Chapter 2

Review of Literature
Undoubtedly in the context of social research, review of literature and pre-assessment of studies is important ladder because without doing so, researcher cannot provide smooth management. Review of literature tells the investigator about the subject and sub topics in which studies have been done, design, method and techniques, which were used in them besides the difficulties, faced and resolved by him. It is true that each social problem has relation with the country, time and situation. From this point of view old studies are not only important but essential too. In the changed environment, in present study many problems may occur, like; which method and technique would be useful to study, what aspects, stages and factors had been studied before and the aspects that are left. Now this perceptive is pending for study.

How to do study so that research work might be simple and easy, be in objective form and save money, time and labour, the researcher learns all this by doing review of literature. Singh, S.P. (1975 = 14) highlighted on the fruitfulness of review of literature. According to him “After selection of research topic it is not only merely necessary but are also essentialities of the research to ensure assessment in relation to research problem in connection with review of literature pertaining to research topic because it helps as,

It develops insight and knowledge in reference of research problem in the mind of researcher.
Review of literature helps in formulating hypothesis and evolving structural schedule, and He does not commit error to repeat the research problem which has already been carried out.

The review of related studies has great importance in every kind of research work. With its help; we come to know about the work that has been done previously. Until and unless we have learnt what others have done and what still remains to be done in our area, we cannot contribute to furthering knowledge in our field. Review helps also in delimiting the research problem and in defining it better.

The review of related literature will give the student the insight he needs to convert his tentative research problem to a specific and concise one. The review of related literature is important to gain the knowledge of those particular fields of human knowledge to have complete and thorough information of the work done in his country and abroad in the specific area of his research. Thus, the researcher needs an adequate familiarity with libraries and its many resources, because the library is the storehouse of knowledge and wisdom after the selection of the problem, the researcher started the study of work already done ill the field. She studied many articles, books, journals, bulletins, yearbooks, thesis and encyclopedias, research reports etc. on the topic concerned.

The comment in this direction of Basin, F-H (1962=40) is illustrative. He says “in every research study related literature and preassessment of studies is important stair of research scheme because every research work ought to be clear and difficulties resolved. By review of literature both the problems of research complexity resolved. By review of literature both problem of research complexity and uncleanness are resolved. It is because of the review of literature that it
becomes clear how to collect valid and reliable information. The following are the usefulness of review of literature.

The contribution of Purshotum (1991=110) cannot be isolated regarding review of literature. According to him "Generally there are three domains of knowledge: (1) To collect knowledge (2) To Transmit knowledge and (3) To increase knowledge. These three fundamental elements are especially important in research studies. And the three elements passionately Endeavour 'to attain' more proximity to the reality. For the acquisition of additional knowledge their contribution to the comprehensive wealth of knowledge makes possible the Endeavour made by human being, in every aspect of life. In the same way in the research process the review of literature is such an important scientific stage of the research work, which is embedded deep inside present. Thus man on the basis of his knowledge acquired through communication or literature, composes and creates new knowledge through his research work".

Borg., J.P .(1963-48): also highlighted on importance of review of literature. He says, "The review of literature enables the researcher to identify the research work already done in the past and by studying it, analyses the same. By doing so the researcher selects suitable instruments and methods for his research work and thus determines a definite direction for his research by attaining additional knowledge."

On the other hand Staufer Semmuel (1962:73): tells that in the absence of extensive study and assessment of old literature, any sort of study is just like a firing in darkness. Without review of literature, research work cannot go ahead. Till the researcher does not acquire knowledge about the area in which studies have been completed he
cannot select the topic of the research neither prepare the synopsis of research study nor provide speed to his investigation. The main reason of the objectives of the study is to bring innovation after thinking”

According to Good C.V. Barr, A.S. & Scates, and D.E.: “The key to the vast storehouse of published literature may open doors to sources of significant problems and explanatory hypotheses and provide helpful orientation for definitions of the problems, background for selection of procedures and comparative data for interpretations of results. In order to be truly creative and original one must read extensively and critically as a stimulus to thinking”

Several studies have been conducted in the field of primary school teachers and they have direct or indirect relation with our study whose findings and references are as follows: -

Several studies in the area of Health awareness problems and culture have been conducted covering different aspect of health behaviour. Most of the studies examined the socio-psychological, economic and cultural aspect and their effects on health behaviour on Muslim families residing in Lalitpur District.

Besides, various research papers in various journals have appeared during last decades have been examined. Some important findings of such studies, with have got bearing with our work have been discussed.

In western and European countries this subject has received lot of attention. In the South Asian countries, awareness came little later. Health behaviour has been found to be closely related with individual, family and community’s physical, mental and social well-being. Therefore, it seems necessary to mention few studies conducted in other countries
related to the health behaviour and few studies conduct in the Indian setting.

One of the most fascinating area of research in health and medical system of any society has been the analysis of behavioural adjustment and the coping mechanisms that the member of a given society evolve for managing their sickness episodes and for maintaining the normal levels of health. Such arrangements and adjustment have been found to be varying from being most simple and primitive to highly scientific, complicated and complex. Secondly, most of these arrangements have been found to be normatively determined by their total social system rather than at individual level.

