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Social Transformation in Kolhapur District: A Geographical Study (M.S.)

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Geography is concerned with the arrangement of things on the surface of the earth, it is one of the basic and in man's use of space and natural resource, it examines the bonds between man, culture and land from a regional view point and can initially be approached from the natural (Earth science) and cultural (social sciences) side. Geographers contend that human societies can be fully understood if space they occupy, location (relative location in term of both natural and cultural patterns) and present prospective resource and resistance are known.

Social geography can be defined as identification of different regions of the earth surface according to association of phenomena related to total environment. It is a study of pattern and processes in understanding socially defined phenomena in spatial setting. It is a study of areal pattern and functional relation of social groups in the context of their environment. Study regarding the social transformation of any region provides the information about the imbalances in the region along with their causes, hence such type of study is helpful in the development planning process of the region.

Words: Health Care, Medical, Social Transformation.

Objective of the study:

Main objectives of the present Paper are followings.

- 1) To Study and analyzed public health care and private medical facilities in the study region
- 2) To know the role of public health care and private medical facilities in the Kolhapur region

Source and Methodology:

The present paper is based on Primary and Secondary Source of data. The data is collected from various sources which includes both published and unpublished books, government publication and private publications. Secondary data has been obtained from Zila Parishad report of Kolhapur District- 2005-06 Medical Association, Kolhapur, District census book, Census of India, District gazetteers, district statistical department, socio economic review and district statistical report of study region district. Collected data is processed and presented in the tabular form.

Study Area:

Kolhapur district is situated in the Southern part of Maharashtra. It is located in between 15° 42' 30" to 17° 11' North latitude and 73° 43' 10" to 74° 43' 45" East longitude. Kolhapur district is surrounded by Sangli district to the North, Karnataka State to the East and South, Ratnagiri and Sindhudurg districts to the West. The Sahyadri ranges to the North and Varna River to the North form the natural boundaries. For the administrative purpose, the district is divided into Taluqa. Taluqa: Shahwarshi, Panhala, Halakanangala, Shetol, Karveer, Bavda, Radhanagan, Kagal, Bhudargad, Akurdi and Chavangad.

The total population of the district is 36,76,001 persons, as per 2011 census, it constitutes 3.45 percent of India's total. The geographical area of district is 7746.40 square kilometer, which constitutes 2.52 percent of India's total.

Spacial Pattern of Literacy Variables in Kolhapur District: A Geographical Study [153]

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Introduction:

Social geography can be defined as identification of different region of the earth, studies according to association of social phenomenon relation to total environment. It is a study of pattern of process in understanding spatially defined population in spatial setting. It is a study of social pattern and functional relations of social group in the context of their social environment.

Education has long been recognized as vital to development not only in increasing income and exclusive to economic and social change but also in meeting a basic need for all individuals. Literacy may be a preferable index to development as their purports to show the outcome of social economic process rather than just the inputs, but so far the availability of data presents serious limitation on these measures as a reliable indicator.

Keywords: Literacy, Education, etc.

Objective of the study:

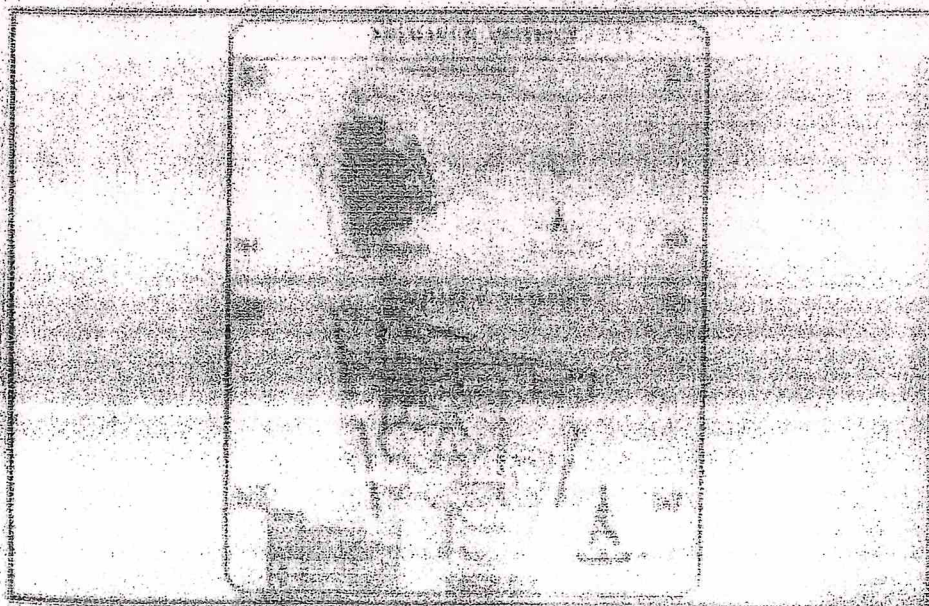
The main objective of the present paper is to find out and to measure variation among the literacy in Kolhapur region.

