

CHAPTER - II

Review of Related Literatures

REVIEW OF RELATED LITERATURES

This Chapter briefly deals with the previous research projects which are in some way or the other related to the present study. It is an essential part of every research activity. It facilitates the researcher in knowing the areas already covered and the existing gap. It provides the necessary conceptual clarity. The previous research also help the researchers in formulating the problem and adopting the appropriate methodology for the study. Lindwall highlighted the importance of related studies in these words :

"Such a study would enable the researcher to identify some of the exact areas where there is a void in existing knowledge and help him to find out how his problem and findings will relate to other researchers and how his efforts when combined with those of others can help to complete the total picture"¹

The present research deals with the study of medical geography in a tribal region. When medical geography is a part of the applied geography the tribal health is mostly studied by the anthropologists. So in this chapter the related literatures are divided in two parts :

(A) Literatures on medical geography.

(B) Literatures on tribal health.

(A) LITERATURES ON MEDICAL GEOGRAPHY :-

Medical geography is an emerging field in India and the studies in this field are few and far between. Initially the Indian scholars imitate the Westerns research methodology, tools and techniques. Shafi² (1960) of Aligarh Muslim University pioneered studies in the field of geography of nutrition, which is closely linked to and is a contributory factor of medical geography. The close nexus between deficiency diseases and their relationships with environmental factors with special reference to Uttar Pradesh was studied by Siddiqi³ (1971). Similar study relating to Sagar City in Madhya Pradesh was conducted by Chaube⁴ (1971). Chouridule⁵ (1973) also studied the nutritional deficiency diseases of Bagh Basin of Maharashtra. Mishra⁶ (1978) tried to identify the nutritional level in India. Akhtar⁷ (1980) studied the level of nutrition as related to environmental factors in the Kumaon region in northern Uttar Pradesh. Izhar⁸ (1978) has studied the standard nutrition unit (S.N.U) as related to agricultural production of Western Uttar Pradesh. Safi⁹ (1967) made a comparative study of the food production efficiency and the availability of nutrition in terms of calories in India.

Another branch of medical geography which deals with disease ecology has been studied by several scholars in India. Akhtar and Learmonth are the pioneers in this field. Learmonth's pioneering and inspiring work on the regional geography of malaria in India and Pakistan in 1957¹⁰ and disease ecology of Indian sub-continent in 1961¹¹ laid the foundation of medico-geographic studies in India. Akhtar¹² (1982) studied the impact of colonization on malaria incidence in the Tarai region since early 1950s. He also studied the goitre zonation in Kumaon region in 1978¹³. Geography of Cancer in India was studied by Akhtar¹⁴ (1978) which was discussed at the International Geocancerology Seminar held in Brussels. Later Akhtar¹⁵ (1980) presented another paper highlighting the distribution of lung cancer in India at Second World Congress in Lung Cancer held in Copenhagen in 1980. Jointly Learmonth and Akhtar studied the resurgence of malaria in India, in 1977¹⁶, 1979¹⁷, and 1982¹⁸, in different time periods. They jointly published a monograph (1979) entitled Malaria Annual Parasite Index Maps of India by Malaria control Unit Area, 1965-76¹⁹ in which about annual parasite index of malaria in India has been discussed. Joshi and Deshpande²⁰ (1972) studied the geographical distribution of some diseases common in southern Asia. Dutta²¹ (1973) discussed the diffusion and ecology of cholera in India and Hyma and Ramesh²² (1976) studied the geographical distribution and trends in cholera incidences and the mortality pattern in Tamilnadu. Banerjee and Hazra²³ (1974) published a book on geo-ecology