The phenomenon of health, illness and sickness, have attracted the attention of social scientists from the disciplines of sociology, psychology, public administration and also to some extent economic. The approaches developed for understanding the health behaviour by these scientists have been guided by the area of investigation and the discipline under which such investigations have been carried out.

Psychology and social work have been able to demonstrate the capabilities of helping the patients as well as the clinician given conditions. However, the discipline of sociology and anthropology of medicine or sociology or health (being use interchangeable) has attracted substantive interest recently as the nature and levels of health, illness and sickness have been seed to be historically and to some extent culturally determined. It has not also been recognized that in every known society definition of health problems and the responses required for managing sickness are recognized and determined at collective level.
Thus, a set of behaviour that is linked together or maintenance of health would naturally be complex and diffused in nature, as in most of the cases, such behaviour is formulated, shaped and maintained through the norms of given society. The interplay of various complex variables which account for health behaviour at individual level has been attempted to be understood in various ways. It is being maintained that the explanation of health behaviour can be treated as a product of series of variables broadly classified as (a) socio-demographic, (b) socio-economic, (c) socio-psychological, (d) socio-cultural, (e) ecological and organizational. The common feature in most of these variables bring that they are all socially determined.

The attempts so far made towards the understanding of health status, problems and behaviour have broadly been based on variables from one or more than one set of those mentioned above. The nature of most of the variable subsumed under broad categorization mentioned above cannot be treated as mutually exclusive as in many cases they overlap. Secondly, neither do any one set of variables claim to have the potential of explaining the totality of health behaviour. Further, it is necessary to mention that the current level of knowledge of health behaviour has been able to demonstrate only the strong association between the set of variables just outlines and thus it is difficult to claim that such association of variables have been able to sow any casual relationship for predicting the health behaviour.

As an outcome of continued research efforts on these variables, some amount of refinement has come about in them and consequently on our understanding of health status problems and behaviour, and it is now possible to provide a hottest view of health behaviour with the help of
certain self contained model. These health models are able to provide the possible directions and even to some extent the placement of various variables which form the content of these models. Needless to emphasise that none of these models independently or even jointly have been able to explain and predict precisely the nature and type of health behaviour in a given social situations. The understanding of health behaviour through models has certain proven advantages. Firstly, the assessment of health behaviour is not deterministic as it takes into account a number of intervening and independent variables. Secondly, it provides a systematic understanding of the possible directions into which such behaviour is expected to move. Thirdly, it provides an over-view of the possible causes and consequences of health behaviour which can sharpen our focus of attention and consequently help in programme planning or project implementation.

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certain self contained model. These health models are able to provide the possible directions and even to some extent the placement of various variables which form the content of these models. Needless to emphasis that none of these models independently or even jointly have been able to explain and predict precisely the nature and type of health status and problems in a given social situations. The understanding of health status and problems through models has certain proven advantages. Firstly, the assessment of health status and problems is not deterministic as it takes into account a number of intervening and independent variables. Secondly, it provides a systematic understanding of the possible directions into which such behaviour is expected to move. Thirdly, it provides an over-view of the possible causes and consequences of health status and problems, which can sharpen our focus of attention and consequently help in programme planning or project implementation.

In the introduction of study the attempts have been made to describe some of the health illness behaviour models highlighting of important elements in each one of them with a view to assessing the significant contribution that each one of those has been able to make it in the understanding of health and illness behaviour and utilization of each of the model in order to understand the frame of reference under which these can be suitably utilized. So this study is only a modest attempt in describing various models at one place and assessing role in understanding the Schedule Tribe families of urban area of Lalitpur and their health culture and health status and problems particularly with reference to the exiting underutilization of health facilities.

There could be a number of ways in which various attempts to understand the health status and problems through model approach could
be classified. For our purpose, it is worthwhile to look at them either in reference to personal characteristics of an individual or attempting even to place the individual at the nexus of a balance of social forces and account his behaviour in term of forces that impinge upon his personality. For this reason, such models can conveniently be termed as "individualistic model" or "personality oriented model", because they rely heavily on the psychological characteristics of the individuals. In variance, to his there are a set of models relying heavily on the societal mechanisms developed for managing the sickness and maintaining the health. Such models can broadly be termed as "collective or socially oriented models" of health status and problems. The two sets of these models just described are not mutually exclusive and major differences in them lie only in their emphasis rather than the nature of behaviour.

Alka Basu (1990) in her study "North - South difference contrasting cultural tradition of two migrant groups in Delhi" concludes that regional differences of cultural nature, including health habits, autonomy of women, education caste and socio economic status, are correlated with death rates among children. The author argues that the cultural patterns brought from particular urban area of Delhi by migrant groups and their effect on mortality rates and girl's survival continue to hold true even for the children of patterns who were born and reared in urban environment.

Prakash and Malik (1990): showed that high altitude Bods had higher fertility than the low altitude Bods. They also had higher mean number of children (4.11 per month) as compared to the low altitude Bods (3.63 per month). The altitudinal differences in fertility have been 'explained in terms of socio-cultural factors such as education, awareness,
urban contact, advancement in medical facilities which were 'higher at low altitude. The differences have also been accorded to a stronger feeling in the altitude population that children were economic GISSCS.

