

Analysis of Health Infrastructure facilities in Different blocks of Purulia District- A Comparative Study

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Abstract

As we know that health is an indicator of well being that has immediate implication for the quality of life as well as for productive capacities and capabilities. World Health organization (WHO) explicitly defines 'Health' as a state of complete physical, mental, and social well being and not merely the absence of disease and infirmity.

Access to comprehensive, quality health care service is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death. Access to health care impacts once overall physical, social and mental health status and quality of life. Delays in receiving appropriate care, financial burden in ability to get preventive services, preventable hospitalization are the major barrier to accessing health services.

The Purulia district has been selected as study area which is located between 22° 42'35" to 23° 42'00" north latitude and 85° 49'22" to 86° 54'37" east longitude. It extends over an area of about 6259 square kilometer and total population is 2930115 of which male and female population are 1496996 and 1433119 respectively. It is bounded on the north, west and south by the state of Jharkhand; the eastern side is covered by the districts of Bankura and Midnapur of West Bengal state. There are 20 C.D. block in this district. According to census of 2011, the literacy rate of this district is 64.48%, the male and female literacy is 77.86% and 50.52% respectively. The present paper aims to analyze block level variation of health care facilities in the district of Purulia.

Keyword: Health, Human Development, Health care inadequacy

Introduction:

Health is an important factor for the development of human resources. It is well known fact that healthy mind lies in healthy body. In declaration adopted by the world community in 1978, and reflected in the Alma Ata declaration of the world health organization (WHO), Health is classified as a human right. The 'health' of a person or of group of people is a comprehensive concept that incorporates many dimensions, not just the absence of illness. In fact, the charter of the world health organization (WHO) explicitly defines "health" as "a state of complete physical, mental, and social well-being and not merely the absence the disease and infirmity". Health is an indicator of well-being that has immediate implication for the quality of life as well as for productive capacities and capabilities. There is an important linkage between health and health care. Health care should not be considered only as medical care. Health related services and facilities become more vital to everyone. Health facility, in common is regarded as a source point where small clinics, doctor's offices to urgent care centers and large hospitals with several facilities are available. The prosperity of a region also depends on number and quality of health facility. Access to comprehensive, quality health care service is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death. Access to health care impacts once overall physical, social and mental health status and quality of life. Delays in receiving appropriate care, financial burden in ability to get preventive services, preventable hospitalization are the major barrier to accessing health services.

Study area:

The Purulia district has been selected as study area which is located between 22° 42'35" to 23° 42'00" north latitude and 85° 49'22" to 86° 54'37" east longitude. It extends over an area of about 6259 square kilometer and total population is 2930115 of which male and female population are 1496996 and 1433119 respectively. It is bounded on the north, west and south by the state of Jharkhand; the eastern side is covered by the districts of Bankura and Midnapur of West Bengal state. There are 20 C.D. block in this district. According to census of 2011, the literacy rate of this district is 64.48%, the male and female literacy is 77.86% and 50.52% respectively. The present paper aims to analyze block level variation of health care facilities in the district of Purulia.

Methodology:

The research work is mainly based on secondary sources such as Census Hand Book, books, research paper, District Statistical Hand Book.

Concept of Health Care:

Health care is maintenance or improvement of health prevention, diagnosis and treatment of disease, illness, injury and other physical and mental impairment in People. The fundamental purpose of health care is to enhance quality of life by enhancing health. Health care include hospital, clinics, outpatient care centers, and specialized care centre such as birthing centres, psychiatric care centers. With this the practitioner like doctor, nurse technician etc.

Medical facilities available in the district:

Hospital and health centers play a major role to restrict the variation harmful disease of a region. Health care is important to the society because people get ill, accident and emergencies do arise and the hospital are needed to diagnose, treat and manage different type of ailment and diseases.

Due to the geographical location and climatic situation several diseases strongly acted upon all over the district such as filaria, malaria, and children disease. Besides it many seasonal diseases such as Diarrhea, infection also found with a major shape.

