

Spatial Distribution and Availability of Education and Health Care Facilities in the Aizawl District of Mizoram

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(Received 10 January, 2023; Accepted 16 March, 2023)

ABSTRACT

Education and Health Care facilities are the two dominant factors shaping society. The distribution and availability of schools and healthcare facilities depend on the geographical location, which attracts the majority of the population. Education and Health Care are the conjunct factor for the development and an enduring life principally for the rural areas. They play a leading role in the prosperity of rural livelihood. With academic knowledge, health care is promoted by knowing the importance of nutrition, sanitation, etc., for improving health. Several healthcare facilities were set up in Aizawl District, particularly in the rural area. In rural areas, Hospitals and Doctors are scarce; therefore, Primary Health centres and Sub-Centers accompanied by nurses and Health Workers were the commonly accessible healthcare facilities. Education plays a central part as a core instrument for uplifting and developing one's existence, especially for rural people. Within the rural areas of Aizawl District, due to the provision of free Education and mid-day meal in government and government-aided schools with trained teachers, nearly all children are found going to schools. The church-provided schools were also found in almost all the villages, helping children to attain schools at low fees with quality education.

Key words: Population, Education, Health, Primary School, Secondary School, High School, Higher Secondary, Primary Health Centre, Community Health Centres, Sub-Centers, Clinics.

Introduction

Education and Health Care facilities are the two dominant factors shaping society. The distribution and availability of schools and healthcare facilities depend on the geographical location, which attracts the majority of the population. They are generally constructed at the best and most accessible location. Schools are built with learning spaces and learning environments for students. Health Care Facilities including Community Health Centres and Sub-Cen-

tres, are situated at the communal site with *the concept of sustainability and disaster resilience and integrated with clean energy.*

Education and Health care are the conjunct factor for the development and an enduring life principally for the rural areas. They play a leading role in promoting rural prosperity by knowing the importance of nutrition, sanitation, etc., for improving health.

Education is a highly profitable investment in the long term; it is the most effective instrument for

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transforming the reality of individuals, families, and societies (Estebaranz, 2018). So, for uplifting and developing one's existence, Education plays a central part as a core instrument, especially for rural people. Within the rural areas of Aizawl District, due to the provision of free Education and mid-day meal in government and government-aided schools with trained teachers, nearly all children are found going to schools. The Church provided schools in almost all the villages, helping children attain schools at low fees with quality education.

Several healthcare facilities were set up in Aizawl District, particularly in the rural area. In rural areas, Hospitals and Doctors are scarcely found; therefore, Primary Health centres and Sub-Centers accompanied by nurses and Health Workers were the commonly accessible healthcare facilities. There are two health care schemes found in the study area- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY); it is a central scheme by using a golden card every particular family can claim a bill for medical expenses up to 5lakhs in a year and Mizoram State Health Care Scheme (MSHCS); this is a state scheme where every particular family can claim a bill of Rupees 2 lakh for medical expenses.

Study Area

The study has been carried out in Aizawl District, one of the eleven districts and state capital of Mizoram in India, which recently (2019) comprised 4 Rural Development Blocks- Tlangnuan RD Block, Aibawk RD Block, Thingsulthliah RD Block, and Darlawn RD Block respectively. Aizawl is the largest city of Mizoram and the most populous District among the eleven districts of Mizoram, with a population of 4,00,309 and 82,524 households as of the 2011 census. Aizawl District has the second highest literacy rate, with 97.89 percent of its population, next to the Serchhip District.

The District is north of the Tropic of Cancer in the northern part of Mizoram. It is bounded north by Kolasib District, Mamit District on the west, Serchhip District on the south, Lunglei District on the southwest, and Champhai District on the East. Aizawl District occupies an area of 3,577 square kilometers. It is situated on ridge 1132 meters (3715 ft) above sea level, with the Tlawng river valley to its west and the Tuirial river valley to its East. The temperature ranges from 20-30 degrees Celsius in summer and 21 degrees Celsius in winter.