Data base and Methodology:

The present paper is based on Secondary Source of data. The data is collected from various sources which includes both published and unpublished books, government publication and private publications. Secondary data has been obtained from Census of India, District gazetteer, district statistical department, socio economic review and district statistical abstract of Study region District. Collected data is processed and presented in the tabular and graphical forms.

Study Area:

Kolhapur district is situated in the Southern part of Maharashtra. It is located in between $15^{\circ} 42' 30''$ to $17^{\circ} 11' 25''$ North latitude and $73^{\circ} 43' 10''$ to $74^{\circ} 43' 45''$ East longitude. Kolhapur district is surrounded by Sangli district to the North, Karnataka State to the East and South, Ratnagiri and Sindhudurg districts to the West. The Sahyadri ranges to the West and Yana River to the North form the natural boundaries. For the administrative purpose, the district is divided into 12 talukas i.e. Shahirwad, Pandhala, Halkarnayale, Shirur, Kurvi, Devda, Rakhnagar, Kagal, Bhudargad, Aira, Gullingh and Chandwad.



and Discussion:

Health is an important aspect of the social environment of any area, the data related to medical facilities considered in present study include the number of units and the of medical stores. 'Medical care' has been defined by the WHO expert's committee on organization of medical care as a programme of services which would make available to the community, all facilities of medical and allied sciences. Necessary to promote and maintain health of mind and body.

Health Care Facilities:

As like the other part of Maharashtra, public health services are available in Kolhapur district through hospital, sub civil hospital, rural hospital primary health center, primary health sub center, family planning center etc there was one civil hospital is at Karveer, 16 rural hospital 72 primary health center and 410 primary health sub center afterwards with the increase of the population, growth of industry and economic development of region the health facilities were increased in 2015-16. In 2005-06 the civil hospital located at the district place is changed to Government medical college, beside that there is a district sub hospital, 16 rural hospitals, 90 primary health centers and 424 primary health sub center. There are 10 primary health centers in the study region. In our district at out of 20 primary health center are located in shahuwadi, there are 50 primary health sub center in study region. There are 02 primary health center are located in halkangale. There are 10 primary health sub center are decreased in health care center.

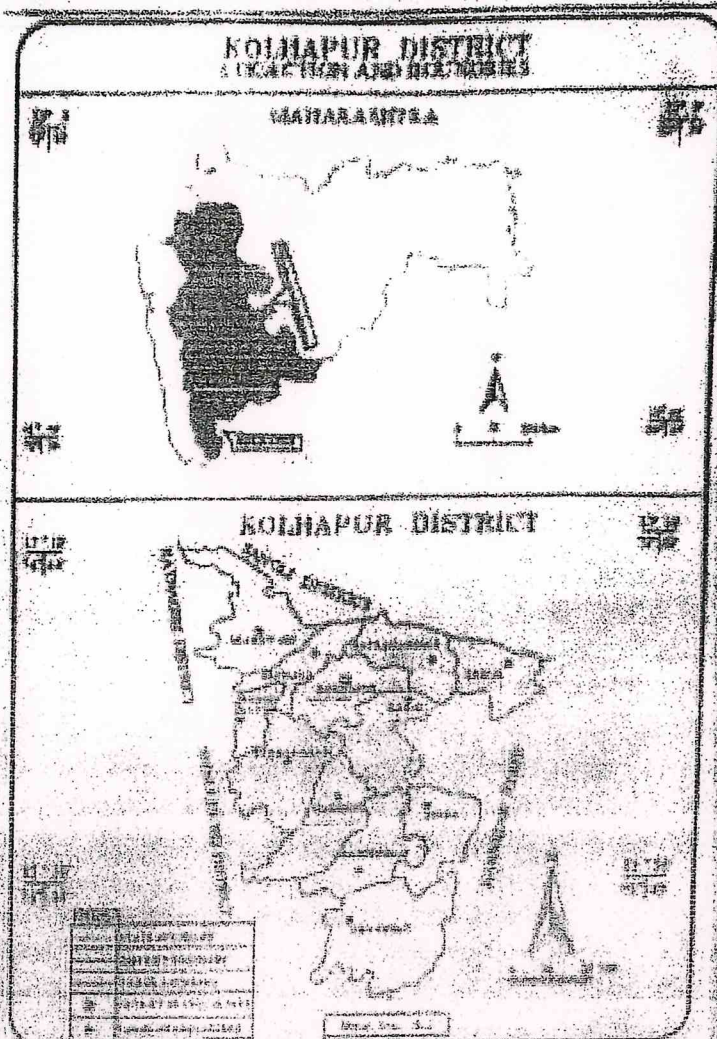


Table No.1: Kolhapur District Health Care Center (2005-06 and 2015-16)

Sr. No.	Taluka	District civil Hospital		District Sub Hospital		Rural Hospital		Primary Health Center		Primary Health sub-Center	
1	Karveer	01	01	02	02	01	01	09	08	49	97
2	Rajhangan	-	-	-	-	02	02	06	06	33	40
3	Gandharwada	-	-	-	-	01	01	02	16	09	57
4	Bhejargaon	-	-	-	-	01	01	05	07	20	33
5	Shahuwadi	-	-	-	-	01	01	06	20	37	50
6	Havangale	-	-	-	-	02	02	03	02	16	19
7	Shirdi	-	-	-	-	02	02	07	06	33	36
8	Kolhapur	-	-	-	-	02	02	06	05	34	34
9	Wai	-	-	-	-	01	01	04	03	27	30
10	Chandrapur	-	-	-	-	01	01	06	04	33	27
11	Parbhani	-	-	01	01	01	01	06	06	39	35
12	Chandrapur	-	-	01	01	01	01	05	04	36	30
	District Total	01	01	04	04	16	16	72	90	410	424

Source: Zilla Parishad report of Kolhapur District- 2005-06.