In 2015 the Purulia district comprises a total no of 93 medical institutions which include hospital, rural hospital, block primary health centers, primary health centers, Government of India including central govt. undertaking, N.G.O/private bodies (nursing home). Following table shows the medical facilities available in the district of Purulia in the year 2015.

Medical facilities available in the District of Purulia

Sub-Divison/C.D Block/M	Health and Family Welfare Deptt. , Govt. of West Bengal				Other Deptt. of Govt. of W.B Including State Govt. Undertaking	LOCAL BODIES	Govt.of India Including Central Govt. Undertaking	NGO/Private Bodies (Nursing Home)	Total
	Hospital	Rural Hospital	Block Primary Health Centre	Primary Health Centre					
Asrha			1	2					3
Bagmundi			1	3					4
Balarampur		1		3				1	5
Barabazar			1	2					3
Jaipur			1	3					4
Jhalda I			1	2					3
Jhalda II		1		2					3
Jhalda (M)								1	1
Bandawan			1	3					4
Hura		1		3					4
Manbazar I		1		2					3
Manbazar II			1	4					5
Puncha			1	3					4
Purulia I			1	3				1	5
Purulia II			1	2				1	4
Purulia (M)	2				2			6	10
Kashipur			1	4			1		6
Neturia		1		3					4
Para			1	3	1			1	6
Raghunathpur I			1	2					3
Raghunathpur II			1	2					3
Raghunathpur (M)	1							1	2
Santuri			1	2				1	4
District Total	3	5	15	53	3		1	13	93

M (Municipality)

AVAILABILITY OF HEALTH INFRASTRUCTURE

In India, Public health infrastructure in rural areas or the primary health care consists of a three-tier system. According to national norm, at village level sub centre are designed to operate for every 5,000 in main area and for 3000 population for backward areas with a male and female worker; a Primary Health Centre (PHC) will provide for every 30,000 population in plain area and for 20000 in tribal, hilly and backward areas with a medical doctor and other Para medical staff, and acts as a referral unit for sub centre. While a Community Health Centre (CHC) serves for every 1,20,000 population in plain area and 80000 in tribal and hilly and backward areas. In urban areas, it is two tier systems with Urban Health Centre (UHC)/Urban Family Welfare Centre (UFWC) for every 1, 00,000 population followed by general hospital.

Existing national norms

ITEM	NORMS
At least one trained dai	For each village
One trained village health officer	For each village per 1000 population
One SC	For 5000 population in main area and for 3000 population intermediate, Village and backward areas
One PHC	For 30000 population in plain area and for 20000 in tribal, hilly and backward areas
One community health	Referral institution for 4 PHC surveying every 1-1.20 lakh population in plain area and 80000 population in tribal hilly and backward areas

Source: Indian public health standards (PHC), MOHFW, Govt. of India

Level of Primary Health care in the study area:

When compared to the national norms for the rural health care system most of the blocks of Purulia suffer from mismatches between existing block health care facilities and the block population of 2011 census which can be noticed from the district requirement and existing inadequacies which suffer the human development in the study area.

In the Sadar West Sub Division of the study area which includes Arsha, Baghmundi, Balarampur, Barabazar, Joypur, Jhalda I, Jhalda II, the total no of population remains 1017477 where the

number of existing health centre are 24. On the average each block in this sub division has a total population of 1.453 lakh which is to be served by 7.26 primary health care under existing national norms instead of the present block average under sadar west sub division is 3.42 which is much below than that of the national norms.

In the context of Sadar East Sub Division of Purulia District which includes Bandowan, Hura, Manbazar I, ManbazarII ,Puncha, Purulia I, Purulia II, where the total no of population is 934270 where the number of existing number of health care centers are 31. On the average each block in this sub division has a total population of 1.33 lakh which is to be served by 6.673 primary health centre under existing national norms instead of the present block average under Sadar East Sub division is 4.4.