of cholera in West-Bengal in which they discussed about the influences of physical and cultural environment on the distribution and trend of cholera in West Bengal. Dutta, Dutt and Vishnukumari²⁴ (1979) studied the resurgence of malaria in Tamil Nadu. Dutt, Akhtar and Dutta²⁵ (1980) published a joint paper on Malaria in India with particular reference to two West- Central States, which deals with the incidence of malaria in Madhya Pradesh and Gujrat of West- Central India. Banerjee and Hazra²⁶ (1982) Conducted study on geo-ecology of leprosy with special reference to West Bengal. A similar study relating to geographical factors of incidence of small pox in Rajasthan was conducted by Mathur²⁷ (1971). Singh and Dutta²⁸ (1981) studied the smallpox pattern and its correlates in the Patna City. Apart from cholera, malaria and smallpox, some recent concerns in medical geography in India depict some typical regional health problems. Hazra and Banerjee²⁹ (1980) studied the environmental health of glass and ceramic workers in Calcutta. Singh and Singh³⁰ (1980) conducted a study on spatial pattern of goitre in Eastern Uttar Pradesh. Pal and Mathur³¹ (1968) studied the spatial distribution of helminthic diseases in Rajasthan. Sharma³² (1976) conducted a study on major diseases in Tehri district of Uttar Pradesh. In his study Sharma used different quantitative methods to study the incidence and intensity of the major diseases. Singhai³³ (1991) conducted a study on environment, nutrition and health hazards in India with reference to Sagar division of Madhya Pradesh.

Fonaroff and Fonaroff³⁴ (1966) discussed various social factors responsible for disease incidence in rural Hindu India. Chakravarti³⁵ (1982) also studied the cultural aspects which produce distinct regional dietary patterns and causes of malnutrition. Learmonth and Akhtar³⁶ (1983) studied the cultural pattern as related to health and diseases in India. Bharadwaj³⁷ (1975) examined some findings related to the preferences of the rural people for indigenous and modern physicians and systems of medicine in four selected Villages in Punjab.

Health behaviour of populations with particular reference to the acceptance and non-acceptance of various systems of medicine has been studied mainly by anthropologists and sociologists³⁸. However a few research have been conducted in this field by geographers. Carstairs³⁹ (1955) studied the medicine practice and faith in rural areas of Rajasthan. Marriott⁴⁰ (1955) studied the acceptance of Western medicine in a village of northern India. A similar study on the place of indigenous and western system of medicine in the health services of India was conducted by Banerji⁴¹ (1981). Another study on traditional Indian medicine in practice in Madras city was conducted by Ramesh and Hyma⁴² (1981).

Health care geography is another important branch of medical geography. Akhtar⁴³ (1978) investigated the spatial distribution and growth of health facilities

in Rajasthan during 1961-71. Mukherjee⁴⁴ (1976) pointed out the simple method of obtaining a health hazard index and its application in micro-regional health planning. Akhtar and Izhar⁴⁵ (1986) studied the inequalities in the distribution of health care in India.

Family planning is also an important aspect of medical geography. But not a good number of studies have been carried out in this aspect so far. Blaikie⁴⁶ (1975) pioneered on such aspect. He studied the process of family planning diffusion in Bihar. Karan and Boerner⁴⁷ identified distinct regional pattern of human fertility in India. They concluded that, indicators of economic development, urbanization, literacy, density of road mileage and religious affiliation greatly influence the spatial pattern of Indian fertility. Bladen and Karan⁴⁸ (1975) studied the spatial aspects of the diffusion of family planning methods in India. This study highlighted the process of acceptance of family planning methods by rural population in a traditional society of India.

(B) Literatures on Tribal Health :

It is a widely accepted view of many social scientists that the health problem of the tribals is acute especially in India and it needs special attention. The health problem need special attention in the context of the tribals primarily for two reasons. Many of the tribal

communities are backward , secondly it is the very uneven growth of population of the tribal communities. But so far a very few research works have been attempted in India in the field of tribal health. Most of the works so far done are made by anthropologists and sociologists and the research works in this field done by the geographers is negligible.

In 1984 International Congress on Traditional Asian Medicine and Anthropological Survey of India jointly organised a Seminar on Tribal Health in Calcutta. The research papers submitted in that seminar were edited by Chaudhury⁴⁹ (1986). These papers are reviewed here to get a clear-cut picture of the tribal health situations in India along with other literatures published in different magazines and journals. Unpublished research works have also been reviewed in this purpose.

Choudhury⁵⁰ (1988) attempted a study on medical anthropology in India with special reference to tribal population. He identified various issues which are of interest to the social scientists related to tribal health. Choudhury and Chaudhury⁵¹ (1986) made an attempt to review the studies related to tribal health, disease and medicine.

Archer⁵² (1947) attempted a study on santal treatment of witchcraft. Basu⁵³ (1984) studied the anthropology of sanitation among the tribes of India. Roy Burman⁵⁴ (1936)

studied the morbidity and nutritional status of scheduled tribes in India. Mukherjee⁵⁵ (1986) attempted a study on aging members and their health in changing techno-economic condition in a traditional tribal village in Singhbhum district.

