

REVIEW OF PRIMARY HEALTH CARE CENTRE IN SOLAPUR DISTRICT

Mr. Vahid Saheblal Jamadar

Research Scholar

Shrikrshna Mahavidyalaya, Gunjoti,

Tq. Omerga, Dist. Osmanabad

Corresponding Author Email: vs.muksit@gmail.com

Abstract:

India has one of the largest private healthcare sectors in the world with more than eighty percent ambulatory care and only twenty percent of ambulatory care is supported through the public healthcare sector (Gill S.S. and Ghuman R.S., 2003). Although 80 percent of India's population lives in rural areas only. 11 percent of doctors practice in these areas (Banerjee, Guha S., & Joshi S., 1985). Health problems in developing countries like India are largely a reflection of poverty. Three-quarters of the population live below the poverty line or at the subsistence level. This means that 70 to 90 percent of their income goes to food and related consumption. In such a context, social security support for health, education, housing, etc. becomes critical. A Primary Health Center is 'A center to provide as many services close to the people as possible and integrated curative and preventive health care to the rural community.' IPHS prescribed standards for a PHC covering 20,000 to 30, 000 population with one primary health center. Data was collected through the Census handbook of Solapur District and the Socio-Economic Review of Solapur District. The main objective of this research paper is to study temporal changes in the number of Primary Health Centres in Solapur district.

Keywords: PHC, Solapur, Decadal Changes, Public Health.

Introduction:

As per the Indian Public Health Standard primary health center means "A center which to provide as services close to the people as possible and integrated curative and preventive health care to the rural community". Indian Public Health Standards for PHC per Indian Public Health Standard (IPHS) prescribed standards for a PHC covering 20,000 to 30, 000 population with one primary health center and a population having a minimum of 5000 to 10,000 with single sub-centers.

The concept of a Primary Health Center was first presented by the planning committee of Indian National Concerns chaired by Pandit Jawaharlal Nehru in the year 1940. The Bhole committee in the year of 1946 gave the concept of providing as many services close to the people as possible and integrated curative and preventive health care to the rural population of India. The Central Health Board, in its first meeting held in January 1953, recommended the establishment of primary health centers, and community development blocks to provide comprehensive health care to the rural population in India.

Objective: To study of Primary Health Centre in Solapur district.

Database and Methodology:

The present study generally depends on the secondary data, collected through the District Statistical Department, Censes handbook of Solapur District, and Socio-Economic Review of Solapur District. The collected data are analyzed by cartographic and statistical techniques. The actual growth rate of the specific decade is found by distributing the difference between the Distribution of Primary Health centers in the Solapur district over four decades.

Study Area:

The Solapur district is situated on the southeast fringe of Maharashtra state. It lies between 170 10'N to 180 32'N latitude and 740 42'E to 760 15'E longitude. The district is bounded by Ahmednagar and Osmanabad districts to the north, by Osmanabad and Gulbarga (Karnataka State) districts to the east, by Sangli and Bijapur (Karnataka State) to the south, and on the west by Satara and Pune districts. It comprises about 14895 sq. km area (11 tahsils) out of which 338.8 sq. km. is urban (2.28%) and 14556.2 sq. km. (97.72%) is rural area.

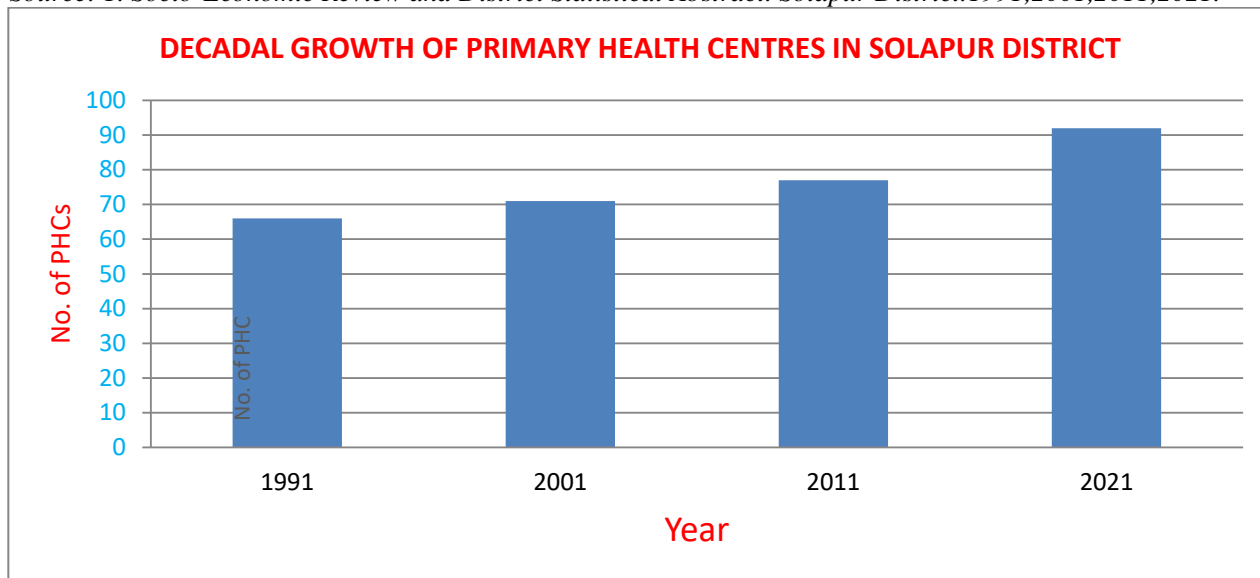
Decadal Growth of Primary Health Centres:

It is necessary to look into the details of the form of health centers that evolved in this region during the last four decades. To serve the maximum population in the rural sector, the government has taken the initiative to establish primary health care centers like primary health centers and sub-centers at various places in the district. (Mane, 2014) This facility is provided for the people at a reasonable and cheaper cost to avoid many complications for the rural population. Therefore, an attempt was made to understand the spatial and temporal trends in primary health center availability. Information was collected from a socioeconomic abstract for a primary health center for various locations outside the study area.