In case of Raghunathpur Sub Division comprises of Kashipur, Neturia, Para, RaghunathpurI, Raghunathpur II, Santuri block where total population of 812196, where the number of existing health care centre are 25. On the average each block in this sub division has a total no of number of populations of 1.35 lakh which is to be served by 6.76 primary health centers under national norms instead of the present block average under Raghunathpur sub division is 4.17.

Following table shows the inadequacies of primary health care between existing block health care facilities andthe block population 2011.

Block	2011 Population	0-6 Age group population	Existing	Requirement	Inadequacies
Arsha	154736	26208	3	7.736	4.736
Bagmundi	135579	21992	4	6.77	2.77
Balarampur	137950	20118	5	6.897	1.897
Barabazar	170564	23844	3	8.52	5.52
Jaipur	133349	21079	4	6.667	2.667
Jhalda I	137143	20832	3	6.857	3.857
Jhalda II	148156	24831	3	7.407	4.407
Bandawan	94929	12150	4	4.746	0.746
Hura	143575	18467	4	7.178	3.178
Manbazar I	154071	19777	3	7.703	4.703
Manbazar II	97164	11839	5	4.858	

Puncha	123855	16012	4	6.192	2.192
Purulia I	151188	21984	5	7.559	2.559
Purulia II	169488	25437	4	8.474	4.474
Kashipur	200083	23737	6	10.004	4.004
Neturi	101427	13661	4	5.07	1.07
Para	200621	29376	6	10.03	4.03
RaghunathPur I	117760	14723	3	5.888	2.888
Ragunathpur II	113790	15806	3	5.689	2.568
Santuri	78515	10548	4	3.925	

Level of Sub Centre in the study area:

A Sub-health Centre is the first contact point between primary health care system and the community. Sub-Centres are designated to operate at village level to cater the health needs of people residing in the villages. In the three tier health infrastructure system, the primary level of health care system constitutes of Sub-health Centre, implying the first and foremost place where common people is supposed to visit, is a Sub Centre, if not cured then referred to a Primary Health Centre and then to a Community Health Centre. According to national norms every sub centre serves for 5000 population in main area and for 3000 population intermediate, Village and backward areas. When we compare to the national norms for the sub centre most of the blocks under Purulia District suffer from mismatches between existing block sub centre facilities and the block population. As we know that on the average each block in Purulia District has a total population of 1.38 lakh which is to be served by almost 46.06 sub centre under existing national norms. But at present on an average 24 sub centre exists in each block in the study area. In calculation number of subcentres and number of citizens, the shortfall appears very clearly in the district.

Following table shows the number of sub-center and inadequacies in the district of Purulia in respect to block population.

Block	2011 Population	Sub center	Requirement	Inadequacy
Asrha	154736	27	51.5	24
Bagmundi	135579	24	45.1	21
Balarampur	137950	26	45.9	19
Barabazar	170564	30	56.8	26
Jaipur	133349	23	44.4	11
Jhalda I	137143	22	45.7	23
Jhalda II	148156	24	49.3	25
Bandawan	94929	20	31.6	11
Hura	143575	27	47.8	20
Manbazar I	154071	27	51.3	24
Manbazar II	97164	21	32.3	11
Puncha	123855	23	41.28	18
Purulia I	151188	24	50.3	26
Purulia II	169488	27	56.4	29
Kashipur	200083	35	66.6	26
Neturi	101427	19	33.8	14
Para	200621	33	66.8	33
Raghunathpur I	117760	20	39.2	19
RagunathpurII	113790	18	37.9	19
Santuri	78515	15	26.1	11

Conclusion:

Health care facility plays major role to improve the health condition by promoting, preventing and curative health facility for the people. It is clear from the analysis that variation of health care facility is observed in each block of the district. The district has so much less hospital and sub centre as compared to its requirement. The hospital in the rural areas is not equipped properly. On account of poor infrastructure patient are referred to Zilla hospital which results burden in the hospital.

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