of the nation. Lots of developmental programmes have been initiated and implemented in favor of rural women in many of which have not reached rural women. Rural Women are far away from the developed societies and they are living with poor health, poverty, unemployment, and so on. Rural communities have been suffering from malnutrition. Even though many policies to improve rural health were executed all over India, malnutrition was not addressed and considered in a proper way among rural communities. Good health and well being is the prime source of capital among rural women. Due to lack of infrastructure, Women in rural areas also face problems such as maternity, reproduction, mother feeding, and sanitation which are directly affecting GDP.

Rural health is one of the important subjects of rural life. It's the right of every individual but lack of quality infrastructure, dearth of medical facilities, and shortage of primary health care components thwarts its reach to 70% of the population in India and that is why rural health care is one of the biggest challenges faced by the Government of India. The existing infrastructural setup for providing healthcare in India is far less in terms of required qualitative and quantitative availability. Still, the notion that follows up here is 'something is better than nothing.' There have been various steps taken by the government to improve the health scenario and initiated for institutionalizing the prevailing rural health framework to uplift the health standard of the common mass in rural areas. I feel that the state of good health including Child health, women's health, and SCs/STs health in rural areas can be achieved through people's participation. The present paper tries to understand the role of the local government in improving women's health in Tamil Nadu.

2. Relations between Village Panchayat and Rural Health

Village Panchayat and Rural Health should work hand in hand to improve the health of women. The salient feature of the 73rd constitution amendment act is to "ensures participation of women in Panchayati Raj Institutions by mandating not less than one- third reservation for women out of a total number of seats to be filled by direct election and number of offices of chairpersons of Panchayats" under Clause (3) of Article 243D of the Indian Constitution. It is observed that women's participation in panchayats plays a crucial role in the development of women as well as women's health. Panchayat Raj institutions are acting as the third tier government as in central, state, and local government respectively. Power has

been decentralized to local government through constitutional provisions. Nanjunda (2020) pointed out that Decentralisation of the PRI is a prerequisite for the success of health-related policies. The only way to bring marginalized and vulnerable sections of the society into large-scale community health programs is through the involvement of quality Panchayat Raj Institutions (Nanjunda, 2020, p. 108).

A village Panchayat can mobilize social activities in areas such as awareness-raising, cleanliness movements, health camps, and so on. Village Panchayat should monitor major health issues such as availability, access and quality of health services within its territory through active involvement of VHSNCs and SHGs (UNDP, 2017). The village panchayat has the potential to act as a community level accountability mechanism to ensure the public health, and family welfare. National Health Policy (NHP) 2002 places greater emphasis on the implementation of public health programs through local self-government bodies (National Health Policy, 2002). Jacob John (2012) said that the mandatory role of Panchayat Raj Institutions in the context of dual responsibilities and restrictions on the public health system has had a positive impact on the rural health environment and he also pointed out that “Major strengths of Public Health delivery system in Kerala are now mainly in the increased community participation through PRIs in the management of Public Health Institutions and Public Health Initiatives, A Positive working relationships between Health Departments and Panchayati Raj Institution, ability to respond effectively to different needs of local people, enhanced health infrastructure and service delivery, Panchayati Raj Institution-led voluntary initiatives for Public health projects are other positive outcomes of dual responsibilities and controls system” (Jacob John, 2012, p. 16).

The Eleventh Schedule was added in the Indian Constitution with 29 subjects. Out of the 29 subjects, six subjects are very close to women’s health such as minor forest produce, safe water for drinking, Non-conventional sources of energy, Women and child development, Family welfare, and Health and sanitation including hospitals, primary health centers, and dispensaries. Based on the 73rd Constitutional Amendment Act, the Tamil Nadu government enacted Tamil Nadu Panchayat Act 1994. The village panchayat is responsible to appoint the five committees for monitoring village panchayat activities which include (i) Appointment Committee (ii) Development Committee (iii) Agricultural and Watershed Committee (iv) Works Committee (v) Education Committee (Tamil Nadu Panchayat Rules:2005). Among these committees, the development committee plays a major role in the development of health care activities.

