SUMMARY AND CONCLUSIONS

The present study was conducted to find out the development of social infrastructure in backward district like Bijapur. The major findings of the study are as follows:

SOCIAL INFRASTRUCTURE IN INDIA:

Our study exploration shows that though the number of Primary/Secondary educational institutions exceeded the number of Pre-degree Junior colleges, it is not sufficient in proportion to the growth of population. For instance, the total number of Pre-Primary schools has been started with 0.48 percent in 1961 and had reached the number of the same to 3.68 percent in 2000, the number of Primary schools was 82.76 percent in 1961 and the number of same schools was 64.62 percent in 2000 and the number of Higher secondary schools/Pre-degree college was 4.32 percent in 1961 and 11.76 percent then, all in all types of educational institution were 3,99,228 in 1961 and there number increased to 9,93,014 in the year 2000.

Further, the study reveals about the enrolment of students in each stage of education. The enrolment of students in the
Primary stage varied from 73.51 percent in 1961 to 58.46 percent in 2000. For the secondary education the number of students enrolled was 7.57 percent in 1961 and 9.56 percent in 2000. The enrolment of the students in the Degree and above was 0.94 percent in 1961 and 3.98 percent in 2000. However, the growth rate of enrolment in all these stages was meager.

The study analysis presents about the growth of Literacy for male and female since 1951 to 2001. Literacy rate for male and female has shown steady increase in every successive decade and has risen from 27.95 percent for male to 75.90 percent and 7.93 percent for female to 54.20 percent between 1951 to 2001. And moreover there is lot of gap between increase in ratio of men and women in literacy. For instance, during the decade the percentage of male literates was 27.95 percent and females was 7.95 percent, like that during the period 2001 male literates were 75.90 percent, whereas females was 54.20 (gender difference account 21.70). This shows that females are lagging behind than males. Thus, there is yet to make efforts to literate women.

Further, the study depicts educational expenditure from the GDP at current prices has been earmarked for the period of four years. Rs. 3645 crores was the total expenditure towards the
education during 1980-81, it was 20761 crores, (4.06 percent of the GDP) during 1990-91 and the total expenditure on education from GDP was Rs. 78237 crores (3.93 percent) during 2000-01. This shows that central Government has been increasingly spending for enhancing the educational opportunities.

The present study results with regard to the availability of Hospitals and hospital beds per million and per lakh of population indicates that in 1981 there was the availability of 6804 hospitals and hospitals to 15533 hospitals and 16 hospitals per million population during 1998. Even in the availability of hospital beds, the same position continues during the same decades. In 1981, number of all types of hospital beds used to available was 5,69,495 and 83 beds per lakh population, during 1991, which increased to 8,10,548 beds availed 95 per lakh population during 1991 and to 8,98,000 beds, however beds per lakh population declined to 92 during 1998. Thus, the study implies that there is improper ratio between the increasing population and the provision of hospitals and hospital beds; the provision of hospitals and beds is lagging behind the increasing population every year.

The study also mentions about infant mortality rates per 1000 live births of both rural and urban areas. The infant
mortality rate has not been declining significantly in both the areas. For instance, in 1981 the overall IMR was 181, which includes 119 of rural areas and 62 of urban areas. In the year 1995, the IMR in rural areas was 80 and urban area was 48, totally it was 128. Even during the year 2000 the IMR both in the areas was 117 that is of 74 and 43 in rural areas and urban areas, respectively. Thus, the study results reveals that the number of infant mortalities happening more in rural areas than in the urban areas.

So far as our study is concerned with housing highlights that the primary reason for the shortage of housing may be directly attributed to the steep increase in population. In purely statistical terms, the housing problem is well understood. The rural taking stock was 650 lakh in 1961. This grew to 745 lakh in 1971 to 890 lack in 1981 and to 930 lakh in 1991 and during 2001 1,115 houses were in scarce. This staggering shortage has alarmed all the persons concerned with housing, under there is acceleration in the actual construction of housing units, a solution to the problem cannot be in sight.

