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**Spatial Distribution of Public Health Care Facilities in Jalna District
(Maharashtra) India.****Dr. V. S. Anigunte,**
Research Guide**Deshmukh V. P.**
Research Student**Abstract**

Health is one of the important aspects of man's life. "Health is wealth, health for all," this type of slogans can be seen always in every developing country like India in the world. To fulfill the meaning of such slogans i.e. welfare of the people of India, health and family welfare sector should always be strengthened, of course, this is the main agenda for any government across the country.

The study of health care facilities is the integral part of Medical Geography. Health care is defined as a programme of services that should make available all facilities of health and allied services necessary to promote and maintain the health of mind and body. In this paper researcher has attempted to analyze the spatial distribution pattern of the existing health care facilities available in Jalna district. The units like Primary health centers and Health sub-centers available are also considered for this study.

KEYWORDS: Primary Health Care, Health Sub-centre.**Introduction:**

The primary health care infrastructure provides the first level of contact between the population and health care providers. Realizing its importance in the delivery of health services, the centre, states and several government related agencies simultaneously started creating primary health care infrastructure and manpower. This has resulted in substantial amount of duplication of the infrastructure and manpower.

In the Indian Context, Primary health Care is provided by a network of Primary health centers and their sub centers through the agency of Multipurpose health workers. Besides providing primary health care, the village "health teams" bridge the cultural and communication gap between rural people and organized health sector. Primary health care has been re-organized achieve "health for All" through

Rural health Mission Project.

A recent study on Jalna district shows that population and public health facilities correlation. The study of health care facilities is the integral part of Medical Geography. The overall organizational structure and system of public health care provision are not very different across the country. Even though health is a state subject most states follows a similar pattern of health care administration and management. This is largely because of a common planning framework, which is governed by the planning commission and National Development council (Duggal, Ravi and et. all 2005).

Health care is defined as a programme of services that should make available all facilities of health and allied services necessary to promote and maintain the health of mind and body (Agnihotri, R.C, 1995). In this programme, the physical, social and family environment should take in to account (consideration) in the view of prevention of diseases and restoration of health.

The health services may be analyzed in terms of the community for which They serve and deal with. These services are the integral part of a particular health System and represent responses to the health concern and to the health needs. But it has been found that the localization of the community to which they serve and hence unequal distribution of medical facilities are observed in any region (Pandurkar, R.1981)

Study Area:

The state of Maharashtra has a total of 36 districts. Jalna district lies in the Marathwada region in Maharashtra. The district has a total of eight talukas (blocks) namely Bhokardan, Jaffrabad, Jalna, Badnapur, Ambad, Ghansawgi, Partur and Mantha. **Jalna district** is an administrative district in the state of Maharashtra in western India. Jalna town is the district headquarters. The district is part of Aurangabad division. The district occupies an area of 7718 km². It has total 970 villages. Geographical location of the district is 19.01' N - 21.03'N latitude and 75.04'E - 76.04'E longitude. The district is bounded on the north by Jalgaon district, on the east by Parbhani district and Buldhana district, on the south by Beed district and on the west by Aurangabad district. In 2011 census puts the total population of the district at 1959046 with the share of scheduled castes and the scheduled tribes being 13.90% and 2.16% respectively (Registrar General of India, 2014). About one fifth (19.27%) of the population of the district resides in urban areas. The literacy rate of the district is 71.52% and is among the lowest in the state of Maharashtra. On the Human Development Index for the districts of the state, Jalna has a ranking of 'low' and is listed as a 'backward' district of the state (Government of Maharashtra, 2002).

Objective:

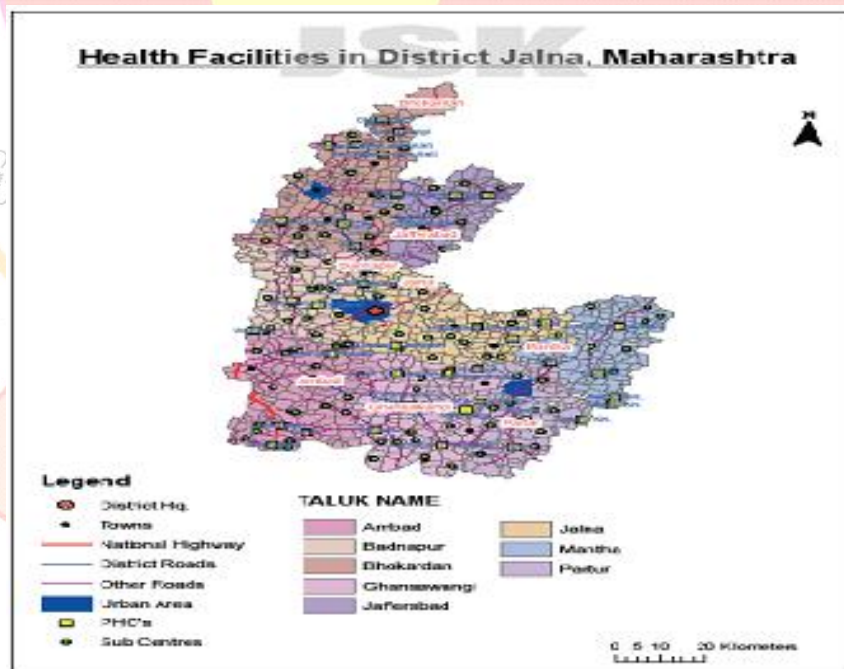
To study the spatial distribution pattern of Health Care Facilities in the study region.

