Preliminary Findings on Socio-Economic Status, Health and Educational Status Among Rural Households in Tosekgre, West Garo Hills, Meghalaya.

Abstract:

Socio-economic status is a multi-dimensional concept that reflects the social and economic conditions influencing the quality of life and well-being of individuals and households. The study presents the preliminary findings of 72 households in Tosekgre village, West Garo Hills, Meghalaya. The findings indicate that although a large majority of households (96%) own their homes, most of the respondents reside in kutcha houses and belong to the lower-income category. Agriculture remains the principal occupation, and the majority of households reported having bank accounts, whereby indicating that there was access to formal financial services. The preferred source of healthcare was government hospitals and many of the respondents had benefitted from heath schemes provided by the government. Most of the respondents had attained either secondary or primary education, and financial constraints being the leading cause of school dropout. The preliminary findings highlight the essence of positive indicators – high home ownership, having access to healthcare services, and financial inclusion. The study also revealed the persistent challenges related to housing quality, household income, and educational attainment, retention in schools, health awareness and skill development. Therefore, the findings point to the need for interventions that strengthen all the prevailing challenges in these rural communities.

Keywords: Socio-Economic Status, Rural Households, Health Status, Educational Status, Meghalaya

Introduction

Rural development remains central priority in India, as nearly two-thirds of the country's population continues to reside in rural areas where disparities in socio-economic conditions, healthcare accessibility, educational opportunities, and basic infrastructure persist(Office of the Registrar General & Census Commision, 2011). Understanding the living conditions of rural households is therefore essential for planning interventions that promote equitable development and enable improvement the rural communities' quality of life.Socio-economic status is widely recognised as one of the strongest determinants of health and educational outcomes. Household income, occupation, ownership of productive assets, and housing

conditions, significantly influence access to healthcare, educational attainment, nutritional status and overall wellbeing(Marmot, 2005). Families with better socio-economic resources generally experience improved access to healthcare services, educational opportunities, and healthier livings environments, whereas economically disadvantaged households often encounter multiple barriers that reinforce cycles of poverty and poor health.

Health and education are closely interconnected dimensions of rural development. Access to healthcare facilities, awareness of government health programmes, sanitation and healthy housing environments have a substantial contribution to community well-being. Education enhances employment prospects, health literacy and informed decision making, thereby improving household resilience and socio-economic mobility. Inadequate educational opportunities and limited healthcare access continue to pose significant developmental challenges in many rural regions of India (Cowling, Dandona, & Dandona, 2014). Rural communities, particularly in the Garo Hills region, experience variations in access to educational institutions, healthcare facilities, banking services, drinking water, communication, and other basic amenities. The District Census handbook for West Garo Hills demonstrates that infrastructure and public services differ considerably from one village to another, emphasizing the importance of local-level assessments rather than relying solely on district or state averages (Directorate of Census Operations Meghalaya, 2014)

Village-level household surveys provide valuable baseline information that complements secondary data by documenting the status of communities. Although government reports provide aggregate statistics for the district, they do not adequately capture the realities and developmental needs of individual villages. Against this backdrop, the present study brings forth the preliminary findings on the socio-economic, health and educational conditions of rural households in Tosekgre village.

Methodology

Research Design

The study employed a descriptive research design to obtain preliminary information on the socio-economic status, health, and the educational conditions of rural households in Tosekgre village. The study sought to provide a baseline understanding of the existing conditions of the community using primary data collected at the household level.

Research Objectives

1. To assess the socio-economic status of rural households in Tosekgre village with respect to housing, occupation, income, and basic household characteristics.
2. To examine the health status of rural households, including access to healthcare services and awareness on health schemes.
3. To assess the educational status of rural households with respect to school dropouts, vocational training and educational facilities.

Study Area

The study was conducted in Tosekgre village, West Garo Hills, Meghalaya. The village was selected to obtain preliminary information on the socio-economic, health, and educational conditions of rural households.

Study Population

The study population comprised of households residing in Tosekgre village, with the head of the household or an adult family member serving as the respondent.

Sample Size

The study included 72 rural households from Tosekgre village.

Sampling Technique

The data was collected by the use of a structured household questionnaire. A convenience sampling technique was employed and all accessible households in the village were covered during the data collection.