Further, in study, it is found both in rural as well as urban areas the housing shortage is very acute. The housing shortage in
rural and urban areas has been estimated for the period between 1951 to 1990. It was revealed that in 1951, the shortage of housing in rural and urban areas was 6.5 and 2.5 million and the total for both was 9.0 million and in 1981, the housing shortage increased to 16.1 million in rural and 5.0 million in urban areas to the total shortage grew to 21.1 million. And in the year 1990, the scarcity of housing was 22.3 million and 6.9 million and the total shortage of housing in both the areas was 29.2 million. The shortage is further increasing along with increase in population.

Our study presents the information about the household major source of drinking water in Urban Areas in the States. In North India, Himachal Pradesh, Arunachal Pradesh, Chandigarh, Sikkim and Rajasthan States were the highest states provided tap service the percentage of which was 95.40, 80.80, 100.00, 96.50 and 83.80, respectively. And in the South-India, Goa, Karnataka and Tamilnadu are the states provided highest water tap service-the percentage of which was 85.90, 86.30 and 73.80, respectively. Further, the study findings presents that the availability of safe drinking water was accessible to 26.50 percentage of rural households in 1981 and in the same period 75.60 percentage of households had the accessibility of water in urban areas. And in the year 1991, 55.54 percent in rural households were accessible
to safe drinking water and in the same year it was 81.38 percent of households were accessible in the urban areas.

**SOCIAL INFRASTRUCTURE IN KARNATAKA:**

Our exploration into social infrastructure in Karnataka shows that literacy rate was 56.05 percent of total and male literacy rate was 67.26 percent and female literacy rate was 44.34 percent, difference between male and female was 22.92 percent in the year 1991. From 1991 to 2001, literacy rate had been increased in almost all the divisions. The state literacy rate in total according to 2001 was 67.04 percent, and in which males were 76.29 percent and females were 57.45 percent, the difference between two sexes was 18.84 percent in the year 2001. Bangalore division stood first in literacy rate and it had attained 70.00 percent of total literacy, the male literacy rate was 75.17 percent and female literacy rate was 63.50 percent, difference between male and female was hardly 11.67 percent. Second place goes to Mysore division, which constituted 69.88 percent of total literacy rate; the male were 77.42 percent and females were 62.27 percent, the difference between two was 15.15 percent. Third place in terms of illiteracy rate was occupied by the Belgaum division, which constituted 66.07 percent of total literacy. The males were 76.90 percent and females were 54.78 percent, difference between male
and female was 22.12 percent. Gulbarga division occupied the lowest place and attained 55.04 percent of total literacy rate, in which males literacy rate was 67.31 percent and females literacy rate was 42.43 percent, the difference between male and female literates was 24.88 percent.

The study reveals that the growth rate of school is increasing and every year the Government of Karnataka is establishing the new schools. For instance, the number of primary schools in Karnataka State account 39,694 in 1990 which increased to 49,674 in 2000. Further, the number of high schools also increased from 4793 in 1990 to 8182 in 2000. The Tumkur district has a highest number with 3005 primary schools which constitute 7.57 percent of the State total and number of secondary schools are highest in Dharwad district i.e., 424 secondary schools representing 8.85 percent in the state total.

With regard to teacher-pupil ratio in the primary schools the data reveals that the teacher-pupil ratio in Karnataka has recorded increasing trend upto 1990's i.e. 1:44 in 1970-71, 1:40 in 1980-81, 1:49 in 1990-91 showing the shortage of teachers in primary schools, especially in rural areas. However, due to massive
recruitment of teachers, the teacher-pupil ratio has come down to 1:40 in 2000-01. Thus, from our analysis it is clear that the teacher-pupil ratio has come down during the last one decade. Further, the data shows that the teacher-pupil ratio at secondary level in Karnataka has come down from 1:25 in 1980-81 to 1:24 in 1995-96 and it remain same in 2000-01. Thus, the study data highlights that due to continuous recruitment of teachers at secondary level resulted in low level teacher-pupil ratio in proportion to increase in enrolment of students in the State.