The development committee is closely related to the rural health care system and it shall “promote community maintenance of assets in the field of health, drinking water and sanitation; supervise the protected drinking water supply to all the areas of the Village Panchayat to ensure prevention of communicable diseases; organize immunization and vaccination camps and promote better health care; create awareness to promote, organize campaign relating to public health, water and rural sanitation; inspect health sub-centres and health centres located in the Village Panchayat and submit its observations suggestions for discussion in the Village Panchayat” and so on (Tamil Nadu Panchayat Rules, 2005). To strengthen these activities, the Government of India has initiated the Rural Health Mission.

The Central government and the State government have joined hands to achieve good public health and well-being of rural communities. As a result, The National Rural Health Mission (NRHM) was launched on 12th April 2005 to provide accessible, affordable, and quality health care to the rural people, especially the vulnerable groups. The thrust of the mission is “on establishing a fully functional, community-owned, decentralized health delivery system with intersectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities” (NRHM, 2005).

UNDP (2017) identified pre-requisites for good health are 1). Access to better health services, 2). Healthy food for good nutrition, 3). Education and awareness, 4). Protected work environment, 5). Relaxation, recreation and healthy relationships, 6). Safe drinking water, sanitation, and housing, 7). Freedom from exploitation and discrimination, 8). Social security measures and proper and equal wages, and 9). Clean environment, healthy living conditions and health lifestyle (UNDP, 2017, p. 8). NRHM has laid down the Important Determinants for Good Health namely 1). Relaxations, recreation, and a healthy relationships, 2). Protected work environment, women’s rights, 3). Freedom from Exploitation and Discrimination, 4). Access to Social Security Measures and Proper and Equal Wages, 5). Access to Equal Education, 6). Access to Better Health Services, 7). Clean Environment, Healthy Living Conditions and Health Lifestyle, 8). Safe Drinking Water, Sanitation, and Housing, and 9). Adequate Food (Nutrition) (NRHM, 2005). NRHM pointed out that ill health is related to unhealthy living conditions, malnutrition, lack of access to health services, mental tension, patriarchy, unsafe water, lack of sanitation, lack of health education, hard labour, and difficult work conditions, and unhealthy habits-alcohol/drug abuse (NRHM, 2005). UNDP (2017) also has identified key factors that contribute to ill health namely; 1) Malnutrition, 2) Unsafe water and lack of sanitation, 3) Unhealthy living conditions, 4) Open defecation, 5) Hard labour and unsafe work environment, 6) Mental stress, 7) Patriarchy where women’s health is not given priority, 8) Lack of access to health services, 9) Lack of health education, 10) Drug addiction, 11) Poverty and ignorance, and 12) Poor or no family or social support (UNDP, 2017, p. 8).

Village Health, Sanitation, and Nutrition Committee (VHSNC) have been formed under National Rural Health Mission to take collective actions regarding rural health issues and their social determinants at the village level. The major objectives of VHSNCs are to “Enable the community to participate in the planning and implementation of the programmes, and take collective action for attainment of better health status in the village, To inform the community about the health programmes and government initiatives, Facilitate the community to voice health needs, experiences and issues related to access of health services such that the institutions of local government and public health service providers can take note and undertake appropriate action, Equip Panchayats with the understanding and mechanisms required for them to play their role in governance of health and other public services and provide leadership to the community for collective action to improve health status, Provide support and facilitate the work of

community health workers like ASHA and other frontline health care providers, who form a crucial interface between the community and health institutions, and Take action on social determinants and all public services that directly or indirectly affect health and health outcomes” (NRHM, 2005).

