



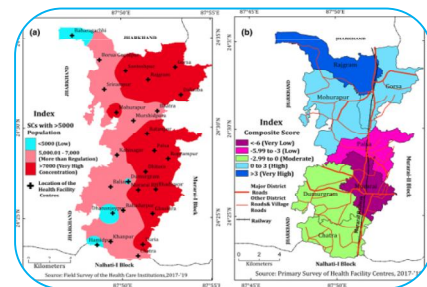
SPATIO – FUNCTIONAL DISPARITIES IN THE MEDICAL FACILITIES IN BIDAR DISTRICT

Dr. Miss Chaya B. Phadke
Faculty Member, Department of Geography,
Karnatak University, Dharwad.

ABSTRACT:

The World Health Organization (W.H.O. 1946) has define health a state of complete physical, mental and social well being and not merely absence of diseases and infirmity. Several analysis of health service have defined the status of the health as a condition of absence of decreases, joyful living with creativity. Thus health service are preventive curative and have a crucial role to play in human resource development and also human development. The care systems and there facilities in any society are most essential to keep the people in sound condition physically and mentally.

Bidar District in Karnataka is predominated by rural population. Spatial planning for integrated development particularly in rural areas requires location based information on amenities. In the present paper the researcher has made an attempt to analyse the "Spatio – Functional in Bidar District." Geographically the district extends an area of 5448 sq.km. with a total population as per as 2022 is 19,27,828 consisting of 604 rural settlements and 5 urban centers.



KEYWORDS: Medical Facilities, Bidar, World Health Organization.

INTRODUCTION:

Identification of Spatio-Functional gaps in the infrastructural faculties is one of the major steps in the spatial planning. A disparity in the distribution of infrastructural facilities in an area reveals the developmental stages and variations in different parts of the area under observation. Such a study is highly essential in Spatial planning for integrated development particularly in rural areas, for appropriate location of social and economic activities over a physical space for the balanced development of a region. Among the infrastructural facilities, such as medical, drinking water, roads, electricity, bus service, post office, telephone etc. the medical facilities occupy a prominent place, which is highly essential for human resource development. Hence the researchers have selected the present problem to analyse the spatio-functional disparities in the medical facilities in Bidar district.

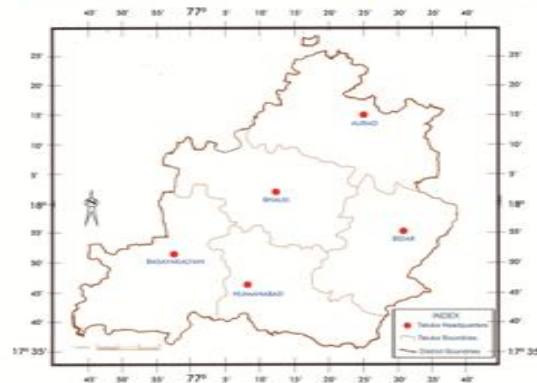
THE AREA UNDER STUDY:

In the present work the Bidar district of Karnataka state has been selected for an in depth study of its rural conditions and for possible measures to be taken up to develop the district in all directions.

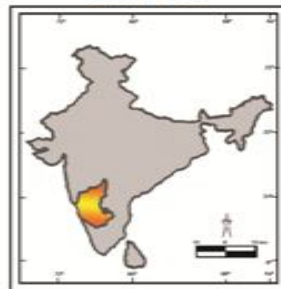
The Bidar district of Karnataka state is situated in the northern most portion and forms the tip of the state. The district spreads over an area of 5458 Sq.km. The district consists of five taluks and includes a total of 604 settlements, out of which 599 are rural settlements and remaining 5 are urban centers. The total population of the districts is as per the 2001 census is 1502373. The district predominantly exhibits rural conditions and there has been a wide range of variations in developmental

stages in terms of socio-economic aspects among the rural settlements. There are spatial and functional gaps in the distribution of infrastructure facilities. Hence in order to identify such spatial and functional gaps and to suggest an effective spatial plan for the integrated development of the district, the researcher has chosen the Bidar district as study area.

BIDAR DISTRICT ADMINISTRATIVE DIVISIONS



LOCATION OF KARNATAKA STATE IN INDIA



LOCATION OF BIDAR DISTRICT IN KARNATAKA



OBJECTIVES:

The present paper covers only one objective i.e. to analyse the spatio-functional gaps and disparities in the medical facilities in Bidar district.

METHODOLOGY:

The present study is based on secondary source of data. The secondary data are collected from various offices of Bidar district. The necessary data have been drawn from the decennial census hand book of India, District at a glance and other sources.

THE DISTRIBUTION OF MEDICAL FACILITIES IN BIDAR DISTRICT:

The world Health Organization (W.H.O. 1946) has defined health as a state of complete physical, Mental and Social well being and not merely absence of diseases and infirmity. Several analysis of health service have defined the status of the health as a condition of absence of decreases, joyful living with creativity. Thus health services are preventive curative and have a crucial role to play in human resource development and also human development. The care systems and there facilities in any society are most essential to keep the people in sound condition physically and mentally. The health care systems facilities in the study area include western allopathic sector and indigenous ayurvedic and unani system of medicine distributed in rural settlements of Bidar District.