Objectives

The objectives of this study are as follows:

1. To analyze the distribution of Education under the Aizawl District.
2. To identify the number of teachers in that particular area.
3. To determine the spatial distribution of healthcare facilities in the study area.
4. To examine the availability of medical staff in the selected District.

Methodology

For the success of this paper, the secondary source of information was mainly used exclusively by several government offices within the study area. Data is collected from the Directorate of Economics & Statistics, Directorate of Census, Directorate of Rural Development, Directorate of School Education, and Directorate of Health & Family Welfare. Other important information was based on books, articles, journals, and the internet.

The number of schools and health care facilities was carefully categorized to know the distribution of each in particular villages. The medical staff and teachers were precisely inspected and examined to list their availability for every village.

Distribution of Population

Population distribution ought to be studied in searching for the distribution of schools and health care facilities because the population is the main factor affecting such facilities' distribution. Analyzing the population distribution helps find the availability of teachers and medical staff under a particular study area.

According to Social Economic and Caste Census (2011), a household is "a group of persons who normally live together and take their meals from a common kitchen/common cooking unless the exigencies of work prevent any of them from doing so". The number of households represents the size of the village and its population.

According to the 2011 census, Aizawl District has a population of 4,00,309 which is the 557th rank out of a total of 640 districts in India. In Aizawl District, the population density is 113 inhabitants per square kilometer. The population growth rate from 2001-2011 was 24.07% and had a sex ratio of 1009 females for every 1000 males.

Table. Distribution of Population in Rural Area of Aizawl District- 2022

	Name of Village	Household	Population		Total
			Male	Female	
1	Neihbawih	98	245	205	450
2	Sihphir	1349	3268	3260	6528
3	Sairang	698	1598	1544	3142
4	Nausel	61	152	139	291
5	Selesih	188	425	457	882
6	Muthi	170	470	437	907
7	Phunchawng	-	-	-	-
8	Rangvamual	331	645	697	1342
9	Tuirial	173	484	340	824
10	Tuirial Jail	182	447	376	823
11	Eden Thar	624	1394	1451	2845
12	Bung IB	63	125	132	257
13	Tlangnuam	839	2018	1990	4008
14	Saikhamakawn	317	727	736	1463
15	Melthum	241	584	526	1110
16	Hlimen	564	1404	1329	2733
17	Samtlang	152	414	394	808
18	Lungleng I	152	402	389	791
19	North Lungleng	152	358	328	686
20	Hualngohmun	161	345	348	693
21	Melriat	199	513	484	997
22	Kelsih	149	365	371	736
23	Falkawn	293	654	685	1339
24	Muallungthu	256	603	557	1160
25	Tachhip	197	514	469	983
26	Aibawk	310	651	674	1325
27	Sateek	188	431	421	859
28	Phulpui	198	544	514	1105
29	S. Maubuang	96	259	256	515
30	Thiak	140	372	377	749
31	Sumsuih	161	394	350	744
32	Hmuifang	53	292	153	292
33	Lungsei	47	131	109	240
34	Chawilung	89	206	165	371
35	Lamchhip	143	393	316	709
36	Chamring	52	160	141	301
37	Samlukhai	226	671	607	1278
38	Sialsuk	396	945	936	1881
39	Sailam	126	379	383	762
40	Mualmam	42	91	82	173
41	CTI Sesawng	102	241	243	484
42	Sesawng	562	1371	1351	2722
43	Phaibawk	16	37	32	69
44	Tuikhurhlu	45	96	94	190
45	Seling	468	1138	1141	2289
46	Tlangnuam	305	920	667	1587
47	Thingsulthliah	724	1663	1739	3402
48	Aichalkawn	23	48	47	95
49	Saisih Vety Farm	7	17	16	33
50	Darlawng	160	313	340	653
51	Tlungvel	559	1238	1291	2529
52	Phulmawi	66	146	131	277
53	Zokhawthiang	156	491	464	955
54	Mauchar	45	120	104	224

