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REGIONAL ANALYSIS OF HEALTH CARE FACILITIES IN RATNAGIRI DISTRICT OF MAHARASHTRA

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ABSTRACT:

The health, education and income are three essential aspect of human development. Health is seen as part of the basic human capabilities and an integral part of human welfare. However, regional imbalances have become one of the most important growing and glaring problems not only of in developing countries but also in the most advanced countries of the world. Same situation is also found in Maharashtra not only at the district and tehsil level but within them also.

The present study attempts to analyze the regional variation in health care facilities in Ratnagiri district. The work is totally based on secondary data which is obtained from District Socio-economic Review and District Census Handbook. Health index has been computed by considering nine indicator of health sector. The district is categorized into three district zones viz: less developed, moderately developed and developed. The study reveals that in Ratnagiri tehsil all the health care facilities are largely concentrated. While the condition of health care facilities in Guhagar, Rajapur, Mandangad and Lanja is very poor.

INTRODUCTION:

Health is seen as part of the basic human capabilities and an integral part of human welfare. It is an important aspect of human resource development. Good health care facilities and services are essential input for creating healthy citizens and society that can effectively contribute for overall human resource development. The world health organization (WHO) has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Good health is also recognized as an end in itself. Unfortunately, evidence from across the world indicates that ill health disproportionately afflicts the poor, especially since the poor have little or no

insurance against risk of ill health. It strengthens the nexus between poverty and poor health (World Bank, 1993).

The process of development of any economy is characterized by regional inequalities in respect of different dimensions of human well-being. It is undoubtedly true fact that, not a single state or district can be looked upon as an entirely developed homogenous region due to variations in physical, economical, social and political condition. It is also reflected in the health sector. It has been observed that the spatial organization of health care facilities produces imbalance in their distribution.

In India regional imbalances exist at state level, district and even tehsil level also. Analysis of regional imbalances with reference to health care facilities help administrators, policy makers and planners to identify regions of relative level of development in order to know the needs of varied regions and eliminating regional imbalances for balanced development of any dimensions and regions.

STUDY AREA:

Ratnagiri district forms a part of the greater tract known as the 'konkan'. It is one of the most important maritime districts of the state with the coastal belt extending to about 167 km. It lies between 16° 13' to 18° 04' N. latitude and 73° 02' to 73° 52' E. longitude. The district is bounded by Raigarh district in the north, Arabian sea towards the west, Sindhudurg district on the south and the hilly region of Sahyadri hills on the east. Beyond these hills, Satara, Sangli, and Kolhapur district are located. Ratnagiri with an area of 8,208 sq. kms. constitutes only 2.67 per cent of the total area of the state and has a population of 16,12,672 persons as per census 2011. Over 85 per cent of the land surface is hilly. Climate is generally moist and humid. Ratnagiri district consists of 9 tehsils viz. Mandangad, Dapoli, Khed, Chiplun, Guhagar, Ratnagiri, Sangmeshwar, Lanja, and Rajapur.

OBJECTIVES:

The major objectives of this research are

1. To prepare an index which can represent the inter tehsil variations in health care facilities in the study area.
2. To identify, the developed, moderately developed. And under developed tehsils in terms of health care facilities within the Ratnagiri district with the help of the prepared index.

DATA BASE AND METHODOLOGY:

The following research is an outcome of secondary form of data, which has been collected from the district socio-economic review and district census handbook.

For analysing the regional variation in health care facilities health index has been calculated from nine available tehsil level parameters depicting the overall health scenario of the district.

1) Health Centre Index:

Availability of health care centers, clinics, hospitals, maternity and nursing homes, primary health center and sub-centers in proper proportion of population increases probability of fast remedy from health hazards. In district like Ratnagiri, where rugged and hilly terrain and vast forest areas forms the barrier to physical accessibility. Hence at least one health care facility should be present per square kilometer or in proper proportion of population.

