



A STUDY ON MEDICAL FACILITIES IN THIRUNILAI

BY

SUMITHA S (2116245111216)

SHEETAL P (2116245111195)

TARUNIKA V (2116245111224)

SRI DIVYA PRIYA J.S (2116245111204)

POORVIGA V (2116245111143)

OF

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(AN AUTONOMOUS INSTITUTION)

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RAJALAKSHMI ENGINEERING COLLEGE

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DEPARTMENT OF MANAGEMENT STUDIES

BONAFIDE CERTIFICATE

NAME:

REGISTER NO:

SUMITHA S

2116245111216

SHEETAL P

2116245111195

TARUNIKA V

2116245111224

SRI DIVYA PRIYA J.S

2116245111204

POORVIGA V

2116245111143

ACADEMIC YEAR: 2024-2025

SEMESTER: I

BRANCH: MBA

Certified that this is the bonafide work done by the above student in the subject Rural
Community Engagement during the academic year 2024- 2025.

Signature of HOD

Signature of Guide

Dr.UMA RAMAN.M

Dr.S.SILAMBARASI

Professor and HOD

Assistant Professor

Department of Management Studies

Department of Management Studies

Rajalakshmi Engineering College

Rajalakshmi Engineering College

Thandalam, Chennai

Thandalam, Chennai.

Submitted to Viva - Voce Examination held on _____

Internal Examiner

External Examiner

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1. EXECUTIVE SUMMARY

This Research study comprehensively explores the Thirunilai village faces critical deficiencies in medical facilities, posing a significant challenge to the well-being of its residents. The absence of adequate healthcare infrastructure contributes to poor health outcomes and limited access to essential medical services. Key issues include a scarcity of healthcare professionals, insufficient medical equipment, and a lack of accessible clinics or hospitals. Urgent intervention is required to address these shortcomings and enhance the overall health and healthcare accessibility in Thirunilai.

Thirunilai village is famous for its Thinnili Kattu which is used to treat the fractures in a person. It is done by the professional Siddha doctors from generation to generation. But this village lacks in the facility of clinics and hospitals during their general and emergency medical treatments. They need to travel to other areas for their treatment. The Primary objective to provide medical care and treatment to people in rural areas is to create awareness and educate people about healthcare, identify and address health issues in a community, promote preventive healthcare and reduce the incidence of diseases.

The suggestion is to Collaborate with non-profit healthcare organizations to enhance existing services, allocate resources, and initiate projects aimed at improving the overall healthcare infrastructure. Advocate for the establishment of a medical clinic and pharmacy in partnership with local authorities, addressing the absence of essential healthcare facilities in the village. Promote active community participation in health initiatives, organizing awareness campaigns, and involving residents in decision-making processes for sustainable improvements. Raise awareness about the healthcare needs of Thirunilai village to local government representatives, seeking their support for policy changes, additional resources, and infrastructure development. Partner with healthcare providers to organize regular health check-up programs within the village, ensuring residents receive consistent medical assessments and preventive care.

In conclusion, this study addressing these urgent healthcare challenges requires coordinated action. Advocating for regular government medical camps, partnering with non-profit organizations, and collaborating with local authorities are crucial measures. Establishing ambulance services, extending clinic hours, and implementing community health education initiatives are vital for achieving comprehensive and accessible healthcare in Thirunilai village. Adopting a multifaceted approach enables the community to proactively address existing healthcare gaps and promote a healthier future for its residents.

2. INTRODUCTION

In medicine, rural health or rural medicine is the interdisciplinary study of health and health care delivery in rural environments. The concept of rural health incorporates many fields, including wilderness medicine, geography, midwifery, nursing, sociology, economics, and telehealth or telemedicine.