This committee may function as a sub-committee of the village Panchayat and may function under the overall supervision of the village Panchayat. States are advised to inform all concerned of the necessary notice and guidelines regarding the constitution of the VHSNC. States are also requested to notify the VHWSNC as a sub-committee of the village Panchayat. The Government of Tamil Nadu issues guidelines (Circular No. 13/2014) to VHWSNC. Accordingly, 12619 Village Health and Sanitation Committees were set up in all the village panchayats of Tamil Nadu, with representatives of Panchayat Raj Institutions, women’s groups and other village level officials related to sanitation and health regulators such as health and water and sanitation (TN.G.O.(ms) No.10, 2012).

As a part of NRHM GoI has provided to each village health, water sanitation and nutrition committee Rs.10, 000/- (Rupees ten thousand) annually as a grant to enable local action and ensure that public health activities at the village level received priority. At least one meeting per month should be conducted. One-third of the members are the quorum for the meeting. The minutes are to be recorded properly by the village health nurse.

The objectives of the VHWSNC in Tamil Nadu are

- 1) To provide a platform for convergent action on social determinants and all public services directly or indirectly related to health,
- 2) To provide an institutional mechanism for the community to be informed on health programmes and government initiatives and to participate in the planning and implantation of these programmes, leading to better outcomes,
- 3) To provide support and facilitation to the community health workers ASHA and other frontline health care providers who have to interact with the community and provide services and
- 4) To provide an institutional mechanism for the community to voice health needs, experiences, and issues with access to health series, such that the institutions of local government and public health service providers can take note and respond appropriately.

3. Functions of VHWSNC

The Government of Tamil Nadu has given a guidance wise circular no. 13/2014 and the functions of VHWSNC are

- Every village panchayat with a population of up to 1500 can form VHWSNC,
- The committee should work along with the development committee of the village panchayat on matters relating to health, water, and sanitation,
- The committee can form sub- committees as required and include in its special persons as members,

- The committee will meet every month and the chairperson may meet the committee members at any time and on the receipt of such requisition from the members.
- The committee should try to have all hamlets represented and covered in its members/special invitees/sub-committees, and
- The committee can have special invitees as required to enable them to function better and achieve the goals. Special invitees can include other elected representatives of the panchayat, including panchayat union or district panchayat, any official connected with the issues, and individuals the committee decides to invite.

4. Role of Village Panchayat in Promoting Women's Health

We all know that the village Panchayat plays a very important role in improving the health of women. Before 1992, women's political participation in local government was very low. As a result, women-related programmes are not given priority among the community. Sivakumar I, et al. (2020) pointed out that all kinds of medical facilities are not being accessed by rural communities when compared with urban areas and rural communities do not have adequate access to medical facilities (Sivakumar I, et al., 2020, p. 387). The National Rural Health Association (NRHA) said that Rural areas often have limited public transportation, and residents must travel greater distances to access health care, social opportunities, healthy food options, and other necessities (NRHA, 2013, p. 4).

In this circumstance, the 73rd Constitutional Amendment Act was enforced by the government to promote women's health through women empowerment. Powers were devolved to the village panchayat by the Eleventh Schedule to promote rural development through people participation. The Eleventh Schedule includes 29 subjects that granted exclusive legislative power to the local government for the development of rural communities. The Constitution of India states that the Eleventh Schedule assures the growth and health of women in particular.

Despite government efforts, rural women face a lot of psychological and physical health problems such as malnutrition, anxiety, and lack of maternal health, breast cancer, domestic violence and many more. Ranjithkumar and Manimekalai (2021) pointed out that rural women's health has been divided into two as short term and long term health problems. The study found that rural women face 13 health related problems such as Fever, Cold/ Cough, Toothache, Headache, Body Pain, Fracture, Typhoid, BP, Back/Neck Pain, Diabetes, Knee/ Joint Pain, and Chronic Diseases (Ranjithkumar & Manimekalai, 2021, p. 5). Sivakumar I, et al. (2020) said that MGNREGA provides food and life in favour of rural women and gives a positive impact on income generation among rural women. As a result, the health status of women is slowly increasing (Sivakumar I et al., 2020, p. 1541). Anji and Velumani (2012) conducted a study on the health issues of rural women in the Dindigul district of Tamil Nadu and they found seven types of health problems haunting rural women namely allergy, asthma, hearing impairment, vision impairment, diabetes, joint pain, and ulcer. (Anji & Velumani, 2012, p. 192)