55	Tinghmun	134	447	426	873
56	Zohmun	255	720	679	1399
57	Palsang	69	189	181	370
58	Upper Sakawrdai	30	71	73	144
59	Sakawrdai	464	1275	1230	2505
60	Khawpuar	102	284	272	556
61	Vaitin	214	556	513	1069
62	N. Khawdungsei	48	140	111	251
63	Thingsat	43	81	73	154
64	Damdiai	40	107	98	205
65	New Vervek	150	386	343	729
66	Lungsum	95	222	191	413
67	Ratu	435	1129	1047	2176
68	Sunhluchhip	101	304	264	568
69	Sailutar	97	265	271	536
70	N. Serzawl	127	355	246	601
71	Darlawng	796	1858	1911	3767
72	Sawleng	301	727	725	1452
73	Chhanchhuahna Khawpui	36	67	67	134
74	Kepran	167	366	342	708
75	E. Phaileng	236	597	544	1141
76	Pehlawn	147	334	351	685
77	Khawruhlian	479	1065	1046	2111
78	Hmunngghak	61	160	156	316
	Total	17709	43617	41939	89556

Source: Census of India (District Census Handbook)

The population within rural areas of Aizawl differs according to geographical location, size of the village, availability of natural resources, proper infrastructures of schools, medical facilities, and so on. In most of the villages, the average population of the male is higher than that of the female population. Since Phunchawng is a newly added village, the numbers of households and population of the such village have not been added to the District Census Handbook of 2011. Village-wise distribution of households and population under Aizawl District are as follows:

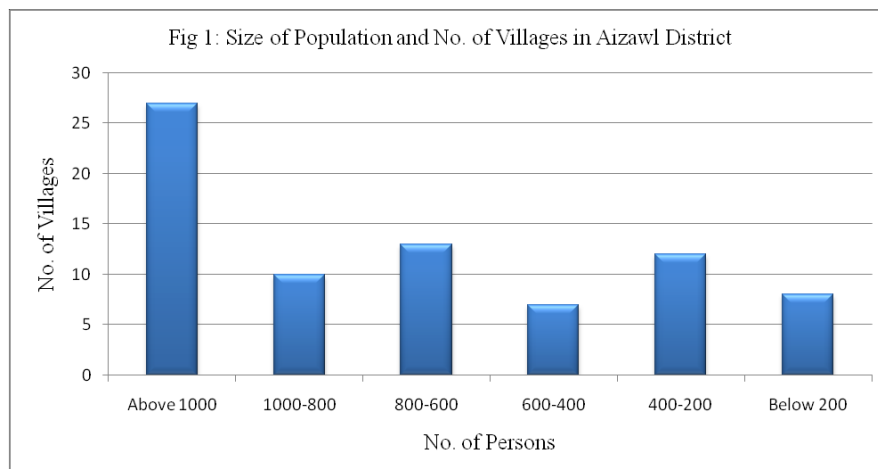
As shown from the above table, 65% of the village exceeds 600 populations. The population indicates the size of the village and the distribution of schools and healthcare facilities. Village with more than 600 populations generally has more schools and proper health care facilities. These villages have adequate infrastructure and facilities. Many teachers and medical staff were also constantly available in villages with a high population.

Distribution of Schools

Education plays a vital role in the lives of the Mizo. Mizoram ranked the third highest literacy rate in India, with 91.33% of its population. The study area

Table 2. Size of Population and Number of Villages in Aizawl District

Size of Population	Above 1000	1000-800	800-600	600-400	400-200	Below 200
No. of Villages	27	10	14	7	12	8



comprises 340,395 literate people; 169,547 are male, and 171,048 are female, ranking the second highest literacy rate in Mizoram.

The study area possessed three types of schools: government, i.e., Government schools, Church owned schools, and private. The number of schools in each village varies depending on its geographical location, the size of the population, and the establishment of the village.

There are few villages with no schools in the rural area of Aizawl District, mentioning Neihbawih in the North and Bung IB in the East, while some villages have several schools, including Sihphir in the North and Sairang in the West.

Primary School

Primary schools are the first school stage where children can get formal Education. Almost all villages have one or more primary schools. Some villages even obtained more than five schools, like Sihphir, Sesawng, and Sairang. In contrast, only a few villages were found without a single school, primarily due to more facilitate schools in the neighboring villages.