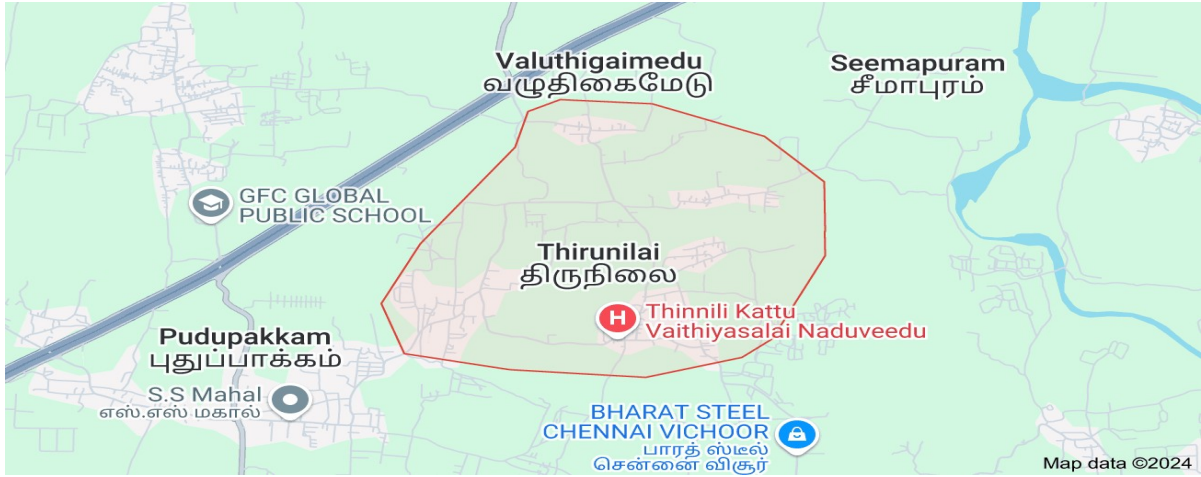
On average, people who live in rural areas have different health care needs than people in urban or suburban areas, and rural areas often suffer from a lack of access to care. There are differences in demography, geography, individual healthy behaviours, population density, socioeconomics, and the work force.

Many countries have made it a priority to increase funding for research on rural health. These efforts have led to the development of several research institutes with rural health mandates, including the Centre for Rural and Northern Health Research in Canada, Countryside Agency in the United Kingdom, the Institute of Rural Health in Australia, and the New Zealand Institute of Rural Health.

Health is not everything but everything else is nothing without health. “In the beginning, there was desire which was the first seed of mind,” says Rig-Veda, which probably is the earliest piece of literature known to mankind. Since antiquity India being the first state to give its citizens national health care as a uniform right. However in the present scenario Indian rural health care faces a crisis unmatched to any other social sector. Nearly 86% of all the medical visit in India are made by ruralites with majority still travelling more than 100 km to avail health care facility of which 70-80% is born out of pocket landing them in poverty.

The proposed project aims to bridge the healthcare deficit in Thirunilai village by establishing and enhancing medical facilities. Recognizing the critical need for accessible healthcare, the project will focus on constructing a well-equipped primary healthcare center, deploying skilled medical staff, and implementing community health programs. Through strategic partnerships and community engagement, this initiative strives to improve overall health outcomes, ensure timely medical interventions, and create a sustainable model for ongoing healthcare support in Thirunilai.

3. PROFILE OF THE VILLAGE



According to Census 2011 information the location code or village code of Thirunilai village is 628756. Thirunilai village is located in Ponneri taluka of Thiruvallur district in Tamil Nadu, India. Thiruvallur and Ponneri are the district & sub-district headquarters of Thirunilai village respectively. As per 2009 stats, Thirunilai village is also a gram panchayat.

The total geographical area of village is 315.17 hectares. Thirunilai has a total population of 1,373 peoples, out of which male population is 710 while female population is 663. Literacy rate of Thirunilai village is 67.7% (929) out of which 38.8% (532) males and 28.9% (397) females are literate. There are about 347 houses in Thirunilai village. Pincode of Thirunilai village locality is 600103.

Sengunram is the nearest town to Thirunilai village for all major economic activities, which is approximately 12 km away.



THIRUNILAI CENSUS DETAILS (2011)

Thirunilai Local Language is Tamil. Thirunilai Village Total population is 1,373 and number of houses are 347. Female Population is 48.3%. Village literacy rate is 67.7% and the Female Literacy rate is 28.9%.

Census Parameter	Census Data
Total Population	1373
Total No of Houses	347
Female Population %	48.3 % (663)
Total Literacy rate %	67.7 % (929)
Female Literacy rate	28.9 % (397)
Scheduled Tribes Population %	1.2 % (16)
Scheduled Caste Population %	27.7 % (380)
Working Population %	41.9 %
Child(0 -6) Population by 2011	171
Girl Child(0 -6) Population % by 2011	53.2 % (91)

CONNECTIVITY OF THIRUNILAI:

TYPE	STATUS
Public Bus Service	Available within village
Private Bus Service	Available within 8 kms
Railway Station	Available within 16 kms

TIRUNILAI VILLAGE DETAILS:

Village Name	THIRUNILAI
District	TIRUVALLUR
State	TAMILNADU

Panchayat	THIRUNILAI
Assembly Constituency	PONNERI ASSEMBLY
Loksabha Constituency	TIRUVALLUR PARLIAMENTARY
Area, Households, Nearest Town	315.17 hectares, 347, Thirukalukundram (7 km)
Habitations in Thirunilai	5 Habitations 1) Gounderpalayam 2) Kovilmedu 3) Thirunilai Village 4) Thirunilai Colony 5) Kodipallam
Panchayat Office	Gounderpalayam
Health Sub Centre	No Health Sub Centre
Government Hospitals near Thirunilai	1) Budur Upgraded Government Primary Health Centre (PHC) 2) Government Hospital Budur
Police Station near Thirunilai	M7 Manali New Town Police Station (7.3 km)
Government Bank	No government Banks available
Private Bank	No Private Banks available
Anganwadi Centres	1) Thirunilai Village 2) Kodipallam
Schools in Thirunilai	Panchayat Union Primary School (PUPS) (Thirunilai Colony)
Colleges in Thirunilai	No colleges available, nearby located college 5 km away.
E-Sevai Maiyam	Kodipallam
Ration Shops in Thirunilai	Two Ration shops are available (Thirunilai Village, Kodipallam)
Public Libraries in Thirunilai	Public Library available (Gounderpalayam)
Source of occupation in Thirunilai	Agriculture, Vaidhyasalai(Thinnili Kattu)
Source of Income	Source of Income people depends on farming, Nooru naal velai thitam.
Community Hall	No Community Hall
Bus Stops	1) Thirunilai Village 2) Thirunilai Colony 3) Kodipallam

4. METHODOLOGY

4.1 PROBLEM IDENTIFICATION

The challenges faced by the residents of Thirunilai village underscore a significant gap in healthcare infrastructure. The absence of a medical hospital, clinic, and medical store poses a substantial hurdle for the community, especially during emergencies when they need to travel a considerable distance of 7km to reach budhur government hospital.

In an effort to address these challenges, it would be crucial to advocate for increased government support and regular medical camps tailored to the specific needs of Thirunilai village. Collaborating with local healthcare authorities and Non-Governmental Organizations (NGOs) could facilitate the establishment of more accessible healthcare facilities within the village. Additionally, coordinating efforts to bring in healthcare professionals, including doctors, and ensuring the availability of essential medicines can contribute to improving the overall health conditions of the community.

There is no Government Sub health centre for regular visits from a nurse, it need to be complemented with a more comprehensive healthcare strategy to address a broader range of health issues. While the nurse can check normal health conditions, this falls short of addressing acute or chronic health issues that require specialized care. A more holistic healthcare strategy is imperative, encompassing regular medical camps, collaborations with healthcare professionals, and the establishment of a local clinic or medical facility. Advocacy efforts at the community level, supported by local authorities and potentially non-governmental organizations, could help bridge this healthcare gap and contribute to the overall well-being of the residents in Thirunilai village.

4.2 NEED OF THE STUDY

The need for a comprehensive study in Thirunilai village is paramount to address the critical healthcare challenges faced by its residents. The absence of a medical hospital, clinic, and medical store, coupled with the distant access to Budhur government hospital, underscores a pressing need for an in-depth examination of the healthcare landscape in the village.

Firstly, the study could focus on assessing the impact of the lack of accessible healthcare infrastructure on the overall health outcomes of the community. Understanding the prevalence of health issues, the frequency of emergencies, and the consequences of delayed medical attention due to geographical barriers would provide valuable insights.

Secondly, an analysis of the effectiveness of past medical interventions, such as the government sub health centre Nurse weekly once visits, would be crucial. This could involve evaluating the scope of services provided, the reach of these interventions, and the gaps in healthcare coverage that persist despite these efforts.

Additionally, investigating the reasons behind the absence of government-sponsored medical camps over the last two years could shed light on systemic challenges or resource limitations. Understanding the factors influencing the provision of healthcare services can inform advocacy efforts for sustainable and consistent healthcare support in the village.

Furthermore, the study could explore the economic and social implications of the current healthcare situation. Examining how healthcare challenges impact livelihoods, education, and overall community well-being would provide a comprehensive perspective for potential interventions.

In summary, the need for this study arises from the urgency to address the healthcare disparities in Thirunilai village. It should aim to provide a detailed understanding of the health landscape, evaluate past interventions, identify systemic challenges, and assess the broader socio-economic impact of the healthcare deficiencies. This knowledge can then inform targeted strategies and advocacy efforts to improve healthcare access and outcomes for the residents of the village.