Rural women face psychological and physical health problems, which affect the overall development of the country. However, governments are finding solutions to such problems in favor of rural women. National Health Policy in 2002 stated that “Social, cultural and economic factors continue to inhibit women from gaining adequate access even to the existing public health facilities. This handicap does not merely affect women as individuals; it also harms the health, general well-being, and development of the entire family, particularly children. This policy recognizes the catalytic role of empowered women in improving the overall health standards of the community” (NHP, p. 2002). Women representatives are more concerned about women’s health than male representatives. As a result, in 2019 the rural local body elections held in the Sivaganga district of Tamil Nadu, women have contested, and won more seats.

Table 1 show the community-wise details of the reserved seats in the village panchayat president position in the Sivaganga district. Out of 445 seats, the data shows that 223 seats have been reserved for both general and SC women. Table 2 shows the sex wise details of the winners in the village panchayat president in the Sivaganga district. Out of 445 seats, 259 seats were won by women and 186 seats were won by men. Women won 58.2% of the seats in local body elections. It can be seen that the majority of women won the panchayat president election in the Tamil Nadu local body election in 2019. It is observed from the data that women panchayat presidents are more than men. It is one of the major achievements of women’s empowerment programmes.

Table 1. Community-Wise Details of the Reservation Seats in the Village Panchayat President in the Sivaganga District

Sl. No.	Name of the Panchayat Union	SC Women	SC General	General Women	General	Total seats for Panchayat President
1	Ilayangudi	7	7	21	20	55
2	Thiruppuvanam	5	5	17	18	45
3	Kallal	4	3	18	19	44
4	Kalayarkoil	4	4	18	17	43
5	Sivaganga	3	2	19	19	43
6	Devakottai	5	5	16	16	42
7	Tirupathur	2	3	17	18	40
8	Manamadurai	5	5	15	14	39
9	Singampuneri	1	2	13	14	30
10	Sakkottai	2	2	11	11	26
11	S. Pudur	2	2	9	8	21
12	Kannankudi	3	2	6	6	17
Total		43	42	180	180	445

Sources: Computed from G.O. (Ms.) No. 102, Rural Development and Panchayat Raj (PR-1) Department, 16th September 2016, Government of Tamil Nadu.

Table 2. Sex-wise Details of the Winners in the Village Panchayat President in the Sivaganga District

Sl. No.	Name of the Panchayat Union	Women	Men	Total
1	Ilayangudi	39	16	55
2	Thiruppuvanam	26	19	45
3	Kallal	25	19	44
4	Kalayarkoil	26	17	43
5	Sivaganga	23	20	43
6	Devakottai	24	18	42
7	Tirupathur	21	19	40
8	Manamadurai	25	14	39
9	Singampuneri	15	15	30
10	Sakkottai	13	13	26
11	S. Pudur	12	9	21
12	Kannankudi	10	7	17
Total		259	186	445

Sources: Computed from Local Body Election Result-2019, Tamil Nadu State Election Commission, Chennai, Tamil Nadu.

Tables 1 and 2 indicate the reservation seats and the details of the winning candidates in the Sivaganga district of Tamil Nadu respectively. This district is a testament to the fact that women can meet their needs and health needs when they are selected in large numbers.

Rural health infrastructure in India follows a three-tier system which is based on the following population norms (Rural Health Statistics, 2019-2020):

Table 3. Population Norms

Centre	Population Norms	
	Plain Area	Hilly/Tribal/Difficult Area
Sub Centre	5000	3000
Primary Health Centre	30000	20000
Community Health Centre	120000	80000

Source: Rural Health Statistics, 2019-2020

Table 4. Number of Health Centres in Tamil Nadu in 2005 and 2020

Sl. No	Centres	2005	2020
1.	Sub centre	8682	8713
2.	PHCs	1380	1420
3.	CHCs	35	385
	Total	12102	12538

The above table shows the number of health centres in Tamil Nadu in 2005 and 2020. Sub centres, PHCs, and CHCs are being increased which shows that the government initiated a rural health care system to promote rural health. My view is that if the health center and the village panchayat work together, the village will become self-sufficient in sanitation, hygiene, health, and well-being. Therefore, all programmes related to rural health should be implemented by the village panchayat without any interference from political parties and castes.

