



## Geographical Study of Health Facilities in Ratnagiri District of Maharashtra

Dr. N. D. Kashid-Patil

### *Abstract*

Health care facilities are important aspect of Medical Geography. A health facility, in general, is any location where health care is provided. The present paper is attempted to study the health care facilities in Ratnagiri District of Maharashtra. Tahsilwise data is used for calculating Health Index of Ratnagiri District. Indicators of Health Index are health centres, number of beds, number of doctors, number of Family Welfare Centres. Health index is the average value of all the above four indicators. The forgoing analysis reveals that there is uneven distribution of health care facilities in Ratnagiri District.

**Key Words:** Health care, Health Index

### **Introduction:**

Health care facilities are important aspect of Medical Geography. Health care is influenced by a number of factors such as adequate food, housing, basic sanitation, health, life styles etc (Census 2011). Thus, health care comprises multitude health services provided to individuals or communities by agent of health service. Health facilities range from small clinics and doctor's offices to urgent care centres and large hospitals with elaborate emergency rooms and trauma centres. Therefore, services are rendered by various health services. For providing better health care services to all people efficient health care delivery systems are applied. It also includes health planning in which improved health services are to be planned and executed. Ratnagiri district has 478 primary health centre's which are spreaded in nine tahsils of Ratnagiri District of Maharashtra. The present paper is attempted to study the health care facilities in the Ratnagiri District of Maharashtra.

### **Study Region:**

The district lies on the western coast of India. Geographically Ratnagiri district extends between 16°30' to 18°04' north latitude and 73°02' to 73°52' east longitude. The total geographical area of the district is 8249 sq.km. The district stands twenty-second (2.7%) in terms of area in the Maharashtra State. The district has a north-south length of about 180 km and east-west extension of 64 km. It has a coast line of 167 km. The total population of the district was 1696777 with 8 towns and 1519 villages as per 2011 Census. There are nine tahsils in Ratnagiri District. The study region is western part of Maharashtra bounded by Raigad district in the north, Arabian sea in the west, Sindhudurg district in the south and Sahyadri hills in the east. Beyond the Sahyadri hills Satara, Sangli and Kolhapur districts are located (fig. 1.1).

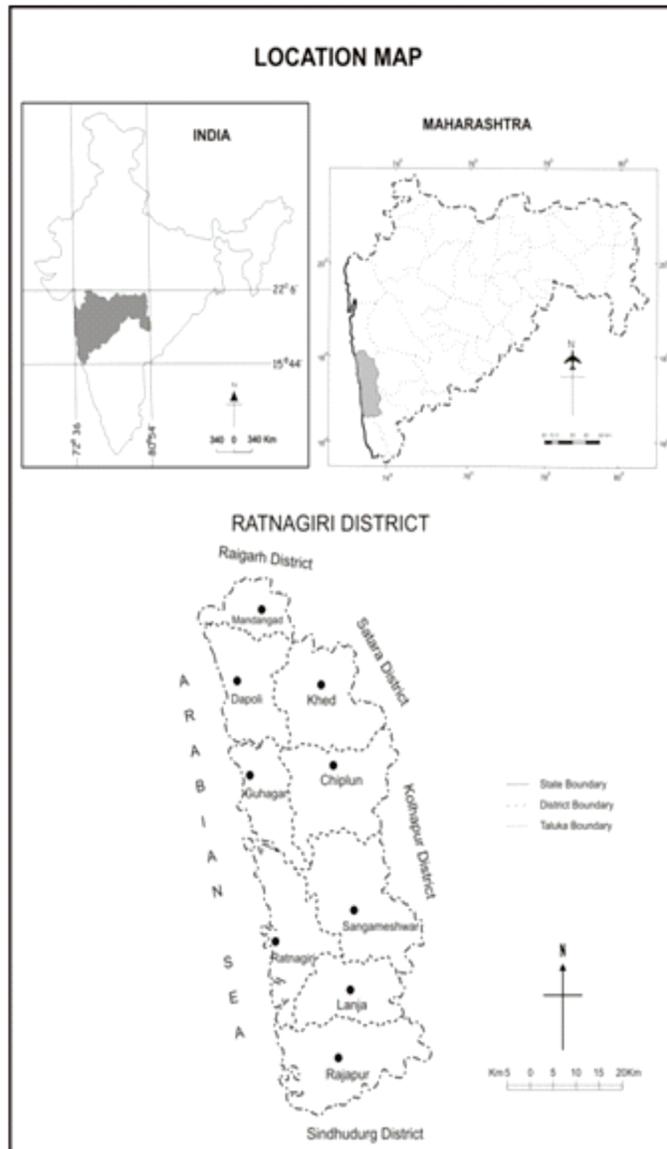


Fig. 2.1

**Objective:**

The main objective of the present research paper is to examine the health care facilities in the Ratnagiri District of Maharashtra.

**Database and Methodology:**

Secondary data is used for the purpose of analysis and interpretation. The secondary data are referred from District Census Handbook, Socio-economic Abstract of Ratnagiri district, District Industrial Centre Report, Economic Survey of Maharashtra and Journals, books, articles, government

published annual reports, websites etc. The collected data have been computed by recent research techniques and the results were brought through maps and diagrams. Tahsilwise data is used for calculating Health Facilities of Ratnagiri District.