Data Base and Methodology:

The researcher proposes to analyze the available data at various stages is being calculated by using various statistical methods. The distributional pattern of health care facilities is to be investigated at tahsil level. The units like P.H.C. and P.S.C available are also considered for this study. The data used in the present study are concerned with public and public aided institutions as well as private institutions published in district statistical abstract by government of Maharashtra. To study the spatial distribution of health care facilities, the number of health institutions per 100000 populations has been calculated for each health care facility and four distributions –levels have been decided on the basis of quartiles. The various graphical and distributional methods are used for showing distribution.

Various norms suggested by different health committees, taking these norms, expected values of primary health centers and health sub-centers have been calculated and percentage of deficiency has been obtained. Finally, deficiency areas of health care facilities have been demarcated.

The data collected, has been analyzed by choropleth method is used for understanding comparison, quartile technique have been used for dividing the parameters in different ranges to obtain the levels of distribution. The various graphical and distributional methods are used for showing distribution.

Distribution of Health Care Facilities:**Fig.No.1.1**

Source:RGI,SOI.

The spatial organization of health care facilities, likewise other commercial and retail functions appears to be affected by interrelated factors of physiographic constraints, development of agriculture, nature, type and location of industrial units

and various demographic characteristics. A cumulative effect of positive or negative interaction of these factors has contributed towards a spatial pattern of effective demand, and the distribution of health facilities responds to this effective demand neglecting the need of the people (Mc Glashan N.D.1974).

The disparity in the distribution of health care facilities is well pronounced. It is highly centralized. Though 80 percent of the Indian population lives in rural areas, where 11 per cent of the physicians practice in these areas (Banarjee Guha, S. and Joshi, S.1985).

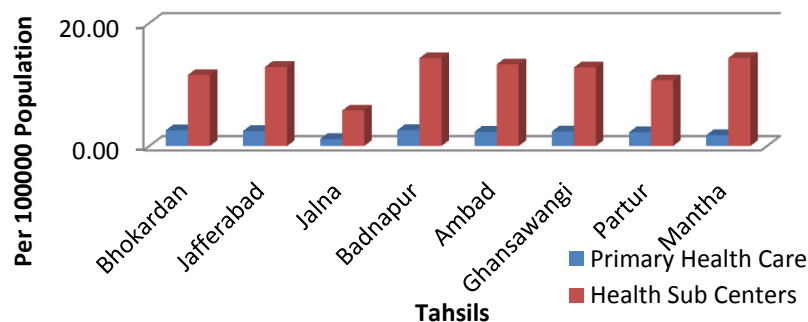
To study the spatial distribution of health care facilities, the number of health institutions per 100000 populations has been calculated for each health care facility. (Table 1) and four distribution –levels have been decided on the basis of quartiles (Fig 1)

Table 1
Jalna District Population Density of Public Health care Facilities (2011)
(Per 100000 populations)

| Sr.No | Tahsils | Primary Health Care | Health Sub Centers |
|-------|-----------------------|---------------------|--------------------|
| 1 | Bhokardan | 2.57 | 11.56 |
| 2 | Jafferabad | 2.45 | 12.87 |
| 3 | Jalna | 1.16 | 5.78 |
| 4 | Badnapur | 2.60 | 14.31 |
| 5 | Ambad | 2.35 | 13.30 |
| 6 | Ghansawangi | 2.37 | 12.79 |
| 7 | Partur | 2.25 | 10.70 |
| 8 | Mantha | 1.79 | 14.33 |
| | Jalna District | 2.04 | 10.87 |

Source:- Computed by Researcher.

Fig No.1.2 Population Density Of Public Health Care Facilities (2011)



Source: - Computed by Researcher.

1. Primary Health Center:

Jalna district shows higher PHCs population density (2.04) than density of Maharashtra state (1.61). Figure 1.2 shows that Badnapur, Bhaokardan, Jaffrabad, Ghansawgi,

Ambad, Partur tahsils exhibit high PHCs population density for the district average. Whereas Jalna and Mantha shows low density. As the PHCs are the main feature of rural health care system, the districts having high percentage of rural population possess high PHC density.

2. Health Sub-centre:

Health sub-centre-population density observed 10.87 per 100000 populations against corresponding figure of Maharashtra (9.42). High density above 10.87 of sub centers is observed in Mantha, Badnapur Ambad, Jaffrabad, Ghansawgi and Bhokardan tahsils whereas Jalna and Partur observed low density.

Conclusion and Suggestion:

This research paper shows the important findings of tahsil wise spatial distribution of Health Care Facilities in Jalna District. The whole analysis is based on population density of health care facilities available in the study region. It is found that the availability of health care facilities in the region is inadequate from all standards. The tahsils of Badnapur and Ambad only observed suitable Public health facilities as per population ratio.

This Study considered major medical facilities, such as Primary Health Centers and Health Sub-centers. The distribution of Primary Health Centre is not same in Jalna District. As per the norms one Primary Health Centers per 30,000 persons in rural area and 20,000 persons in tribal area. There is no ideal situation in any tahsils. However, the same situation is found in the distribution of health sub-centers. So, there is need of establishment of Primary Health Centers and Health Sub-centers according to the norms in the study region. Lack of specialized treatment facilities and quality of it is a common phenomenon in the study region. In the study region uneven distribution of health care facilities caused by political issues, economical condition of the state and social condition of the region.

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