Our study suggests that the contribution of private institutions to the medical and health services is very appreciable, especially in urban areas. However, with regard to number of Primary Health Centres and Primary Health Units (PHCs and PHUs) available per lakh of population in Karnataka reveals the PHCs and PHUs in the state were 1.20 in 1970-71, which increased to 1.14 in 1980-81, to 3.86 in 1990-91 and 3.08 in 2000-01 and compound growth rate was 1.3497. Among the district Kodagu district which has the highest rank by having 6.09 PHCs and PHUs per lakh of population during 1999-00. It is followed by Dakshina Kannada district has the second place in the ranking i.e. 5.49 PHCs and PHUs per lakh of population. But the PHCs and PHUs of Bidar
district is very low as it has very few by 3.17 per lakh of population. Thus, from our analysis one can understand that the number of PHCs and PHUs is not equal to the number of population of the respective districts. The necessary of increasing the number of PHUs and PHCs, helps to take care of health of the public.

Further, to describe about the drinking water supply facility provided in various divisions of the Karnataka State comprising 27 districts, the study highlights that Piped Water Supply Schemes account 14105 and Mini Water Supply Schemes account 17159 during 2000-01, increased from 10807 and 11273 during 1996-97, respectively. However, there is lot to do water supply service in the state, as it could not increase much from the decade to decade.

The study information about the houses constructed presents that the total number house constructed were 7092 in the state, out of which 2312 houses (23.60 percent) were constructed in Bangalore Division, 1552 houses (21.88 percent) were constructed in Belgaum Division, 1149 houses (16.20 percent) were constructed in the Gulbarga Division and 2079 houses (29.31 percent) were constructed in the Mysore Division. But during
2000-01, the total number of houses built were 27785 out of which
10144 houses (36.51 percent) were constructed in Bangalore
division, 5548 houses (19.97 percent) were constructed in
Belgaum Division, 8124 houses (29.24 percent) were constructed
in Gulbarga Division and 3969 houses (14.28 percent) were
constructed in Mysore Division. This shows that the houses
constructed in the Gulbarga Division is less than the other
divisions, therefore, it is necessary to construct more number of
houses in the State.

SOCIAL-INFRASTRUCTURE IN BIJAPUR DISTRICT:

As our study findings shows, in Bijapur district, the rural and
urban difference rate in population is of same importance as they
reflect the nature of sex selectivity. In 1991, the rural population
share varied between 91.71 percent in Indi taluka to 59.17 percent
in Bijapur taluka. The rural population at district level as a whole
in the same year was 80.23 percent and urban population
constitute 19.77 percent.

In our study the tendency of increasing trend is noticeable for
the entire Bijapur district. The same is also true for taluka-wise
density of population. The study reveals that the density of
population in the whole of district as well as by taluka. The density of the district as a whole was 171 persons per square kilometer in 2001 as against 146 in 1991. The district has low density of population due to scarcity of rainfall, infertility of soil and very slow industrialization and others.

In our study the total literacy in Bijapur district was 56.46 percent in 1991 and has increased to 57.46 percent in 2001 and the similar difference rate of literacy is observed in almost all talukas of the district. But in Bijapur district it is the lack of economic resources and the out migration of educated people along with the non-development of other conditions one playing a dominant role in governing the literacy pattern in the Bijapur district.

It has been found from the study that the factors governing the girl's ratio do not operate uniformly, showing taluka level difference among girls and boys ratio. During the period 1990-91, there was a favorable condition in primary school for girls and boys ratio in two talukas namely Bijapur urban (85) and Muddebihal (83), it is high ratio comparing to district average total (74)ratio and low level girls
ratio in primary school seen in the B.Bagewadi taluka (67) Indi
taluka (71) and Sindagi taluka (71) during the same period.

Further, in our study, a significant change among the girls and
boys ratio at primary schools during 2000-01 is noticeable. This is
due to rapid increase in enrolment of girls in almost all talukas,
particularly in Bijapur taluka. The highest ratio seen in four
talukas, namely in Bijapur (91), B.Bagewadi (84), Muddebihal (81)
and Indi (81) talukas and also highest than district average (80).
In fact remaining one taluka namely Sindagi is low (71). After
1991, in course of 10 years, the ratio of girls and boys ratio at
primary schools did get modified. By 2001, almost all talukas of
the district (except Sindagi taluka) had registered maximum ratio
as compared to that of 1991.