4.3 OBJECTIVES OF THE STUDY

- To provide medical care and treatment to people in rural areas, create awareness and educate people about healthcare, Identify and address health issues in a community, promote preventive healthcare and reduce the incidence of diseases.
- To assess the availability and accessibility of healthcare services.
- To understand people engagement and support for healthcare initiatives.
- To evaluate community satisfaction and identify areas for improvement.
- To organize routine health check-up programs within village, highlight healthcare needs to local government representatives and collaborate with non-government profit healthcare organizations for comprehensive people well-being.



4.4 SOURCE OF DATA COLLECTION

Data has been collected by the researcher by primary source such as questionnaire. It included 13 questions and 55 people were given the questionnaire and response was taken from them. Charts and graphs will be used for presentation of data for easy understanding and interpretation. There are various methods of interpreting data. Data sources are broadly classified as;

Primary data

Primary data is data that is collected from first-hand sources, using methods like surveys, interviews, or experiments. It is collected with the research project in mind, directly from primary sources. In this study, the primary data was collected through a structured questionnaire.

Secondary data

Secondary data is data gathered from studies, surveys, or experiments that have been run by other people or for another research. In this study, besides Primary data, the secondary data was also collected. Websites, books were referred for this purpose from the library to facilitate proper understanding of the study.

Sampling

It is process of using a small number of items or parts of larger population to make conclusions about the world population. It's like a selected part of people represent the common thinking of whole population.

Sample size

The total sample size for the study was 55 these people were selected by considering the various aspects which made the study so effective.

TOOLS AND TECHNIQUES USED FOR ANALYSIS

For this particular study, data collection was done manually for each individual, and the responses were then organized in a spreadsheet. The subsequent analysis involved using percentage analysis, pie charts, bar graphs, and cross-tabulation on the collected data, which included a structured questionnaire with 13 multiple questions and demographic details. This method may be more time-consuming compared to using tools like Google Forms for automated data collection.

5. FINDINGS & SUGGESTIONS OF THE STUDY

RESEARCH SURVEY DETAILS

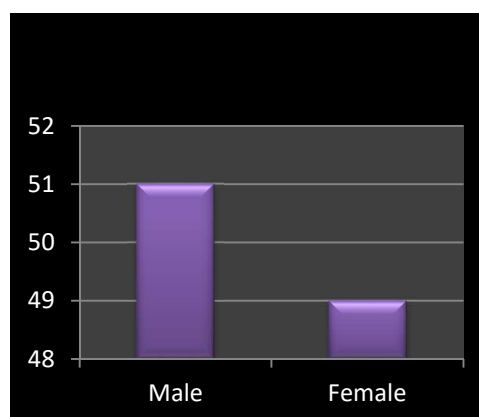
FINDINGS

4.1 Gender of respondents

Table 4.1

Particular	Respondents	Percentage
Male	28	51
Female	27	49
Total	55	100

Chart 4.1



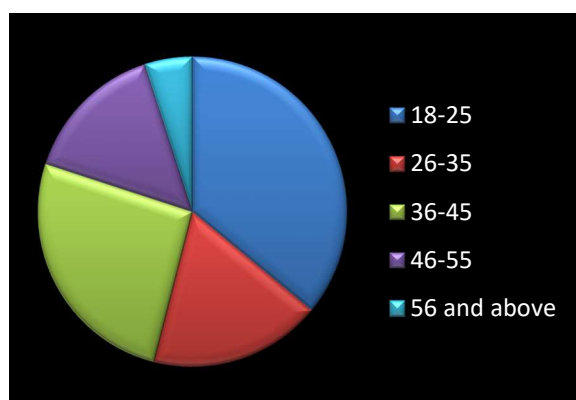
Findings: From the above table 4.1 and chart 4.1 indicate that, out of 55 respondents, the majority of responses is Male which is 51% and the least of the response is Female 49%.