Distribution of Medical Facilities in Bidar District

Area	Community health centre	Primary Health centre	Primary health sub center	Maternity & child welfare centre	T.B. Clinic	Hospital alternative medicine	Dispensary	Family welfare centre
Basavakalyan	1	14	43	14	14	5	5	43
Bhalki	1	12	45	12	12	2	2	45
Aurad	1	8	48	8	8	2	5	48
Bidar	0	9	45	9	9	4	4	45
Homnabad	2	12	33	12	12	5	8	33

Source: 2011 Census report.

The distribution of health facilities in the rural areas of all five talukas of Bidar District shows a low-level provision of health facilities. The Aurad Taluk which consists 151 villages with 2,78,400 population has only 8 Primary Health Centers, 48 Family Planning Centers, only 1 Basavaklyan Taluk with 112 villages and population of 3,45,247 possess 14 Primary Health Centers, 43 Family Planning Centers, 14 Maternity & child welfare centre. In Bhalki taluk there are 130 villages representing 2,77,350 of total rural population has 12 Primary Health Centers, 45 Family Planning Centers, 12 Maternity & child welfare centre. Similarly the same situation can be seen in Bidar taluk and also in Humanabad taluk the Bidar taluk has 124 villages and a population of 4,69,941 represents only 9 Primary Health Centers, 45 Family Planning Centers. In Humanabad taluk population 82 villages are found with a total population of 3,32,362 has 8 Primary Health Centers, 33 Family Planning Centers.

BASIC PLANNING UNITS AND PLANNING PERIOD:

Planning experts have suggested that, while planning for the growth centers diversification must be observed from the dialectical point of view. The regional conditions should dictate the activities of the growth centers and not vice-versa, at the time of fixing the functions and infrastructures for different hierarchical orders of the growth centers. A sufficient care has been taken in this regard by the researcher. In order to bridge the gap between spatial disparities and the functional deficiencies an integrated area development plan is prepared based on the growth foci concept. The basic planning units are prepared on the basis of average population served by growth centers of a specific order.

The present plan is prepared on the basis of population and the functions/services and other socio-economic conditions existed as per the 2001 census records in the study area i.e., Bidar district. However, while recommending for a specific function on basis of population size of the village sufficient care has been taken. The increase in the population size in villages of Bidar district is being taken into account. In this connection the projected population of Bidar district for 2001 has been calculated. Thus the proposals made in the planning belong to the period from 2001. Based on the future population size of the district the same plan may be revised for new proposals and recommendations.

NORMS FOR THE MEDICAL FACILITY PLANNING:

The planning commission and the experts have suggested certain set norms for the infrastructural planning for rural as well as urban areas. After studying the suggested norms by others, the researcher has set the following norms for the infrastructural planning based on the existing regional conditions in the study region.

NORMS FOR MEDICAL FACILITIES

Medical:

Population < 2000 – Visiting Health Inspectors/Nurses etc.

Population 2000 – 5000 – Primary Health sub center + Primary Health Centre

Population 5000 – 10000 Primary Health center + Maternity & child welfare centre

Population 10000 – 15000 – Primary Health Center+ Maternity& child welfare centre + Family Welfare Centre

CONCLUSION

Based on the observations made by the researcher in the Bidar District it is suggested that the medical facilities of different order be provided to all the villages as per the norms fixed.

REFERENCES:

1. Bhat, L.S. (1976): "Micro-level Planning- A case study of Kurnal Area," Haryana India, K. B. Publication New Delhi.
2. Carruther, W.I. (1957): "Classification of Service Centres in England Wales," Geographical Journal 122, pp.. 371-385.
3. Dantwala, RG (1988), Keith, G.D. and Ranjit G.: "Asian Seminar on Rural Development," The Indian Experience oxford and IBH Publication Co., Pvt., Ltd.
4. Fair, T.J.D.(1968): "A Regional Approach to Economic Development in Kenya South African Geographical Journal," Vol.45, PP.55-57.
5. Gosal, G.S. (1972): "Geography of Rural settlements A trend Report in a survey of Research in Geography," I.C.S.R., pp. 188-202, New Delhi.
6. Hermansen, T. (1972): "Development poles and related theories. A synoptic Review (160-203) in Hansen (1972) – Growth centres in Regional Economic development," Free Press.
7. Hillman, A. (1957): "Community organisation and planning New York", Macmillan.
8. K. V. Sundaram, (1978): "Some recent Trends in Regional Development planning in India in Regional Planning and National Development" Misra R. P. et.al.
9. Mandal, R.B: "Planned Development of Rural Settlements", Concept Publishing Company, New Delhi, p. 433-456.
10. Misra, S.P (1985): "Integrated Rural Area Development and Planning," A Geographical study of Karakat Tahsil, District Janapur U.P, Ratan Publication, Varanasi.