

CHAPTER - VI



SUMMARY AND CONCLUSION



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The environment around the man modifies the health of the individual and of society. Disease occurs when there is disturbance in the balance between man and his environment. The spatial distribution of a disease mainly depends on physico-socio-cultural elements which are subject to alterations. These environmental factors are responsible in spreading the disease in the community.

The work undertaken by the author in the field of medical geography entitled, "Geographical analysis of some diseases in Sindhudurga district" is mainly explaining the relationship between environmental factors and spatio temporal distribution of major diseases of Sindhudurga district.

While studying the environment and it's effect on the distribution of diseases in Sindhudurga district, it is found out that the death rate is low on the mountainous region i.e. on the offshoots of Sahyadri, while the moderate rates are observed in the middle areas and on the coastal areas, the death rates are considerably high. The waterborne diseases show their higher prevalence during rainy season. Vital statistical rates show the constant decrease and infant mortality rates are less in three major cities. T.B., Cancer, Dysentery and Diarrhoea are the diseases of the increasing intensity.

While studying the impact of socio-cultural factors, it is noted that the number of deaths in working age groups and that of old age above 60 years are increasing rapidly.

The spatio-temporal analysis of major diseases show remarkable features in this district. The physical factors play the major role in the distribution of waterborne diseases like dysentery and diarrhoea. The hilly Vaibhavwadi tehsil give maximum toll by waterborne diseases. The water pollution during rainy season may be the cause of their spread. The cancer and tuberculosis show the increasing tendency and there is a fear of it's higher occurrences in the future. The developed transportation linkages between Bombay and this district result in spreading these diseases. Tuberculosis spread is more on the coastal areas. In spite of minimum industrial pollution, the Cancer deaths are remarkable in Sindhudurga. Pneumonia, the disease of respiratory disorder is not more prevalent as the industrial pollution is minimum.

The special study of Malaria distribution of Old Savantwadi State reflects that since long time the state was malarious. The high rainfall, plain areas and waterlogging conditions were most favourable factors. The waterlogging in rice fields and artificial storage of water in 'Moti lake' provide better breeding places for mosquitoes. The villages located at the centre of the state show higher spleen index. The Akeri, Majgaon, Mangaon, Charatha and Savantwadi town was in holo endemic zone. The prevalence and incidence rates reflect that the disease reaches to it's higher intensity in rainy season and to a small extent in the following winter. The wards located close to Moti lake in Savantwadi town show more Malaria occurrences than those located away from it.

The continuous prevalence zone of Malaria stretches from Amberi village to North to Degve village to South. This belt includes 14 villages while in the small second belt, 4 villages namely Phansawde, Parpoli, Danoli and Kesari are located. Even today, in Sindhudurga the morbidity rates are much higher. It seems that Malaria will not disappear from the map of Sindhudurga district.

The medical facilities in the district at present are in deficit and the existing services are not properly distributed. Major facilities are concentrated in cities. Savantwadi tehsil experiences a better position, while Kankavli, Kudal and Malvan tehsils are in far deficit.

In the rural areas, there is increasing pressure of population on each PHC. 74% of the villages of this district do not have the facility of PHC and the poor patients have to travel a maximum distance of 25 kms to get a free treatment at PHC. The 'sample survey' reflects that the respiratory and waterborne diseases are more prevalent during rainy season. The children below 15 years of age are suffering from different deficiency diseases. The PHCs, eventhough they are marginally sufficient, remain beyond the reach of majority, hence benefited by small group of population. Poor sanitation, unsafe drinking water and poor nutrition are the major health problems of the Sindhudurga district.

For improving the health status of the people of the Sindhudurga, the following measures be taken up :-

- i) Health planning may be arranged on the basis of population distribution and as per their needs and demands.
- ii) Supply of safe and unpolluted drinking water to all people.
- iii) The migration to and fro Bombay may be minimised.
- iv) PHCs may be well equipped and be located in such a way so as to be benefited by majority of rural population.
- v) Village sanitation and nutritional level of the villagers may be improved.

The aforesaid suggestions may try to solve some of the existing problems about the health of Sindhudurga District.

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