4.2 Age of respondents

Table 4.2

Particular	Respondents	Percentage
18-25	20	36
26-35	10	18
36-45	14	26
46-55	8	15
56 and above	3	5
Total	55	100

Chart 4.2



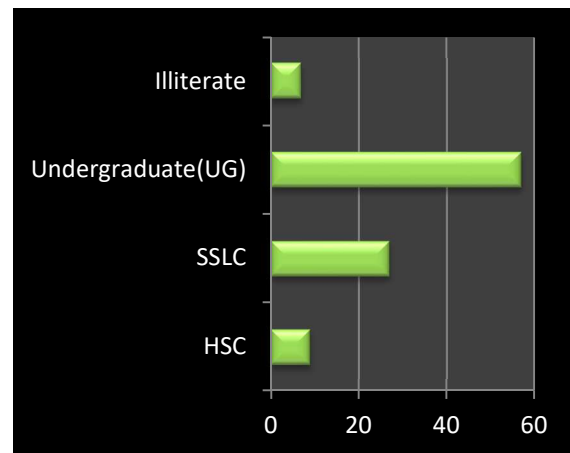
Findings: From the above table 4.2 and chart 4.2, it is clear that, out of 55 respondents, the majority of the respondent which is 36% falls under the age of 18-25 and the least of the respondent which is 5% falls under the age of 56 and above.

4.3 Education Qualification of the respondents

Table 4.3

Particular	Respondents	Percentage
HSC	5	9
SSLC	15	27
Undergraduate (UG)	31	57
Illiterate	4	7
Total	55	100

Chart 4.3



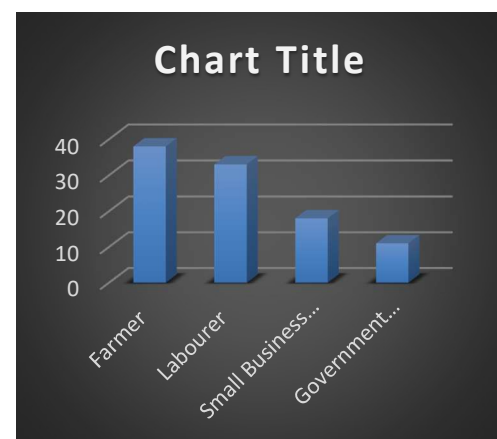
Findings: It is clear from the above table 4.3 and chart 4.3 it is clear, out of the 55 respondents, the majority is Undergraduate (UG) 57% and the least is Illiterate 7%.

4.4 Occupation of the respondents

Table 4.4

Particular	Respondents	Percentage
Farmer	21	38
Labourer	18	33
Small Business Owner	10	18
Government employer	6	11
Total	55	100

Chart 4.4



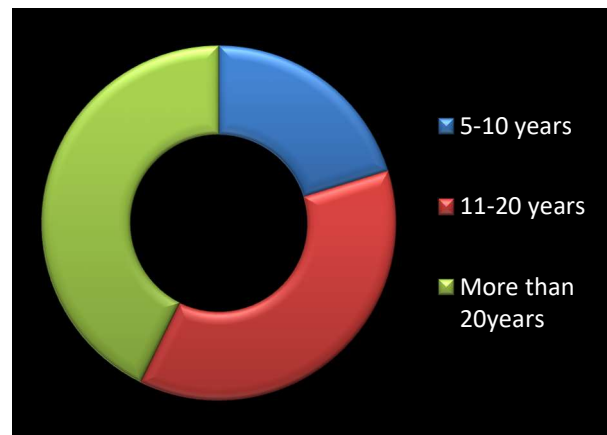
Findings: From the above table 4.4 and chart 4.4, it is clear that, out of 55 respondents. The majority of people (38%) of people work as Farmer in village and the least is working as Government employer with (11%).

4.5 How long you have lived in this village

Table 4.5

Particular	Respondents	Percentage
Less than 5 years	6	11
5-10 years	10	18
11-20 years	18	33
More than 20years	21	38
Total	55	100

Chart 4.5



Findings: From the above table 4.5 and chart 4.5 it is clear that, out of 55 respondents, the 38% of the People lived More than 20 years and the least is 6% lived Less than 5 years in the village.

4.6 How far is the nearest hospital from your village

Table 4.6

Particular	Respondents	Percentage
Less than 5km	14	25
5-10 km	20	37
11-20 km	6	11
More than 20km	15	27
Total	55	100

Chart 4.6



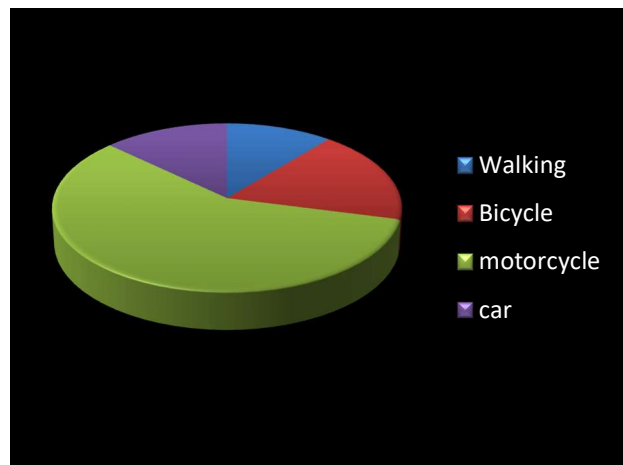
Findings: From the above table 4.6 and chart 4.6 it is clear that, out of 55 respondents, the majority people are 5-10 km (37%) away from hospital and the least is 11% live 11-20 km away from the hospital.

