



## **PRIMARY HEALTH CENTERS IN SOLAPUR DISTRICT: A GEOGRAPHICAL ANALYSIS**

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### **INTRODUCTION:**

The Primary Health Centre (PHCs), sometimes referred to as public health centers, are state-owned rural health care facilities in India. They are essentially single-physician clinics usually with facilities for minor surgeries, too. They are part of the government-funded public health system in India and are the most basic units of this system. Presently there are 28,863 PHCs in India. They are health education, adequate of safe drinking water, nutrition, immunization, provision of essential drugs, availability and distribution of medicine, treatment of communicable diseases.

Primary health care is a whole-of-society approach to health and well-being centered on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing. It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary health care ensures people receive comprehensive care - ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people's everyday environment.

Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health, as echoed in Article 25 of the Universal Declaration on Human Rights: "Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services. Others have understood primary health care as an essential component of human development, focusing on the economic, social and political aspects.

Apart from the regular medical treatments, PHCs in India have some special focuses.

1. Infant immunization programs: Immunization for newborns under the national immunization program is dispensed through the PHCs. This program is fully subsidised
2. Anti-epidemic programs: The PHCs act as the primary epidemic diagnostic and control centres for the rural India. Whenever a local epidemic breaks out, the system's doctors are trained for diagnosis. They identify suspected cases and refer for further treatment.
3. Birth control programs: Services under the national birth control programs are dispensed through the PHCs. Sterilization surgeries such as vasectomy and tubectomy are done here. These services, too, are fully subsidised.



4. Pregnancy and related care: A major focus of the PHC system is medical care for pregnancy and child birth in rural India. This is because people from rural India resist approaching doctors for pregnancy care which increases neonatal death. Hence, pregnancy care is a major focus area for the PHCs.

5. Emergencies: All the PHCs store drugs for medical emergencies which could be expected in rural areas. For example antivenoms for snake bites, rabies vaccinations, etc. Present research paper analyzed the Primary health centers in Solapur district. The study analysis the low status of health services in the district. The entire Solapur district consists of total 77 primary health centers that are situated in 11 tahsils.

### **STUDY AREA:**

The Solapur district is one of the most important district of Maharashtra state. The Solapur district lies entirely in the Bhima-Sina-Man basins. The Solapur district is located between 17° 34'0'' North latitudes and 18° 48'40'' North latitudes and 74° 34'0'' East longitudes and 76° 19'0'' East longitudes. The average height of Solapur district from Mean Sea Level (MSL) varies from 500 meter to 800 meter. The Solapur district has an irregular shape.

The total Geographical area of the Solapur district as per 2011 census is 14895.40 sq.kms out of which 348.80 sq.kms. (2.34%) is urban and 14546.60sq.kms (97.66%) is rural. The East-West length of the district is about 200 km. and North-South is about 150 km. Its proportion as compared with Maharashtra state area is about 4.84 percent. Within the region under study, Malshiras is the largest tahsil in area and the lowest is North Solapur tahsil. (Socio-economic review and District Statistical abstract 2016-17).

### **OBJECTIVES:**

The present study has following specific objectives.

1. To study the importance and functions of primary health services in the rural region.
2. To study status of primary health centers in Solapur district.

### **DATA COLLECTION AND METHODOLOGY:**

The proposed research paper based secondary data. The secondary data is collected from District Gazetteers, Socio-Economic Review of Solapur district, and census etc. The data collection period is i.e. 2016-17. The data processed and analyzed by using different cartographic techniques, statistical and quantitative techniques, etc.

### **INTERPRETATION AND ANALYSIS:**

Table 1 shows the tahsil wise primary health center in Solapur district.

Table 1 - Tahsil wise Primary health centers in Solapur district 2016-17.

Sr. No.	Tahsils Name	Primary Health Centers
1	Akkalkot	08
2	Barshi	07
3	Karmala	05
4	Madha	08
5	Malshiras	12
6	Mangalwedha	05
7	Mohol	08
8	N. Solapur	04
9	Pandharpur	08
10	Sangola	06
11	S. Solapur	06
	Total	77

Source: Socio-economic review of Solapur district 2016-17.

Table 1 shows the tahsils wise primary health centers in Solapur district. There are 77 primary health centers in the district. Malshiras tahsils have highest number i.e. 12 primary health centers and lowest in the Karmala, Mangalwedha and N.Solapur i.e. 05, 05 and 04 primary health centers respectively. Considering the population of district the ration of primary health centers is very low. Because every primary health centers of the district have only 6 beds in the centers and having primary sevice availability in the centers.

#### **Functions of Primary health centers:**

The Indian government initiative to create and expand the presences of Primary Health Centers throughout the country is consistent with the eight elements of primary health care outlined in the Alma-Ata declaration.[5] These are listed below:

1. Provision of medical care
2. Maternal-child health including family planning
3. Safe water supply and basic sanitation
4. Prevention and control of locally endemic diseases
5. Collection and reporting of vital statistics
6. Education about health
7. National health programmes, as relevant
8. Referral services
9. Training of health guides, health workers, local dais and health assistants

#### **Importance of Primary health centers:**

Renewing primary health care and placing it at the centre of efforts to improve health and wellbeing are critical for three reasons:

1. Primary health care is well-positioned to respond to rapid economic, technological, and demographic changes, all of which impact health and well- being. A recent analysis found that approximately half of the gains in reducing child



mortality from 1990 to 2010 were due to factors outside the health sector (such as, water and sanitation, education, economic growth).

2. A primary health care approach draws in a wide range of stakeholders to examine and change policies to address the social, economic, environmental and commercial determinants of health and well-being. Primary health care has been proven to be a highly effective and efficient way to address the main causes and risks of poor health and well-being today, as well as handling the emerging challenges that threaten health and well-being tomorrow. It has also been shown to be a good value investment, as there is evidence that quality primary health care reduces total healthcare costs and improves efficiency by reducing hospital admissions.

3. Addressing increasingly complex health needs calls for a multi sectorial approach that integrates health-promoting and preventive policies, solutions that are responsive to communities and health services that are people-centered.

4. Primary health care also includes the key elements needed to improve health security and prevent health threats such as epidemics and antimicrobial resistance, through such measures as community engagement and education, rational prescribing, and a core set of essential public health functions, including surveillance. Strengthening systems at the community and peripheral health facility level contributes to building resilience, which is critical for withstanding shocks to the health system.

5. Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage. It will contribute to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action.

### **CONCLUSION:**

Primary health care has been proven to be a highly effective and efficient way to address the main causes and risks of poor health and well-being today, as well as handling the emerging challenges that threaten health and well-being tomorrow. It has also been shown to be a good value investment, as there is evidence that quality primary health care reduces total healthcare costs and improves efficiency by reducing hospital admissions. The present research paper assesses the low status of primary health centers in Solapur district and basic functions and importance of primary health center in rural area. In the Solapur district there is a need of double of primary health centers considering the population size.

### **References:**

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