Here health care facilities mean government hospitals, dispensaries, primary health centers, sub c\enters and private clinics. All these health care facilities have different capacity. So the number of population served by these centers will be different. It is assumed as follow.

Hospital per 10,000 populations

Dispensary per 1,000 populations

Maternity & nursing home per 10,000 populations

Primary health care center per 10,000 populations

Sub center per 2,000 populations

Poor presence of these installations forced to count them, as above thus the formula used-

Availability of Health Center = (No.of H.S / Total population) x Assumed population

2) Availability of Doctors:

Adequate availability of doctors increases the probability of getting and be nurtured. So the availability of doctors per 1,000 populations is considered as an important parameter. It is calculated by the formula-

$$\text{Availability of Doctors} = (\text{No. of Doctors} / \text{Total Population}) \times 1000$$

3) Availability Beds in Hospitals:

Like the former, availability of beds in hospitals ensures the indoor clinical facility in time of need (Roy, 2008). All types of beds in hospitals both government and private are counted in this parameter. Thus the availability of bed per 500 populations is calculated by -

$$\text{Availability of Beds} = (\text{No. of Beds} / \text{Total Population}) \times 500$$

4) Achievement in Polio Immunization:

This parameter it taken as a representative of natural care. To compute this index primarily the percentage of immunized children is calculated by-

$$\text{Achievement in Polio Immunization} = (\text{No. of Children Immunized} / \text{Total Children in 0-6 Age Group}) \times 100$$

Next the dimension index is calculated by dividing the actual percentage of the tehsil by 100. Here hypothetically lowest percentage is 0% and highest is 100%. Thus the formula is

$$\text{Dimension index} = \text{Actual Percentage}/100$$

5) Family Welfare Centre:

It is also an important parameter that depicts the governmental concern to the well being of its people. So the availability of family welfare center per 20,000 populations is considered as an important parameter.

It is calculated by the formula-

Achievement in Family Welfare = (No. of Welfare Centers / Total Population) x 20,000

Further health index for all nine tahsil of Ratnagiri district is prepared by averaging the above mentioned nine parameters.

Health Index = Aggregation of Dimension Index / No. of Parameters

REGIONAL ANALYSIS OF HEALTH CARE FACILITIES:

Combined health index determined for nine tahsil of Ratnagiri district shows a very diverse picture. Beside Ratnagiri tehsil all the tahsils show below 0.60 health index. It suggests that health care facilities in Ratnagiri district are largely concentrated in Ratnagiri tehsil while the picture in remaining tehsil is not so much satisfactory. Especially Guhagar, Rajapur Mandangad shows very poor picture of health-sector.

For the generalized study purpose, the tahsils of Ratnagiri district can be grouped in following three categories on the basis of their health index.

Ratnagiri - Health Index-2011

Sr. No.	Tahsil	Hospitals Per 10, 000 Population	Dispensaries Per 1000 Population	Maternity and Home Nursing Per 10,000. Population	PHC Per 10,000 Population	Sub-Center Per 2000 Population	No. of Doctors Per 1000 Population	No. Of Beds Per 500 Population	Achievements In Polio Immunization	Family Welfare Centre Per 20,000 Population	Health Index
1	Mandangad	0.14	0.35	0.57	0.42	0.56	0.56	0.48	0.07	1.13	0.47
2	Dapoli	0.41	0.45	0.41	0.41	0.48	0.83	0.56	0.08	0.93	0.51
3	Khed	0.50	0.29	0.55	0.44	0.53	0.71	1.07	0.09	1.10	0.59
4	Chiplun	0.34	0.40	0.85	0.38	0.51	0.87	0.78	0.11	0.94	0.58
5	Guhagar	0.07	0.49	0.63	0.35	0.42	0.68	0.35	0.09	0.84	0.43
6	Ratnagiri	0.52	0.56	1.21	0.34	0.39	1.32	3.07	0.16	0.86	0.93
7	Sangmeshwar	0.32	0.37	0.65	0.51	0.51	0.68	0.59	0.08	1.21	0.54
8	Lanja	0.35	0.42	0.26	0.53	0.49	0.70	0.42	0.08	1.23	0.49
9	Rajapur	0.11	0.32	0.29	0.52	0.53	0.48	0.40	0.09	1.26	0.44