4.7 What mode of transportation do you use to reach the nearest hospital

Table 4.7

Particular	Respondents	Percentage
Walking	6	11
Bicycle	10	18
motorcycle	32	58
car	7	13
Total	55	100

Chart 4.7



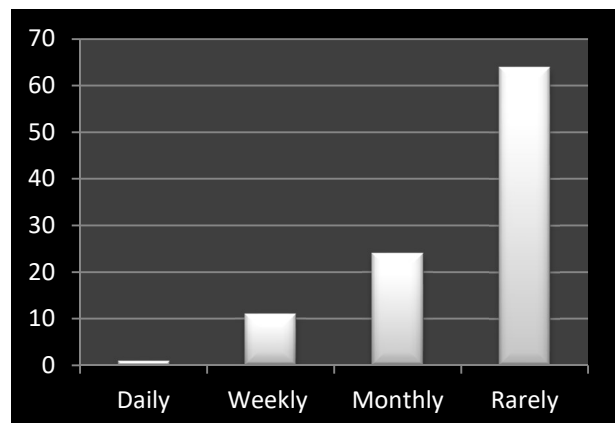
Findings: From the above table 4.7 and chart 4.7 it is clear that, out of 55 respondents, the (58%) majority people use motorcycle and only (11%) of people go by walk.

4.8 How often do you or your family member need to visit a hospital

Table 4.8

Particular	Respondents	Percentage
Daily	1	1
Weekly	6	11
Monthly	13	24
Rarely	35	64
Total	55	100

Chart 4.8



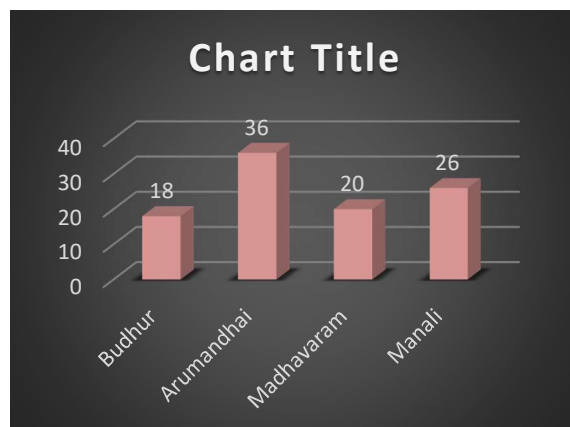
Findings: From the above table 4.8 and chart 4.8 it is clear that, out of 55 respondents, the majority people go Rarely to the hospital (64 %) and least is (1%) go to hospital daily.

4.9 Which hospital do you usually visit or nearby

Table 4.9

Particular	Respondents	Percentage
Budhur	10	18
Arumandhai	20	36
Madhavaram	11	20
Manali	14	26
Total	55	100

Chart 4.9



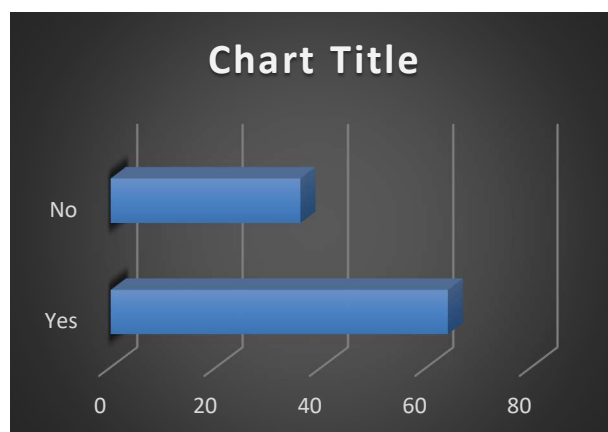
Findings: From the above table 4.9 and chart 4.9 it is clear that, out of 55 respondents, the majority people (36%) of usually visit Arumandhai hospital but it far away from village around 10 km and Manali are 26%, from Madhavaram 20%, from Budhur 18%.