5. Conclusion

It is the responsibility of the local government to provide basic health services to all people without any discrimination of gender, religion, and caste. However, many times these services were not accessible to rural women. Due to lack of health facilities such as HSC or PHC are not functioning due to lack of availability/vacancies of ANMs, doctors, nurses, and other staff. The excessive burden of health facility staff may reduce their effectiveness in providing care to patients. The provision of care in cases where the staff of the health facility is lacking interest or negligent are also badly affects the health care. In some places, people are not able to get adequate health services due to the lack of diagnostic drugs and medicines in health centers. Block and district hospitals sometimes do not have adequate services. Lack of connectivity, unavailability of transportation, and geographical barriers restrict access to health services. To maximize the use of health services, people should be given full information about it, i.e., what services are available, what is their significance, and how to use them? Many times people are not provided with this information, which prevents them from using the Services. Village panchayats face problems such as the lack of community participation in health and the lack of relationship between the community and health workers.

During the 2019-2020 budgets, the Tamil Nadu Health System Reform Plan was introduced at a cost of Rs. 2,686 crore for government health facilities to improve access to the poor and backward classes. Furthermore, an essential diagnostic list was devised to guarantee a set of diagnostic tests at each level of health care. Rural health services can only gain public trust only when they are provided with professional support facilities optimally, transparently, and responsibly, which would require an adequate amount of resources, authority to utilize most patient-centered ways and the involvement of citizens.

National Rural Health Mission (NRHM) has been one of the central achievements in the field of rural healthcare. It was first initiated in the year 2005 to deal with the problems and feebleness across primary healthcare and enhance the status and system of rural areas. It provides effective, accessible, accountable, inexpensive, and reliable healthcare to the mass and in particular to those sections who are more poor, vulnerable, and prone to disease. The administrative measures would involve the regulation and enforcement in public health, population stabilization, health education, safe drinking water, proper sanitation, disease controlling information, etc. The strong healthcare infrastructure and human resources would assist in managing skills and leadership qualities among health professionals.

Women's health is closely associated with literacy and women's readership at village level. As far as rural women are concerned they will focus more on their health and wellness. At the same time, the reality is that when women in the village are empowered, they will keep their family and village clean with good health. Violence can also be prevented if women are mentally healthy. The health of women in the village depends on natural resources. There are major problems in accessing the health care schemes offered by the central and state government in the villages. The government does not bring in enough awareness among the rural people about health schemes so that the rural people do not have access to government schemes. In this situation, the local government helps people within their boundaries to access health care schemes offered by the central and state government. Health care programmes can be fully accessed with the active participation of rural women. At the local level, women can meet their needs and health needs when they are selected in large numbers, which can be extended to state legislature and the parliament.

References

- Akhilesh, P. (2017). Decentralised Governance in India: An Overview. *International Journal of Law*, 3(2), 82-90.
- Anji, A., & Velumani, K. (2012). Health Issues of Rural Women, Lovelina Little Flower. In F. X. (Ed.) *Health and Development: Ageing Disability and Gender Issues* (pp. 188-195). Authors Press, New Delhi.
- Arundhati, B. (2013). *Rural Women In India: The Invisible Lifeline Of Rural Community*. Retrieved May 19, 2021, from <https://www.ohchr.org/Documents/HRBodies/CEDAW/RuralWomen/ArunhatiBhattacharyya.pdf>
- Ashok Vikhe Patil et al. (2020). Current Health Scenario In Rural India. *Australian Journal Of Rural Health*, 10, 129-135. <https://doi.org/10.1111/j.1440-1584.2002.tb00022.x>
- Intra Health International. (2008). Role of Village Health Committees in Improving Health and Nutrition Outcomes: A Review of Evidence from Indi. *Evidence Review Series*, 4. Retrieved May 17, 2021, from https://www.intrahealth.org/sites/ihweb/files/files/media/role-of-village-health-committees-in-improving-health-and-nutrition-outcomes-a-review-of-evidence-from-india-/ER_Brief_VHC%204