The study findings mentions number of girls per 100 boys
admitted in high schools of Bijapur district during two periods,
that is 1990-91 and 2000-01. In B.Bagewadi during the period
1990-91, the number of boys and girls admitted in the high
schools were 5080 and 1874, respectively and the ratio of girls was
37 per 100 boys, and in Bijapur urban was 7036 and 4102 and
ratio of the girls was 58 per 100 boys. In Bijapur Rural the enrolled
boys and girls were 3425 and 1191 and the ratio was 35 per 100 boys followed by Indi (29) and Sindagi (27). Thus, the number of admission both for boys and girls in total number of students at district level as a whole constitutes 31331 to 43219 and ratio was 37 during the same period. Further, it is observed that the number of girls per 100 boys increased in almost all talukas except B.Bagewadi taluka. For instance, girls ratio account 93 in Bijapur urban followed by Muddebihal (73), Indi (62), Sindagi (54), Bijapur rural (52) and B.Bagewadi (31) during the same period.

Our study exploration depicts that the teacher-pupil ratio in Bijapur district as a whole was 1:54 during 1990-91 and showing favorable tendency in 2000-01 with 1:42. Among talukas during 1990-91, the one teacher served to the total number of students was 1:56, 1:56, 1:55, 1:62, and 1:43 in B.Bagewadi, Bijapur, Indi, Muddegihal and Sindagi, respectively. Whereas, during 2000-01, Teacher-pupil ratio was favorable in most of the Talukas namely Muddeibihal, (1:41), Indi (1:41), Sindagi (1:42), Bijapur (1:43) and B.Bagewadi (1:45). Thus, due to massive recruitment of teacher in district and all talukas resulted in favorable Teacher-pupil ratio.
Whereas, our study results concerned with teacher pupil ratio in secondary schools reveals that the Bijapur district as a whole was 1:47 during 1990-91, 1:34 during 1995-96 and 1:25 during 2000-01. This shows the decreasing trend, which is noticeable for the entire Bijapur district. The decreasing trend indicates that there is developing in education facilities. Further, observing the study results, in Bijapur district, the two talukas have higher teacher-pupil ratio than district, namely in Sindagi 1:58 and Indi 1:53 and remaining three talukas like B.Bagewadi (1:38), Bijapur (1:42) and Muddebihal (1:46) have lower teacher-pupil ratio than district level during 1990-91. As against this, during 2001, teacher-pupil ratio has decreased in almost all talukas. For instance B.Bagewadi talukas constitute 1:23 teacher-pupil ratio followed by Indi (1:24), Muddebihal and Sindagi (1:26) and Bijapur (1:27). It is because that State government has increased the appointment of teachers so that it reduced the teacher-pupil ratio.

Our study made an attempt to highlight the taluka-wise distribution of hospitals in Bijapur district during the period from 1991 to 2001. There were 39 hospitals with 242 beds in Bijapur district as a whole during 1990-91 which increased to 55 hospital with 330 beds during 1995-96 and same 55 hospitals with 366 beds during 2000-01. Further, it is observed that the taluka-wise
distribution of hospitals in Bijapur district during the study period was not uniform. Of the total 39 hospitals with 242 beds established in 5 talukas the share of B.Bagewadi and Indi talukas was 9 hospitals in each which is higher than other three talukas i.e., in Bijapur (6 hospitals), Muddebihal (7 hospitals) and Sindagi (8 hospitals) of health facilities in the district. Beds facility was higher in Indi (62) and B.Bagewadi (54) and remaining three talukas show lower number of beds like Bijapur (36), Muddebihal (42), and Sindagi (48). As against this, during 2000-01, number of hospital and beds increased in almost all talukas as in the case of district as a whole. For instance, B.Bagewadi taluka has highest hospitals facility i.e., 14 and 84 beds followed by talukas namely Indi (12 hospitals), Muddebihal (10 hospitals), Sindagi (12 hospitals) and Bijapur taluka (9 hospitals). And beds were 72, 60, 60 and 54 in these taluka, respectively. Thus, study findings shows that there is an improvement in the status of providing hospitals and beds.

