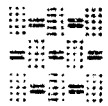
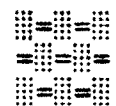


CHAPTER - VI

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SUMMARY AND CONCLUSION



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SUMMARY AND CONCLUSION

It is true that the man and his activities are managed by the nature in which he has settled. The environment around him thus shapes the health of the individual as well as that of society. The disease occurs when there is the alterations in the delicate balance between man and his surroundings. The nature, proliferation and spatial distribution of a disease mainly depends on the socio-cultural environments which are subject to change. The environmental factors are mainly responsible in spreading the disease in the society.

The work undertaken by the researcher in the field of Medical Geography entitled "Geographical Study of Diseases and Health Care Facilities in Marathwada Division" mainly explains the correlation between environmental factors and spatio temporal distribution of some diseases in the Marathwada division.

While studying the environment and its effect on distribution of diseases in Marathwada division, it is found out that low death rates are found in the hilly areas of Ajanta and Balaghat ranges while in river plains in the high incidences of water borne diseases are observed. It is also true that climate acts as a major factor in the disease distribution. The number of deaths starts increasing at the onset of monsoon when incidence of water borne diseases is more.

The effect of socio-cultural factors reveals that the number of deaths in the working age group and that of old age

above sixty years are increasing rapidly. The rural death rate is comparatively much higher than the urban counterpart. Non-availability of medical services in the rural areas increases the general mortality rate of the division.

The study of spatio-temporal analysis of selected diseases districtwise in the region reveals the positive correlation between physico-socio-cultural factors and spatial distribution. The physiography determines the spread of cholera in Godawari basin. Lowlying areas of Godawari basin with the gentle slope ultimately results in water stagnation due to which the spread of cholera is more in Beed, Parbhani and Latur districts. Water borne diseases like cholera, dysentery and diarrhoea are dominant in lowlying areas where people use unsafe and contaminated drinking water.

The modified environment due to high degree of urbanisation and industrialisation is responsible for the spread of cancer, T.B., and pneumonia in the area. Tetanus infection is more in the farmers of Marathwada. Cancer and Tuberculosis mortality show the increasing trend during the study period. Deaths due to leprosy are also more in this division and are mainly observed in the districts of Beed and Osmanabad. The diseases like cholera and malaria are disappearing rapidly while respiratory disorders like pneumonia and tuberculosis are rapidly spreading in the cities. While

considering the list of diseases of higher ranks, it seems that socio-cultural factors are mainly responsible for spread of respiratory diseases.

The study of spatio-temporal analysis of diseases in cities of Marathwada region shows that the proliferation of respiratory diseases are more in many cities as compared to other parts. Economically, Marathwada is the backward region, still the prevalence of T.B., tetanus, pneumonia and cancer is more. T.B. stands as a disease of first rank in 8 cities out of 10 under study. Tetanus eventhough the disease of rural origin is mainly found in all the ten cities. The cities which are located in the Godawari basin show higher occurances of water borne diseases like dysentery and diarrhoea. The unsafe, contaminated drinking water is mainly responsible for the spread of water is mainly responsible for the spread of water borne diseases in the cities. The disease like cholera and malaria are in sporadic nature and show the decreasing tendency.

These results lead to the conclusion that physical factors are not much responsible for disease distribution. The socio cultural factors do spread the specific diseases in the cities with varying intensity.

The pattern of existing health care system of Marathwada shows the uneven distribution and the existing medical services are far deficient than the requirements.

The regional disparities in the health facilities have created uneven distribution. It is found out that medical facilities are concentrated in the urban centre of Aurangabad city, even the other towns show the deficit facilities. In all the districts of Marathwada the facilities are far deficit to meet the increasing demand of the population. The maximum deficitness of hospital beds was observed in the districts of parbhani and Osmanabad. The total number of Primary Health Centres in the region indicates that there is a heavy pressure of rural population on the PHCs. At present one PHC is serving for roughly 78,000 population. This seems to be the population of 60 to 80 villages. It means that villagers from nearly 60 villages have to travel to undergo the basic medical treatment. More medical facilities may be made available to the villages. While allocating new beds in the hospitals the Osmanabad and parbhani districts be given the top priority as at present. The hospital beds are too deficient in these district. For improving the health status of the Marathwada division the following measures be taken-up -

- 1) Supply of safe and uncontaminated drinking water to city dwellers and villagers.
- 2) Health planning should be based on the distribution of population and as per their demands.
- 3) Separate hospitals for mothers and kids in the rural areas.

- 4) Except Aurangabad, the other cities of the region should be provided with better medical services with sophisticated techniques of machinery and personnel.
- 5) Primary Health Centres should be well equipped and located in such a way so as to be beneficial by majority of the rural population.

The above suggestions may be useful in solving some of the existing health problems of Marathwada region.