Bhattacharya⁵⁶ (1952) studied the death rites, funeral ceremonies and idea of life after death among the hill saoras of Orissa. Bhowmick and Choudhury⁵⁷ (1955) made a similar study on some aspects of magico-religious beliefs and practices of Mundas. Chawdhuri, De and Debnath⁵⁸ (1986) investigated the impact of prevalent diseases among the tribals of West Bengal. Das and Ghosh⁵⁹ (1986) studied the child health care among the Santhals of Bihar. Bhattacharaya⁶⁰ (1962) studied the legends on cure and duties of Santal in detail. Boddington⁶² (1925) made a similar study on the Santal and their diseases. Das and Sarma⁶³ (1963) studied the traditional methods of treatment of leprosy among the Mikirs.

Gupta⁶³ (1986) made an intensive study on tribal concept of health, disease and remedy. A similar study was done by Pal, Bhattacharjee and Guha⁶⁴ (1986) on perspectives of tribal concept about diseases in traditional system. The concepts of diseases was studied by Bhattacharya and Sengupta⁶⁵ in Purulia among Birhor, by Dash⁶⁶ in tribal Orissa and by Bhatt⁶⁷ in Meghalay.

Denneby⁶⁸ (1927) studied the Naga medicine and Ekka⁶⁹ (1981) studied the religious beliefs and practices of Nagasia. Elwin⁷⁰ (1943) attempted a study on conception, pregnancy and birth among the tribesman of the Mikir Hills. Choudhury⁷¹ (1965) studied the magico-religious ceremony for curing fever among the hill Saoras in Doripur of Ganjam district. Sathpathy⁷² (1981) made a study in Kalahandi district of Orissa on plants and magico-religious beliefs of tribals. Tarafdar⁷² (1983) studied the nine species used by the tribals for curing gonorrhoea in Ranchi and Hazaribag districts of Bihar. Patnaik, Bara and Mall⁷⁴ (1986) made a similar study on herbal medicines of Dongrias. Girach, Aminuddin and Ahmed⁷⁵ (1987) also studied the importance of some folk plants used by the tribals to cure certain diseases. Das Patnaik⁷⁶ (1966) in a paper discussed about the witchcraft and religion among the Oraon's of Malgo Village of Chhotnagpur and pointed out how the Oraons follow witchcrafts in healing many diseases.

Jena and Pati⁷⁷ (1989) in a intensive study described the communication components of health programmes among tribals in R.Udaygiri block of Ganjam district of Orissa. This paper is an attempt to access critically the findings of the study on evaluation of the impact of mass education programme for family planning on rural population. Gurumurthy⁷⁸ (1989) studied the socio-cultural factors regulating fertility among Yanadis-a tribal community in Andhra Pradesh. Bardhan and Dubey⁷⁹

(1989) described the causes of lack of compatibility and low utilisation of health and family welfare services by the tribals. Dutt⁸⁰ (1989) investigated the pattern of health services in tribal areas.

Routray and pattnaik⁸¹ (1985) attempted a study on Physionometric and nutritional survey of Kondhs in Phulbani district and opined that the Kondhs have very irregular food habits and so it is very difficult to ascertain their nutritional status. Ali⁸² (1979) pointed out many nutritional disorders or deficiencies among the Kutia Kondhs of Burlubaru village of Phulbani district. Mohapatra⁸³ (1970) in 'Hand Book of Koya' made an intensive study in Malkangiri sub-division of Orissa and concluded that,

"detailed information with regards to the quality and quantity of each item of food may reveal the underlying causes of the typical type of diseases to which the Koyas are mostly susceptible. The wide variety of wild roots may be examined by the experts in this region".

Mohanty⁸⁴ (1968) described the food habit of Saoras and opined that among Saoras food value is always judged by the time a particular food takes to get digested. Ray and Rao⁸⁵ (1956) surveyed the dietary condition among the tribes of Madhya Pradesh.

Although there are a number of studies in medical geography and tribal health, no geographer has so far attempted to study the geographical distribution of diseases among the tribals and to examine the underlying geographical factors responsible for these diseases.

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