4.10 If any medical camp have been held in the last two years

Table 4.10

Particular	Respondents	Percentage
Yes	35	64
No	20	36
Total	55	100

Chart 4.10



Findings: From the above table 4.10 and chart 4.10 it is clear that, out of 55 respondents, the majority people (64%) says “Yes” Medical camp was conducted, people also get benefited and remaining says “No” (36%) Because not even single government camp were conducted.

4.11 Is there any pharmacy nearby

Table 4.11

Particular	Respondents	Percentage
Yes	20	36
No	35	64
Total	55	100

Chart 4.11



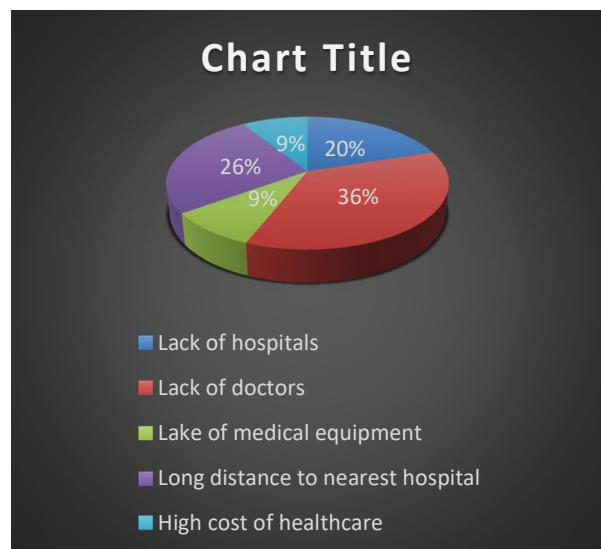
Findings: From the above table 4.11 and chart 4.11 it is clear that, out of 55 respondents, the majority people (64%) says “no” there is a two medical shop near Arumandhai and Madhavaram but it far away from village around 9 km and remaining says “yes ” (36%).

4.12 What are the biggest healthcare challenges you face in your village

Table 4.12

Particular	Respondents	Percentage
Lack of hospitals	11	20
Lack of doctors	20	36
Lake of medical equipment	5	9
Long distance to nearest hospital	14	26
High cost of healthcare	5	9
Total	55	100

Chart 4.12



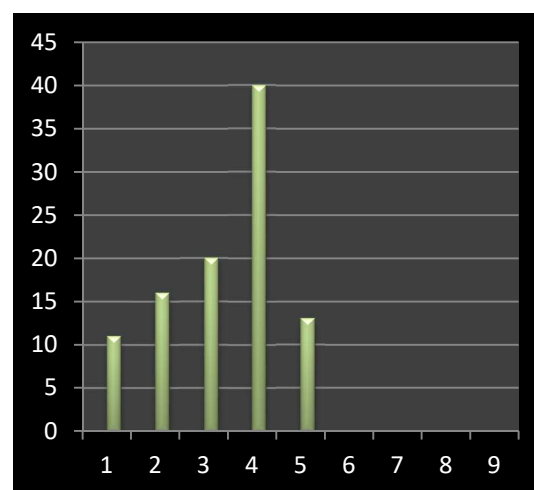
Findings: From the above table 4.12 and chart 4.12 it is clear that, out of 55 respondents, the majority people (36%) Lake of doctors and remaining Long distance to nearest hospital (26%), Lake of hospitals (20%), High cost of healthcare (9%), Lake of medical equipment (9%).

4.13 What do you think are the most pressing healthcare needs in your village

Table 4.13

Particular	Respondents	Percentage
Building a hospital in the village	6	11
Increasing the number of doctors and medical staff	9	16
Proving training for healthcare professional	11	20
Implementing telemedicine services	22	40
Improving road connectivity to distant hospitals	7	13
Total	55	100

Chart 4.13



Findings: From the above table 4.13 and chart 4.13 it is clear that, out of 55 respondents, the majority people (40%) Implementing telemedicine services and remaining Proving training for healthcare professional (20%), Increasing the number of doctors and medical staff (16%), Improving road connectivity to distant hospitals (13%), Building a hospital in the village (11%).