Source Compiled By Author

1) Less Developed (<0.50):

Tehsil with score up to 0.50 considered as 'less developed' in terms of health condition. Tahsil in these categories are Guhagar (0.43), Rajapur (0.44), Mandangad (0.47) and Lanja (0.49). In these tahsils health center density show very poor figures. Especially, availability of hospitals in Rajapur, Guhagar and Mandangad is very low. Availability of doctors and beds in hospitals also show very worst figures. Nothing is hopeful in polio Immunization program me. Therefore these tahsils remains in less developed category of health care facilities.

2) Moderately Developed (0.50 - 0.70):

Four tahsils of Ratnagiri districts with index value 0.50 to 0.70 fall in this category. These are Dapoli (0.51), Sangmeshwar (0.54), Chiplun (0.58) and Khed (0.59). Sangmeshwar and Chiplun are slightly backward in terms of availability of hospitals and dispensaries but good enough in family welfare centers. Dapoli is slightly backward in terms of beds availability in hospitals but well enough in number of doctors. In Khed tahsil numbers of dispensaries are low in comparison to other tahsils. These tahsils can improve further in health sector through proper management and planning in there relative sectors of weakness.

3) Developed (0.70):

In Ratnagiri district only one tehsil Ratnagiri with 0.93 index value is included in this category. It ranks first in terms of health care facilities in the district. The headquarters of Ratnagiri district is Ratnagiri. It is well connected by transport facilities. Therefore, condition of all the parameters in health sector is well in Ratnagiri. Especially number of hospitals dispensaries maternity and nursing home are well enough. Availability of doctors and beds in hospitals are also good. However, in rural areas number of primary health centers and sub-centers should be increased.

CONCLUSION:

Ratnagiri district is an example of contrasting regional development in terms of health status. There are wide regional imbalances in the distribution of health care facilities. Health care facilities are largely concentrated in Ratnagiri tahsil only. The imbalance prevails not merely because of geographical or natural reasons but poor planning process is also one important factors. The data reveals that there is unplanned allocation of health care facilities in accordance with population size attributed to the regional imbalances of the region. It may be concluded that present study may contain several short comings due to non-inclusion of several other indicates and their relevant data. Therefore, the study may not be represent overall true picture but can represent the reality very well.

REFERENCES:

- 1) Roy A. (2008) : Status of Human Development in the District of Puruliya, Geographical Review of India pp.81-95
- 2) Suryawanshi R. and Sawant N. (2011): Regional Disparities in Rural Thane District of Maharashtra: an overview, Tran. Inst. Indian Geographers' pp-217-230.
- 3) T. Rajendra Prasad, H. Sudhakara (2010): An Analysis of Health Sector in Karnataka, Southern Economist, vol.49, pp.13-16.
- 4) Panda P.K.(1997) : Human-Centred Development: A Neglected Dimension of Development Policy, Manpower Journal, Vol.XXXIII, No.3, pp.41-48.
- 5) Sahni R and Vishwanath S. (2005) : Human Development Index of Maharashtra, A Reality Check, Economic and Political Weekly, pp.4387-4388
- 6) Sarma P.V. (1995) : Inequalities in the Quality of Life in India, Indian Journal of Regional Science, Vol.XXXI, No.1, pp-1-20.
- 7) Shaban A. and Bole L.M. (1999) : Development and Disparities in Maharashtra – A Spatio-Temporal Analysis Indian Journal of Regional Science, Vol. XXXI, No.1 pp.57-68.