

CHAPTER - V

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SUMMARY AND CONCLUSIONS

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It is generally acceptable phenomenon that a disease occurs out of the specific conditions of environmental setup which can not be drastically changed. But the nature, proliferation and spatial distribution of a disease invariably depends on the socio-cultural elements which are subject to modification. Hence effect of physical and socio-cultural environment not only modifies the health but also occurrence and spread of a diseases in a society.

The work undertaken by the author in the field of rural medical geography of Kolhapur district is to explain the relationship between environmental factors & distribution of diseases in the villages of Kolhapur district.

While studying the environment and its effect on distribution of diseases in rural areas, it is found that low death rate is demarcated in western hilly region while eastern rivers plains have it's high incidence. Water borne diseases show their higher prevalence in the river basins and climate plays a major role in the distribution of diseases seasonly.

While studying the impact of socio-cultural factors, it is noted that number of deaths are rapidly increasing in the working age group while the age group of 15-19 years is most safest as the number of deaths are minimum. Due to the gross negligence of parents, female deaths in the age group of 1-14

years are much more. The tahsilwise cause specific mortality rate shows that Diarrhoea, Tuberculosis and Leprosy are the major diseases of the villages of this district. The occurrence of respiratory diseases is much more in the southern part of the district which is directly connected with major urban centres. The rural urban migration is the one of chief factors for the prevalence of diseases of atmospheric disorders in these villages. The unsafe polluted water is mainly responsible for the spread of waterborne diseases in this area.

The existing health care system available in this district is far deficient to the requirements of the people. Due to the large families and meager monthly income, the villagers could not afford any other medical aid than which is made available at free of cost at the public health centre.

The existing medical services are insufficient and inadequately located in this district. The time required to travel a longer distance in between the P.H.C. and village of residence might be responsible for higher increase in the morbidity and mortality rates. Secondly, the P.H.Cs are not well equipped with personnels and other medical aids. To minimize the time and distance, there is the urgent need of increasing the number of primary health centres and rural hospitals. There should be one public health centre for every

36 sq.kms. area and for every 16,800 rural population. These medical services should be properly linked so as to create more effective and prompt medical help to the villagers.

For improving the health status of the villagers in particular and the region in general, the following improvements may be made :-

- 1) Supply of safe and unpolluted drinking water to every village.
- 2) The rural urban migration may be checked at its minimum level.
- 3) The prompt, proper and timely immunization and vaccination may be made to all the villagers and especially to the rural children.
- 4) Number of primary health centres may be increased so as to reduce the working area of each P.H.C. upto 36 sq.kms. and for every 16,800 population.
- 5) One rural hospital may be established roughly to each tahsil.

The aforesaid recommendations if brought in practise may solve some of the existing problems about the rural health of this district.