In the study area, the primary section starts from class I to V. Children 6-10 years of age are usually in these standards, but there is no specific age classification for children.

Middle School

Middle school is higher than primary school but

lower than high school. Under the rural areas of Aizawl District, out of the total 389 schools, 37% of the schools are middle section. Few villages have no middle school, while most have two or more schools.

The number of schools usually indicates the size and population of a village. The middle section commences from class 6th to 8th from ages 11-13 years, but no specific period is contrived.

High School

High School is next to the middle school, having class 9th and class 10th. In India, every student attaining class 10th should clear 'Class 10th Board Examinations', also known as Matriculation. It is a crucial grade where students can get on to higher secondary school and choose their chosen subject.

Under the study area, the number of high schools is 69 out of the total 389 schools. Sihphir has six high schools, followed by Thingsulthialh, with four high schools. The majority of the villages have one high school. These 49 villages have high schools, and the rest 29 villages are with no high schools.

Higher Secondary

Higher Secondary is divided into three streams: Science, Arts, and Commerce. Rural areas of Aizawl District have only a few higher secondary schools compared to other sections. All the higher secondary schools in villages have arts streams, and only a few villages have science and commerce streams. From

Table 3. Distribution of Education in Rural Areas of Aizawl District- 2022

	Name of Village	Primary School	Middle School	High School	Higher Secondary	Total
1	Neihbawih	-	-	-	-	-
2	Sihphir	11	7	6	1	25
3	Sairang	10	7	3	1	21
4	Nausel	2	2	-	-	4
5	Selesih	2	2	-	-	4
6	Muthi	2	1	1	-	4
7	Phungchawng	2	2	1	-	5
8	Rangvamual	1	1	-	-	2
9	Tuirial	2	3	1	-	6
10	Tuirial Jail	-	-	-	-	-
11	Eden Thar	-	-	-	-	-
12	Bung IB	-	-	-	-	-
13	Tlangnuam	3	-	-	-	3
14	Saikhamakawn	3	3	1	-	7
15	Melthum	2	-	-	-	2
16	Hlimen	2	3	1	-	6
17	Samtlang	1	1	1	-	3
18	Lungleng I	2	3	1	-	6
19	North Lungleng	2	2	1	-	5
20	Hualngohmun	1	1	-	-	2
21	Melriat	2	3	2	-	7
22	Kelsih	1	1	-	-	2
23	Falkawn	3	3	1	-	7
24	Muallungthu	2	2	1	-	5
25	Tachhip	3	1	1	-	5
26	Aibawk	2	1	1	1	5
27	Sateek	2	2	2	-	6
28	Phulpui	1	1	1	-	3
29	S. Maubuang	1	1	1	-	3
30	Thiak	2	1	1	-	4
31	Sumsuih	2	1	1	-	4
32	Hmuifang	2	2	1	-	5
33	Lungsei	1	1	-	-	2
34	Chawilung	1	1	1	-	3
35	Lamchhip	1	2	1	-	4
36	Chamring	1	1	-	-	2
37	Samlukhai	3	2	1	-	6
38	Sialsuk	3	3	1	1	8
39	Sailam	2	2	1	-	5
40	Mualmam	1	-	-	-	1
41	CTI Sesawng	-	-	-	-	-
42	Sesawng	6	7	3	-	16
43	Phaibawk	-	-	-	-	-
44	Tuikhurhlu	-	1	-	-	1
45	Seling	4	4	3	-	11
46	Tlangnuam	1	1	1	-	3
47	Thingsulthliah	5	6	4	1	16
48	Aichalkawn	-	-	-	-	-
49	Saisih Vety Farm	-	-	-	-	-
50	Darlawng	1	1	-	-	2
51	Tlungvel	4	3	1	1	9
52	Phulmawi	1	1	-	-	2
53	Zokhawthiang	1	1	-	-	2
54	Mauchar	2	2	1	-	5
55	Tingmun	2	1	1	-	4
56	Zohmun	3	3	1	1	8
57	Palsang	1	1	-	-	2

Table 3. Continued ...