Private medical facilities:

Private medical facilities were available in the study at dispensaries and hospital with number of medical stores. Given the details of private medical facilities in 2005-06. In the study region there were 224 clinics and 111 maternity hospital and 1950 medical stores. The private medical facilities are high in Karveer taluka and

The total population of the district is 14,76,001 persons, as per 2011 census. It constitutes 45 percent population to the state total. The geographical area of district is 7746.49 square kilometers, which constitutes 2.52 percent of state.

Mass education, adult education, free female education, distance education, through media and vocational training are some of the measures undertaken by the central government. State government and district are engaged in bringing about mass awakening. Apart from literacy as an indicator of development, the level of educational attainment needs to be understood especially in terms of the proportion of technical graduates, professional graduates and others including scientists.

Literacy:
A person who both read and write with understanding in any language is to be taken as literate by the Indian census. A person who can merely read but cannot write is not literate. It is not necessary that a person who is literate should have received any formal education or should have passed any minimum educational standard.

Table No.1: Trendwise Change in Literacy Percentage in Kolhapur District (2001 To 2011)

Sr. No.	Taluka	Literacy Percentage		Val. of Change in %
		2001	2011	
1	Karveer	83.16	86.64	3.48
2	Radhanagar	71.33	77.39	6.06
3	Gagambhawa	60.74	70.00	9.26
4	Bhudargad	72.02	77.71	5.69
5	Shahuwadi	66.93	72.68	5.75
6	Halkangale	80.25	84.77	4.52
7	Shirur	80.13	83.41	3.28
8	Kagal	71.56	78.63	7.07
9	Ajara	69.37	73.93	4.56
10	Chandgad	66.67	72.34	5.67
11	Pandhale	74.18	79.27	5.09
12	Gadhinglaj	71.61	76.62	5.01
District Total		76.93	81.51	4.58

Source: Census of Kolhapur District, 2011 & 2001

There are several studies which highlight the possibility of rising levels of education leading into lower fertility. At a higher level of education, the process of attaining that certain level of marriage and influence the traditional views on fertility. The higher levels of education and secured higher income may increase opportunities for work and income. This however brings about change in the motivation for large family. This ultimate goal of education for all is to attain social and economic equity and to attain and and economic equity and to make it possible that an individual's participation become effective in national development.

The above table indicated that the highest (83.16%) literacy was observed in Karveer and the lowest (60.74%) literacy was found in Gagambhawa in 2001. Before 2001 literacy was found in Ajara (69.37%), Chandgad (66.67%), Shirur (80.13%) and Gagambhawa (60.74%), while 72.02% literacy was recorded in Radhanagar, Bhudargad, Kagal, Pandhale and Gadhinglaj talukas in 2001. Above 70% literacy was experienced in Karveer, Halkangale and Shirur talukas in 2001.

Among the various population characteristics, the aspect of literacy is quite significant in the context of the development process.

In 2011, Above 80% literacy was noticed in Karveer, Halkangale and Shirur taluka whereas 70 to 80% literacy was noticed in Radhanagar, Bhudargad, Shahuwadi, Kagal, found in Gagambhawa taluka. About 5% positive change in literacy was took place in Gagambhawa taluka.

Sr. No.	Tahsil	2005-06	2011-12	2015-16
1	Karveer	10	10	10
2	Ranhanagar	10	10	10
3	Chandabawade	10	10	10
4	Bhudargud	10	10	10
5	Shahuwadi	10	10	10
6	Halkangale	10	10	10
7	Shirur	10	10	10
8	Kagal	10	10	10
9	Ajara	10	10	10
10	Chandgad	10	10	10
11	Panbale	10	10	10
12	Santholal	10	10	10
	District Total	120	120	120

Source: Medical Association, Karveer-2015-16

In rural private medical facilities Karveer tahsil has dominating medical facilities. It's recorded that number of medical stores in Karveer tahsil is 1273. The rural areas of Karveer tahsil do not have such to develop urban areas.

There are 90 primary health centers in the study region. In Kolhapur district about 21 primary health centers are located in Shahuwadi. There are 50 primary sub centers in study region.

There are 72 primary health centers in the study region. And 02 primary health centers are located in Karveer tahsil. There are 50 primary sub centers in study region.

In private medical facilities in the study region during year 2015-16, there is a great increase in private medical facilities. Increase in medical store in 2015-16 as compared to 2005-06.

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