Data Collection and Analysis

The data was collected primarily by conducting a face-to-face interview and adopted a structured questionnaire after obtaining informed consent from the respondents. The data that was collected was analyzed by the usage of descriptive statistics. The findings of the study are presented in tabular form to provide a preliminary profile of the study area.

Results and Discussion

Table No: 1 Gender

Gender	Frequency	Percentage
Male	41	57%

Female	31	43%
Total	72	100%

The findings show that 41 respondents (57%) aremale**,** while 31 respondents (43%) are female**.**

Table No:2 Family Type

Family Type	Frequency	Percentage
Nuclear	55	76.4%
Joint	16	22.2%
Extended	1	1.4%
Total	72	100%

The findings show that nuclear families are the most common, with 55 households (76.4%)**,** followed by joint families (16 households, 22.2%) andextended families (1 household, 1.4%)**.** This indicates that the majority of respondents live in nuclear family settings.

Table No: 3 Type of Houses

Type of Houses	Frequency	Percentage
Pucca	17	24%
Semi-Pucca	21	29%
Katcha	34	47%
Total	72	100%

The findings show that Katcha houses are the most common, with 34 households (47%) followed by Semi-Pucca houses21 households (29%**)** and Pucca houses17 households, (24%).

Table No: 4 Occupations

Occupations	Frequency	Percentage
Labourer	5	7%
Cultivator	56	77%
Government Employee	3	4%
Business	4	6%

Private Job	2	3%
Others	2	3%
Total	72	100%

The findings show that cultivation is the primary occupation for most households, with 56 families (77%) engaged in farming. This is followed by labour work (7%)**,** business (6%)**,** government employment (4%)**,** private jobs (3%)**,** and other occupations (3%)**.**

Table No: 5 Average Monthly Income

Average Monthly Family Income	**Frequency**	**Percentage**
Below Rs 3000	4	6%
Rs3000–Rs6000	30	41%
Rs6000–Rs10000	16	22%
Above Rs10000	22	31%
Total	72	100%

The findings show that 41% of households have a monthly family income of Rs 3,000–Rs 6,000**,** this is followed by 31% earning above Rs 10,000earning, 22% households earning Rs 6,000–Rs 10,000**,** and 6% earning below ₹3,000**.** Overall, the results indicate that most households fall within the low- to middle-income category.

Table No: 6 Bank Account

Bank Account	**Frequency**	**Percentage**
Yes	61	85%
No	11	15%
Total	72	100%

The findings indicate that 61 households (85%) have a bank account, while 11 households (15%) do not have bank account.

Table No: 7 Owning Agricultural Land

Own Agricultural Land	**Frequency**	**Percentage**

Yes	72	100%
No	0	0%
Total	72	100%

The findings reveal that all 72 households (100%) own agricultural land. This indicates that land ownership is universal among the respondents, highlighting the importance of agriculture as the primary source of livelihood in the study area.

Table No: 8 Seek Treatment

Go for treatment	Frequency	Percentage
PHC	25	35%
Government Hospital	41	56%
Private Clinic	2	3%
Traditional Healer	4	6%
Self-medication	0	0%
Total	72	100%

The findings show that 56% of respondents seek treatment at government hospitals**,** followed by 35% who visit Primary Health Centres (PHCs)**.** A small proportion prefer traditional healers (6%) orprivate clinics (3%)**,** while none reported practicing self-medication. This indicates that public healthcare facilities are the primary source of treatment for most households.

Table No: 9 Attended Any Health Camp

Attended any health camp before	Frequency	Percentage
Yes	31	43%
No	41	57%
Total	72	100%

The findings indicate that 41 respondents (57%) had not attended any health camp, while 31 respondents (43%) had participated in one. This suggests that participation in health camps is

relatively low, highlighting the need to improve awareness and encourage greater community involvement in health outreach programs.

Table No: 10 Proper Ventilation

House have proper ventilation	Frequency	Percentage
Yes	43	60%
No	29	40%
Total	72	100%

The findings indicate that 43 households (60%) have proper ventilation in their homes, while 29 households (40%) do not have and poor ventilation may affect health and overall living conditions.