	Name of Village	Primary School	Middle School	High School	Higher Secondary	Total
58	Upper Sakawrdai	1	1	-	-	2
59	Sakawrdai	5	4	1	1	11
60	Khawpuar	2	2	-	-	4
61	Vaitin	3	3	1	-	7
62	N. Khawdungsei	1	1	-	-	2
63	Thingsat	1	1	-	-	2
64	Damdai	1	1	1	-	3
65	New Vervek	2	2	1	-	5
66	Lungsum	2	2	1	-	5
67	Ratu	4	4	3	1	12
68	Sunhluchhip	2	1	1	-	4
69	Sailutar	2	2	1	-	5
70	N. Serzawl	1	2	1	-	4
71	Darlawn	4	4	3	2	13
72	Sawlung	3	2	-	-	5
73	Chhanchhuhna	1	1	-	-	2
74	Khawpui	-	-	-	-	-
74	Kepran	2	2	1	-	5
75	E. Phaileng	3	2	1	1	7
76	Pehlawn	2	2	1	-	5
77	Khawruhlian	4	4	2	1	11
78	Hmunngghak	1	1	-	-	2
	Total	162	145	69	13	389

Source: Directorate of School Education (2022)

higher secondary school, students can choose the stream and subject they are willing to take.

No such village in the rural area has more than two higher secondary schools due to a lack of sufficient infrastructure and less population. Darlawn village, one of the RD Blocks under Aizawl District, has two higher secondary schools. The majority of the villages under the study area have one or no higher secondary school at all.

Availability of Teachers

Teachers are the essential pillars in shaping the future of students. Under the study area, the availability of teachers differs according to the number of students and the size of the schools. The total number of teachers in the rural areas of Aizawl District is 1929, with 632 primary school teachers, 791 middle school teachers, 425 high school teachers, and 81 higher secondary school teachers, respectively.

According to the survey, middle school teachers are the highest in numbers with 41% out of the total availability of teachers in rural areas of Aizawl District. In comparison, higher teachers make up only 4% of the total teachers due to the lesser population and by shifting schools to the urban places for higher salaries, resulting lack of higher teachers in

Table 4. Present Availability of Teachers- 2022

Primary	Middle	High School	Higher Secondary	Total
632	791	425	81	1929

Table 5. Distribution of Health Care Facility in Rural Area of Aizawl District-2022

	Name of Village	PHC/ UPHC	Sub- Centre	Clinics	Total
1	Neihbawih	-	-	1	1
2	Sihphir	1	1	1	3
3	Sairang	1	1	-	2
4	Nausel	-	-	1	1
5	Selesih	-	-	-	-
6	Muthi	-	-	1	1
7	Phunchawng	-	-	1	1
8	Rangvamual	-	-	1	1
9	Tuirial	-	1	1	2
10	Tuirial Jail	-	-	-	-
11	Eden Thar	-	-	-	-
12	Bung IB	-	-	-	-
13	Tlangnuam	-	1	-	1
14	Saikhamakawn	-	-	1	1
15	Melthum	-	1	-	1
16	Hlimen	1	-	1	2
17	Samtlang	-	-	1	1
18	Lungleng I	-	1	1	2
19	North Lungleng	-	-	-	-
20	Hualngohmun	-	1	-	1
21	Meriat	-	1	-	1
22	Kelsih	-	-	-	-
23	Falkawn	-	-	1	1
24	Muallungthu	-	1	-	1
25	Tachhip	-	1	-	1
26	Aibawk	1	-	1	2
27	Sateek	-	1	-	1
28	Phulpui	-	1	-	1
29	S. Maubuang	-	1	-	1
30	Thiak	-	-	1	1
31	Sumsuih	-	1	-	1
32	Hmuifang	-	-	1	1
33	Lungsei	-	-	1	1
34	Chawilung	-	-	-	-
35	Lamchhip	-	1	-	1
36	Chamring	-	-	1	1
37	Samlukhai	-	1	-	1
38	Sialsuk	1	1	-	2
39	Sailam	-	-	1	1
40	Mualmam	-	-	-	-
41	CTI Sesawng	-	-	-	-
42	Sesawng	-	1	-	1
43	Phaibawk	-	-	-	-
44	Tuikhurhlu	-	-	1	1
45	Seling	-	1	-	1

Table 5. Continued ...