Table No. 1
Decadal Growth of Primary Health Centres in Solapur District

Sr. No	Year	No. of PHCs	Decadal Growth
1	1991	66	-
2	2001	71	5
3	2011	77	6
4	2021	92	15

Source: 1. Socio-Economic Review and District Statistical Abstract. Solapur District. 1991,2001,2011,2021.



In 1991 there were 66 primary health centres. In 2001 there were 71 primary health centres which increased from 5 primary health centres from 1991 to 2001. In 2011 there were 77 primary health centres which increased 6 primary health centres during 2001 to 211. In 2021 there were 92 primary health centres which increased 15 primary health centres from 2011 to 2021. Various factors are responsible for this situation, increasing population changing socio-economic and political aspects, and increasing population are some of the reinforcing factors for the gradual growth of primary health centres in the study region.

Tahsil wise Growth in Primary Health Care Centres:

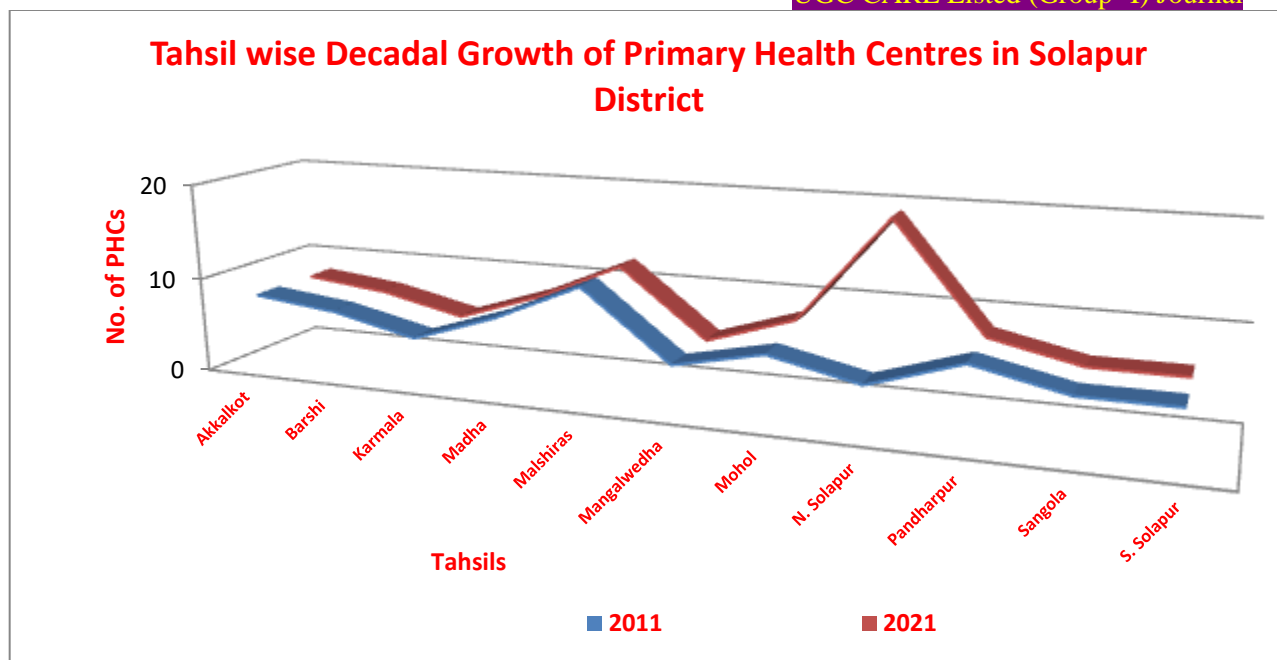
In the year 2011, there were only 77 primary health centres in the district. Out of 77 there were highest primary health centres, in Malshiras Tahsil is 12 and North Solapur, Karmala Tahsils are primary health centres 5.

Table No. 2
Tahsil wise Decadal Growth of Primary Health Centres in Solapur District

Sr. No	Tahsil	2011	2021	Decadal Growth
1	Akkalkot	8	8	0
2	Barshi	7	7	0
3	Karmala	5	5	0
4	Madha	8	8	0
5	Malshiras	12	12	0
6	Mangalwedha	5	5	0
7	Mohol	7	8	1
8	N. Solapur	5	19	14
9	Pandharpur	8	8	0
10	Sangola	6	6	0
11	S. Solapur	6	6	0
Total Solapur District		77	92	15

Source: 1. Socio-Economic Review and District Statistical Abstract. Solapur District. 1991,2001,2011,2021.

Year of 2021, there were only 92 primary health centres in the district. Out of 92 there were highest primary health centres, in North Solapur Tahsils is 19 and lowest primary health centres, in Karmala Tahsil is 5.

**Conclusion:**

Other factors include the increasing density of communication networks (roads, railways, etc.), population growth, development of irrigation, development of agriculture, etc. Apart from this, health facilities, ASHA services, new government policy, and the role of NRHM, electricity, and telephone facilities also contribute to the development of new health centers. It is noteworthy that the study region has seen an increase in the number of health centres in recent decades. The reduction in the number of medical facilities is not used for the lack of a threshold population. There were notable change occurs in 2021, 19.48%.

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