Table No: 11 School Dropout

School Dropout	Frequency	Percentage
Yes	16	22%
No	56	78%
Total	72	100%

The findings indicate that 56 respondents (78%) had not dropped out of school**,** while 16 respondents (22%) reported being school dropouts.

Table No: 12 Reason for School Dropout

Reason for Dropout	Frequency	Percentage
Financial Problem	7	9.7%
Domestic Problem	2	2.8%
Lack of Interest	6	8.3%
Personal Problem	4	5.6%

Not Applicable	53	73.6%
Total	72	100%

The findings show that 73.6% of respondents reported not applicable, indicating they had not dropped out of school. Among those who did, financial constraints (9.7%) were the most common reason, followed by lack of interest (8.3%)**,** personal reasons (5.6%), and domestic responsibilities (2.8%)**.** This suggests that financial difficulties were the primary factor contributing to school dropout among the affected respondents.

Table No: 13 Educational Facilities

Educational Facilities	**Frequency**	**Percentage**
Yes	39	54%
No	33	46%
Total	72	100%

The findings show that 39 respondents (54%) reported the availability of educational facilities**,** while 33 respondents (46%) did not.

Discussion

The findings provide an overview of the socio-economic status, health, and educational conditions of households in Tosekgre village, Meghalaya. The respondents were predominantly male (57%), all belonged to the Christian religion, and most had attained primary or secondary education. The predominance of nuclear families (76.4%) reflects the changing family structure commonly observed in rural communities, which is so found in (Cholakkal, 2019)**,**study where the author says the three factors education, health and income is associated with socio-economic status of households.

The socio-economic findings indicate that agriculture is the primary source of livelihood, with 77% of households engaged in cultivation and all respondents owning agricultural land. However, most households lived in Katcha or Semi-Pucca houses, and the majority earned between ₹3,000 and ₹6,000 per month, suggesting modest economic conditions. Although 85% of households had bank accounts, more than half reported having no monthly savings, indicating limited financial security. Similar study by(Mishra, 2024)**,**reported that the socio-

economic status of rural households depends on various factors that influence the livelihoods and well-being of the rural population.

In terms of health, nearly all respondents reported access to a health centre, and most preferred government hospitals or Primary Health Centres for treatment. However, participation in health camps and health awareness programmes was relatively low, despite 71% benefiting from government health schemes, this finding is in support with(Prasad, Kumari, & Poddar, 2009) identified that low participation in health camp and health awareness programmes was attributed to lack of time, competing workloads and responsibilities, restricted mobility and prevailing cultural beliefs.Additionally, 40% of households lacked proper ventilation, which may negatively affect health and living conditions

Educationally, most respondents had not dropped out of school and reported regular school attendance. Financial constraints emerged as the leading reason for school dropout among those affected. Although educational facilities were available to over half of the respondents, vocational training participation remained very low, highlighting the need for greater skill development opportunities. Similar findings were found by (Garg, Chowdhury, & Sheikh, 2024)**,** where financial constraints as the primary factors contributing to school dropout, followed by limited school accessibility and lack of interest in education.

Overall, the findings suggest that while the community has strengths such as agricultural land ownership, home ownership, and access to basic healthcare, challenges remain in improving housing quality, household income, preventive healthcare participation, vocational training, and educational opportunities. Addressing these areas through integrated rural development programmes could enhance the overall well-being of the community.

Conclusion

The study concludes that socio-economic status is shaped by a combination of social and economic factors. Social determinants include occupation, educational attainment, housing conditions, and access to basic amenities, while economic factors encompass household income, asset ownership, savings, land ownership, and employment opportunities. Together, these dimensions influence not only the material well-being of individuals and households but also their standard of living, opportunities for socio-economic advancement, and access to

quality healthcare and education.The findings indicate that Tosekgre village has made notable progress in terms of basic infrastructure, household asset ownership, and access to essential healthcare services. However, significant challenges remain, particularly in improving housing quality, enhancing household income, promoting financial savings, reducing school dropout rates, expanding vocational training opportunities, and strengthening access to higher education. Addressing these challenges requires integrated rural development strategies supported by coordinated efforts among the health, education, and other sectors. Such collaborative interventions can contribute to sustainable socio-economic development and improve the overall well-being and quality of life of the community.

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