	Name of Village	PHC/ UPHC	Sub- Centre	Clinics	Total
46	Tlangnuam	-	-	1	1
47	Thingsulthliah	-	1	-	1
48	Aichalkawn	-	-	-	-
49	Saisih Vety Farm	-	-	-	-
50	Darlawng	-	-	1	1
51	Tlungvel	-	1	-	1
52	Phulmawi	-	-	1	1
53	Zokhawthiang	-	-	1	1
54	Mauchar	-	1	-	1
55	Tingmun	-	1	-	1
56	Zohmun	-	1	-	1
57	Palsang	-	1	-	1
58	Upper Sakawrdai	-	-	1	1
59	Sakawrdai	-	1	1	2
60	Khawpuar	-	-	1	1
61	Vaitin	-	1	-	1
62	N.Khawdungsei	-	-	1	1
63	Thingsat	-	1	-	1
64	Damdiai	-	1	1	2
65	New Vervek	-	-	-	-
66	Lungsum	-	-	1	1
67	Ratu	1	1	-	2
68	Sunhluchhip	-	-	1	1
69	Sailutar	-	-	1	1
70	N. Serzawl	-	1	-	1
71	Darlawn	1	1	-	2
72	Sawlung	-	1	-	1
73	Chhanchhuahna Khawpui	-	-	1	1
74	Kepran	-	1	-	1
75	E. Phaileng	-	1	-	1
76	Pehlawn	-	-	1	1
77	Khawruhlian	1	1	-	2
78	Hmunnghak	-	-	-	-
	Total	8	36	33	77

Source: Directorate of Health & Family Welfare (August, 2022)

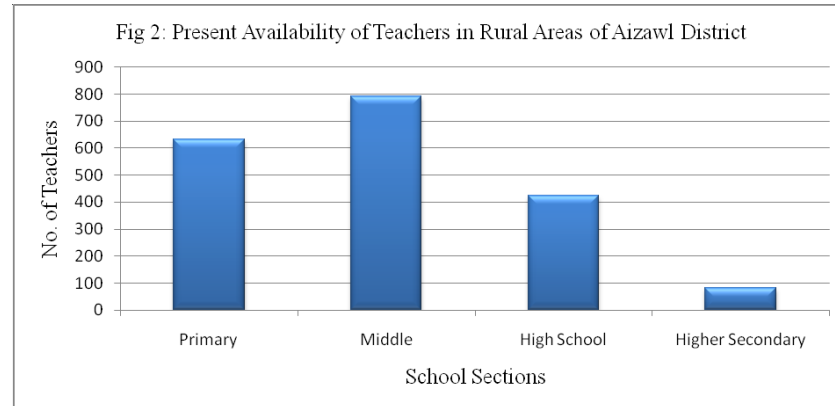
rural areas. Most of the higher teachers in the study area worked in Government schools.

Distribution of Health Care Facilities

Healthcare facilities refer to the place where medical care is provided. The standard healthcare facilities in the Aizawl district's rural areas are Primary

Table 6. Present Availability of Medical staffs-2022

Doctors	Nurses	Pharmacists	Health Workers	Total
289	639	37	110	1075



Health Centre or Community Health Centre, Sub-Centres, and Clinics. Primary Health Centres are usually found in a larger population, and they are distributed depending on the size and population of the village. Sub-centers are found in most of the villages, as it includes larger populations to smaller populations. Clinics were held in villages with no Hospitals, accompanied by many medical staff.

Few villages have healthcare facilities, like Primary Health Centre and Sub-Centre, Sub-Centre, and Clinic or Primary Health Centre and Clinics. Sihphir is the only village having all the Health care facilities in the rural areas of Aizawl District.

Primary Health Centre / Community Health Centre

Primary Health Centre (PHC) or Community Health Centre (CHC) is the most basic structural and functional unit of public health services. According to the World Health Organization (2021), Primary Health Centres are a whole societal approach to health that aims to ensure the highest possible health and well-being. It focuses on the comprehensive and interrelated aspects of physical, mental, and social health. It provides people receive quality care ranging from promotion and prevention to treatment, rehabilitation, and palliative care.