The study observed in respective number of population change by each PHCs is that it has decreased for district as a whole as well as talukas. It is due to establishment of new health care centres in all Taluka. And also, the availability of beds in PHC (Primary Health Centre) in the year of 1990-91 in the Bijapur district as a
whole population served by one hospital constitute 39436 during 1990-91 which decreased marginally to 32,853 during 2000-01. Whereas, taluka-wise distribution of data shows that population served per hospital account 51758 in Bijapur taluka followed by Indi (35398), Sindagi (32665), Muddebihal (25363) and B.Bagewadi (21663) during 2000-01. However, the study opines that large number of population depends on limited available hospitals in all talukas of the district.

As our study highlights in villages or rural areas, acute shortage of houses is felt due to rise in population. However, the study shows that the houses constructed under various schemes in the Bijapur district was significant increase during 1990-91 to 1995-96. For instance, the number of houses constructed in Bijapur district was 358 during 1990-91 which increased to 1421 during 1995-96 (increased by 1094 houses), further increased to 1712 house during 2000-01 (increased by 291 houses in five years). Further, the study presents that the houses constructed in Sindagi Taluka were 93 during 1990-91, followed by Bijapur Taluka (79 houses), B.Bagewadi (73 houses), Muddebihal (60 houses) and Indi (53 houses). However, in 1995-96 number of house construction was high in all Taluka regarding to this in Bijapur was 403 followed by
Sindagi (338 houses), and lowest in Muddebihal (118 houses). Between 1997-98 to 2000-01 Ashraya Yojana Scheme started and houses constructed under this scheme. Further, the study depicts about piped water supply schemes in Bijapur district between 1998-99 to 2000-01. The number of piped water supply schemes in Bijapur district, as a whole was 279 in 1998-99 and 362 in 2000-01.

SUGGESTIONS:

Based on the findings of the study the following suggestions are made for policy implications:

1. Government should initiate the construction of school buildings with all facilities in both rural and urban areas as to compete with private education institutions.

2. Poor subject mastery, limited teaching skills and high absenteeism have been identified as the major weaknesses of the teaching force. Hence, necessary measures are to be taken by the Government to overcome these.

3. Lack of awareness about the educational programmes and health among the people, especially in rural areas, weakened the implementation of various programmes in the schools.
Government should create necessary awareness about its programmes for proper implementation.

4. Government should give special attention for the establishment of full-fledged hospitals especially in rural areas covering the maximum people.

5. Proper maintenance and management is required to supply the drugs/medicines and other health care services to the rural people, women and deprived classes.

6. Still Government should recruit more teachers to reduce the teacher-pupil ratio. A special training to newly recruited teachers should be given about recent changes in the field of science, technology, economy etc.

7. It is need of the hour to recruit more doctors in Government hospitals including hospitals from rural areas so as to provide the intensive health care services to the people.

8. To provide quality water supply, drainage, sanitary etc., Government should made heavy investment to protect public health and hygiene.

9. Burden of expenditure on health care services is on people, and access to these facilities are beyond the capabilities of rural people, hence, a long term planning is required in implementation and providing health care services to rural people.
10. The existing system of health care services require further improvements (in terms of maintenance, management, efficiency, No corruption etc.) so as to increase the frequency of 'prompt attention'.

11. From community point of view, a feeling of ownership of the community assets has to be inculcated in the minds of the people for their own benefits particularly in new water supply sources. A committee of local people with the help of caretaker can control and regulate such damages to the community assets.

12. While distributing the sites or houses the Government or authorities should consider the poor, deprived classes who are generally shelterless.

13. Care should be taken to develop the social infrastructure, especially schools, recruitment of teachers, hospitals, doctors, water supply schemes and distribution of houses in backward talukas within the district.