Tahsilwise data is used for calculating Health Index of Ratnagiri District of Maharashtra (repetitive). Indicators of Health Index Are Health Centres, Number of Beds, Number of Doctors, Number of Family Welfare Centres. Health index is the average value of all the above four indicators. Life expectancy at birth is the main parameter to measure the health condition of the region. So here Health Index is calculated from four realistic indicators of the district.

### **1. Health Care Density :**

Health care centres were started in all states and union territories of India mainly to meet medical needs of the areas where medical facilities were not available (reference). According to national health plan every primary health centres is expected to provide health care services to population of 30000 in the plain areas and 20000 in the tribal and Hilly area. It acts as referral units for six sub centres that act as contact points between PHC and the community. Primary Health Care is expected to provide both preventive and curative health and family welfare services. Health care facility means Government Hospitals, Health Centres, Sub Centres & Private Clinics. P density of this district forced to count them per 10 sq.k.m. basis. 67 Public health centres are located in various tahsils of Ratnagiri District.

### **2. Availability of Beds in Hospitals:**

In Ratnagiri District 1427 beds are available in various hospitals. Index number of availability of beds in Ratnagiri District to measure as per 1000 population. The table no 1.1 indicated that Index of the high number of availability beds in PHC are found in Khed tahsil. The Moderate number of availability of beds in PHC are found in Ratnagiri, Mandangad, Sangameshwar, Lanja, Rajapur and Dapoli tahsils. While low number of beds are noticed in Guhagar and Chiplun tahsils.

### **3. Availability of Doctors :**

In Ratnagiri district number of doctors appointed was only 195 in 2015. The table no. 1.1 indicates that the Index of high number of doctors in P H C is recorded in Guhagar and Mandangad tahsils. The Moderate Index number of doctors in PHC is recorded in Dapoli, Khed, Sangameshwar and Lanja tahsils. While low number of doctors is noticed in Ratnagiri, Chiplun and Rajapur tahsils.(per 1000 population)

### **4. Family Welfare Centres:**

The number of Family Welfare Centres is 81 in Ratnagiri District. The number of Family Welfare Centres as per 1000 population is calculated. The table no. 1.1 indicates that the Index of high number of Family Welfare Centres is recorded in Mandangad, Sangameshwar, Lanja and Rajapur tahsils. The Moderate number of Family Welfare Centres are found in Guhagar, Lanja and Dapoli tahsils. While low Index of Family Welfare Centres are noticed in Ratnagiri and Chiplun tahsils.

Combined Health Index determined for different tahsils of Ratnagiri district is very poor. The tahsils of Ratnagiri district can be divided into three categories

1. Low Health Index – Low Health Index was recorded in Chiplun, Guhagar, Ratnagiri and Dapoli tahsils.
2. Moderately Health Index – Moderate Health Index was observed in Sangameshwar, Lanja and Rajapur tahsils.
3. High Health Index – Table 1.1 indicate that the high Health Index was recorded in Mandangad and Khed tahsils.

**Table 1.1**  
**Health Index of Ratnagiri District of Maharashtra**

Sr. No.	Tahsil	Health Centres /10sq.K.m.	No. of Doctors /1000 Populations	No. of Beds /1000 Populations	No. of Family Welfare Centres /1000 Populations	Health Index (HI)
1	Ratnagiri	0.0069	0.07826	0.6699	0.0313	0.1966
2	Guhagar	0.00471	0.21102	0.487	0.0487	0.1879
3	Dapoli	0.00649	0.10093	0.5495	0.0505	0.1768
4	Mandangad	0.00588	0.20926	0.7727	0.0644	0.263
5	Khed	0.0068	0.18721	0.87	0.0551	0.2798
6	Chiplun	0.00645	0.06807	0.4084	0.0394	0.1306
7	Sangameshwar	0.00559	0.13109	0.6353	0.0655	0.2094
8	Lanja	0.00487	0.17759	0.6169	0.0654	0.2162
9	Rajapur	0.00496	0.09043	0.6872	0.0663	0.2122
	District	0.00585	0.12074	0.8836	0.0502	0.2651

(Source: Socio-economic Abstract of Ratnagiri district, 2015)

**Conclusion:**

The forgoing analysis reveals that there is uneven distribution of health care facilities in Ratnagiri district. The above study shows that the Health Index of all tahsils in Ratnagiri is low. Some of the Geographical and Socio-economic factors are responsible for such low Health Index (like what?). In the Ratnagiri district highest Health Index are recorded in Mandangad and Khed tahsils. Low Health Index was recorded in Chiplun, Guhagar, Ratnagiri and Dapoli tahsils while Moderate Health Index was observed in Sangameshwar, Lanja and Rajapur tahsils. The health service centres are very important for the people as per the health is concern. There are many problems in the health care services like less availability of medicine and beds, absence of doctors, nurses, ward boy. Overall, the primary health service centres are not sufficient in the study area. Therefore, the people suffer from the health problems.

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\* **Dr. N. D. Kashid-Patil**  
Assistant Professor,  
Department of Geography,  
Shri Shahaji Chh. Mahavidyalaya, Kolhapur.