SUGGESTIONS OF THE STUDY

- Investigate the reasons behind the low response rate (5%) among respondents aged 56 and above.
- Provide information and resources to undergraduate respondents (57%) about higher education opportunities, such as master's programs or professional certifications.
- Consider setting up a health clinic within the village to reduce the distance to healthcare facilities.
- Provide health education and training to community members, enabling them to take charge of their health and wellbeing.
- Collaborate with local governments and organizations to conduct regular medical camps, focusing on preventive healthcare and early diagnosis.
- Form alliances with non-profit healthcare services to fill gaps, provide resources, and launch activities to enhance general health infrastructure.
- Consider increasing the frequency of polio drop camps to at least twice a year, to ensure that more children are vaccinated and protected against polio.
- Identify areas with low vaccination coverage and target interventions to increase awareness and access to polio drop camps.
- Identify the specific medical facilities and services required in Thirunilai village.
- Set up a temporary health clinic to provide basic medical services until a permanent facility is established.
- Build a permanent health clinic with adequate infrastructure, including examination rooms, laboratories, and pharmacies.
- Provide necessary medical equipment, including diagnostic machines, hospital beds, and emergency response equipment.

6. CONCLUSION

The healthcare situation in Thirunilai village presents a stark challenge with the absence of essential medical facilities and services. The lack of a medical hospital, clinic, and medical store creates a significant hurdle for residents, compelling them to travel 12 kilometers to Sengunram hospital during emergencies. The absence of regular government medical camps over the past two years further exacerbates the healthcare gap, despite the commendable efforts of the Rajalakshmi medical camp. While the weekly visits by a nurse from the government sub-health centre offer some relief by addressing normal health conditions, the village remains underserved, lacking crucial ambulance services and 24-hour clinic facilities.

To address these pressing healthcare issues, concerted efforts are needed. Advocacy for regular government medical camps, collaboration with non-profit organizations, and engagement with local authorities are essential steps. The establishment of ambulance services, extension of clinic hours, and community health education initiatives are imperative for ensuring comprehensive and accessible healthcare in Thirunilai village. By pursuing a multi-faceted approach, the community can work towards bridging the existing healthcare gaps and fostering a healthier future for its residents.

The primary health care resources in India are, infrastructure, sub-centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), First Referral Units (FRUs) and human resources. In rural areas, it is vital to generate awareness among the individuals in terms of health insurance. In order to provide solutions to the problems of rural health, there have been introduction of remedies in the form of programs and schemes. These are, National Rural Health Mission (NRHM), Janani Suraksha Yojana (JSY), Health Insurance through Rashtriya Swasthya Bima Yojana (RSBY), Mobile-Based Primary Health Care System and Indira Gandhi Matritva Sahyog Yojana (IGMSY). In the effective implementation of these programs, the individuals are required to possess the necessary skills and abilities. They need to make efficient use of their skills and abilities to generate awareness among the rural individuals in terms of not only improving their health conditions, but overall quality of life as well.



APPENDIX

7.1 BIBLIOGRAPHY

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7.2 GEO TAGGED PHOTOS



THINNALI KATTU CENTRE





7.3 QUESTIONNAIRE

1. Gender
 - a) Male
 - b) Female
2. Age
 - a) 18-25
 - b) 26-35
 - c) 36-45
 - d) 46-55
 - e) 56 and above
3. Education Qualification
 - a) HSC
 - b) SSLC
 - c) Undergraduate (UG)
 - d) Illiterate
4. What is your occupation?
 - a) Farmer
 - b) Labourer
 - c) Small business owner
 - d) Government employee
5. How long you have lived in this village?
 - a) Less than 5 years
 - b) 5-10 years
 - c) 11-20 years
 - d) More than 20 years
6. How far is the nearest hospital from your village?
 - a) Less than 5 kms
 - b) 5-10 kms
 - c) 11-20 kms
 - d) More 20 kms
7. What mode of transportation do you use to reach the nearest hospital?
 - a) Walking
 - b) Bicycle
 - c) Motorcycle

- d) Car
 - e) Public transportation
8. How often do you or your family members need to visit a hospital?
- a) Daily
 - b) Weekly
 - c) Monthly
 - d) Rarely
9. Which hospital do you usually visit or nearby?
- a) Budhur
 - b) Arumandhai
 - c) Madhavaram
 - d) Manali
10. If any medical camp have been held in the last two years
- a) Yes
 - b) No
11. Is there any pharmacy nearby?
- a) Yes
 - b) No
12. What are the biggest healthcare challenges you face in your village?
- a) Lack of hospitals
 - b) Lack of doctors
 - c) Lack of medical equipment
 - d) Long distance to nearest hospital
 - e) High cost of healthcare
13. What do you think are the most pressing healthcare needs in your village?
- a) Building a hospital in the village
 - b) Increasing the number of doctors and medical staff
 - c) Providing training for healthcare professionals
 - d) Implementing telemedicine services
 - e) Improving road connectivity to distant hospitals