Only eight villages have a Primary Health Centre or Community Health Centre of 78 villages under the study area. Primary Health Centre is in a lesser population with fewer beds and medical staff. In comparison, Community Health Centre is found in a village where the population is more significant,

with more beds than the Primary Health Centre and has several medical staff.

Sub-Centers

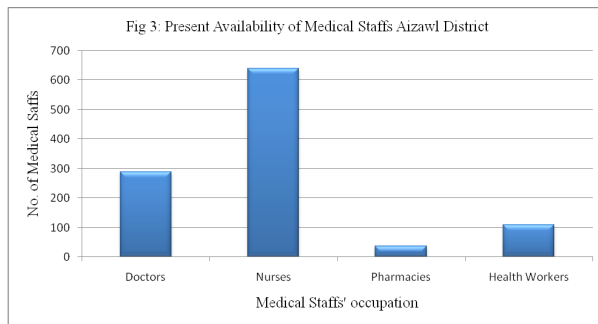
Sub-Centre is the grass-root level primary health care system in India. It is the essential outlying contact point between Primary Health Centre and Community Health Centre. It is vital to be the first access point for every rural individual to modern health care.

Every Sub-Centre is equipped with medical kits and common medicines; it provides child health services, family planning, welfare services, and nutrition services and helps build interpersonal communication. Sub-center with several Health workers is found in many villages in Aizawl District. At present, 36 Sub-Centers are functioning under the study area.

Clinics

Clinics are held around rural areas with several medical staff. The clinics' primary purpose is to care for out-patients' dental, mental health, and behavioral health services. They provide primary care, laboratory services, and hospice care in designated rural areas. Anyone is accepted to go to clinics even if they do not have health insurance.

In the rural areas of Aizawl District, Clinics are mainly conducted under the Government Hospitals. Still, some Clinics are also operated under Synod Hospital run by the Mizoram Synod (the largest denomination among the churches in Mizoram) and



Private Hospitals. In 2022, Free Clinics were conducted in 33 villages around the rural areas of the Aizawl District.

Availability of Medical Staff

Medical staffs play an immense role in tending to people's health. Notably, in rural areas where no hospitals and doctors are not found, medical staffs like Nurses and health workers are consequential heroes. Since Pharmacists are found mainly in Hospitals and higher medical institutions, they are barely seen in healthcare facilities located in rural areas. Without medical staff, healthcare facilities will be of no use.

Every village's availability of medical staff differs depending on the village's population, health care facilities, etc. The total number of regular medical teams is 1075, with 289 Doctors, 639 Nurses, 37 Pharmacists, and 110 Health Workers in Aizawl District. Doctors are available in any village having Primary Health Centre / Community Health Centre. They were accompanied to different villages where Clinics were held. Nurses are present in every village with a Primary Health Centre / Community Health Centre and Sub-centres. The number of nurses may vary on the size of the village. Since most of the village has Sub-centre, Health worker is present in almost all the villages.

Conclusion

The above discussion shows that Education and

Health Care Facilities are the two determining factors in rural areas. Due to the population growth and immense development of Aizawl District, further and finer Education and Health Care Facilities will be required. If the population is high, there are more people to educate and treat. With this, the need for teachers and medical staff will also increase at a very high rate.

The distribution of schools and health care facilities in each village is uneven depending on the location, size of the village, population, availability of natural resources, and accessibility. Most villages have schools, even Sihphir has 25 schools, including all the standards, and there are only a few villages with no schools. Health centers are distributed almost in the entire village under Aizawl District. Depending on the health care facilities provided, the availability of medical staff also differs.

Out of the total rural population of Aizawl District, 2.15% are engaged school teachers, with 632 Primary school teachers, 791 Middle school teachers, 425 High school teachers, and 81 Higher Secondary school teachers out of the overall 1929 school teachers. Medical staff, including 289 Doctors, 639 Nurses, 37 Pharmacists, and 110 Health Workers, out of all-exclusive 1075 medical staff are found under the study area.

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