- Jacob, J. (2012). *A Study on Effectiveness of Panchayati Raj Institutions in Health Care System in the State of Kerala*. Kerala Development Society, New Delhi.
- Nanjunda, D. C. (2020). Panchayati Raj and Rural Health Care Delivery System in Karnataka. *Indian Journal of Public Administration*, 66(1), 97-109. <https://doi.org/10.1177/0019556120906587>
- National Health Mission. (2002). *National Health Policy-2002, Ministry of Health and Family Welfare, Government of India, New Delhi*. Retrieved May 1, 2021, from <https://www.india.gov.in/national-health-policy-2002-0>
- National Health Mission. (2012). *Rural Health Care System in India*. Retrieved May 19, 2021, from <https://www.nhm.gov.in/images/pdf/monitoring/rhs/rural-health-care-system-india-final-9-4-2012.pdf>. Ministry of Health and Family Welfare, Government of India, New Delhi
- National Health Mission. (2014). *Health awareness for service providers 2014 Tamil Nadu, Circular No. 13/2014, Village Health Water Sanitation and Nutrition Committee-guidelines, State Health Mission-Tamil Nadu, Chennai*.
- National Health Mission. (2020). *Rural Health Statistics-2019-20, Statistics Division, Ministry of Health and Family Welfare, Government of India, New Delhi*.
- National Rural Health Mission. (2002). *Meeting people's health needs in rural areas Framework for Implementation 2005-2012*. Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi.
- NRHA. (2013). *Rural Women's Health, NRHA Policy Documents*. Retrieved May 17, 2021, from [https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/RuralWomensHealth-\(1\).pdf.aspx](https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/RuralWomensHealth-(1).pdf.aspx)
- Radu Ban And Vijayendra Rao. (2007). *Tokenism or Agency? The Impact of Women's Reservations on Village Democracies in South India*. Retrieved May 19, 2021, from http://vijayendrarao.org/papers/EDCC_Reservations_to_go.pdf
- Ranjithkumar, A., & Manimekalai, K. (2021). Women's Health in Rural Tamil Nadu. *Women's Health Science Journal*, 5(1), 000152.
- Rural Development and Panchayat Raj Department*. (1994). *The Tamil Nadu Panchayats Act, 1994*, Government of Tamil Nadu, Chennai. Retrieved May 18, 2021, from https://tnrd.gov.in/pract/chapter_I.htm
- Sekher, T. V. (2005). *Health Care for the Rural Poor: Decentralization of Health Services in Karnataka, India*. Retrieved May 16, 2021, from <http://paa2005.princeton.edu/papers/50314>
- Sivakumar, I. et al. (2020). Accessing Public Health Facilities: Rural and Urban Disparities. *Journal of Critical Reviews*, 7(3), 382-388. <https://doi.org/10.31838/jcr.07.03.73>
- Sivakumar, I. et al. (2020). Income and Food Habits on Health Issues among Rural Women in Tamil Nadu. *International Journal of Advanced Science and Technology*, 29(9s), 1536-1541.
- Tamil Nadu State Election Commission*. (2016). G.O. (Ms.) No. 102, Rural Development and Panchayat Raj (PR-1) Department, 16th September 2016, Government of Tamil Nadu, Chennai.

Tamil Nadu State Election Commission. (2019). Local Body Election Result - 2019, Government of Tamil Nadu, Chennai.

UNDP. (2017). *Health Development in Gram Panchayats: Active Panchayat Series Book VII*. Retrieved May 15, 2021, from <http://www.wbprd.gov.in/STARPRD/documents/elibrary/Health.pdf>