Datta (1990): reported from her study that Koras, a scheduled tribe of Midnapur, West Bengal had a mean of 3.30 surviving children in their completed age of fertility. She found the crude birth rate and total fertility rate to be 41.81 per 1000 population and 4.42 per 1000 Kora women respectively. These values were relatively higher than the national figures for these measures. However, these values were in agreement with most of the tribal groups in India.

Basu et. al. (1990): "the common beliefs, customers and practices connected with health and disease have been found to be intimately related to the treatment of disease. It is necessary to make a holistic view of all the cultural dimensions of the health of a community. In most of the tribal communities, there is a wealth of folklore related to health Documentation of this folklore available in different socio-cultural systems may be very rewarding and could provide a model for appropriate health and sanitary practices in a given eco-system. Maternal and child care is an important aspect of health seeking behaviour which is largely neglected among the tribal groups."

Moonis Raza, et al, (19901): "Literacy is universally recognized as a powerful instrument of social change. The level of literacy is undoubtedly one of the most important indicators of social, cultural and health development among the tribal communities. Literacy is important for the young girl; it had correlations with the survival of her children. Infant mortality is found to decrease significantly when the mother is educated up to the primary level and above. The Indian tribes have been
exposed to literacy only recently”. Ray & Roth (1991)1 studied the fertility pattern of Juangs of Orissa. It was observed that the marital age specific fertility rate was highest (0.336%) among mother in the 20-24 year age group whereas it was lowest (0.44%) among the 45-49 year age group. The total marital age-specific fertility rate was 1.157 among the Juang mother. It was also observed that the Index of Overall Fertility and the Index of Marital fertility among the Juangs were 0.49 and 0.50 respectively.

Dr. Paul Oostvogel (1992): in his study namely "paying the price for one's beliefs", says some of the Dutch reformed churches consider immunization as an act against the will of God. To counter this view, the strategy of the Government and the medical council was based on education and information. But even today, immunization coverage in Municipalities such as striet-kerk is still as low as 60%, compared with over 97% for the country.

Kshatriya, (1992): "The cultural norms that particularly affect women's health and attitudes towards marriage, marriage practices, age at marriage, values attached to fertility and sex of the child, pattern of family organization, her status in the society, decision making capability and ideal role demanded of women by social and cultural conventions. All these determine her place in the family, her access to medical care, education, nutrition and other health resources”.

Shiva, (1992): "Poor nutritional status with its conformant problems of poor body weight, poor weight gain during pregnancy, low hemoglobin levels, was one of the primary underlying causes of maternal mortality in India. More maternal deaths occurred in India In one week then in all of Elirope in one year generally malnourishment, poor medical
facilities and unfavorable social conditions were the major underlying cause's foes high maternal mortality in India. Nutritional anemia, a serious problem in pregnancy, affected 50 percent of the women of childbearing age in South East Asia”.

G. Singh (1993): in his study "Drug compliance patterns in a court of pulmonary Tuberculosis patients" concluded the pattern of default varied among patients. Regression equation obtained from the progress of the treatment showed that various social factors played highly significant role in treatment compliance patterns. Interventions in the form of education and motivation improved compliance with the treatment. Thus education and motivation of patient with proper follow - up ensures better compliance with treatment for tuberculosis and should therefore, be an important component in control plans.

Dr. Hiroshi Nakajima (1994): in his address of the "Task Force for child survival and Development in New Delhi" on 4 February emphasized that the traditional attitudes reported by the survey team including rubbing the stomach with snake oil during labour so that the baby will leave the body as easily as snake sheds its skin. Some women wear a black under-skirt to hide their pregnancy from witches or hand a pouch of protective herbs around their neck. This survey of pregnancy related beliefs' and attitudes were part of a broader study of obstetric morbidities carried out in the contest of the Philippines Demographic and Health survey.

Shanti Ghose (1996): in her paper “Child survival and development in the context of Integrated M.C.H./Family services” talks about the problem about the child survival. The health and nutrition of the expectant mother, her age, and the number of children she has badly, the
interval between them and the care she gets during pregnancy, all have profound influence on child survival, and optimum growth, and she emphasizes the need for education for women and uplift of their social status.

Ram Prasad S. (1996): in his study namely “Infant Feeding Practices in an Industrial community” reported that 96 percent of mothers have been breast-feeding their children for an average period of 21 months. A majority of those who did not breast-feed their children did so due to lack of secretion. The other practices having a bearing on health like use of gripe water, administration of caster oil, giving oil bath etc. have also been studied. Percentage of families utilizing the immunization services is very high i.e. 96.5 percent.

Mr. Lala Ram (1996): in his study – Fertility level and education stats – A case study of Mainpuri District analyzed that the illiterate male respondents are found to have the highest average completed family size, ranging from 6.3 to 2.6 persons. Such size of family decreases with the increasing educational status of wives. The gratitude, postgraduate and Ph.D. wives have the lowest average complete family size of 2-4 members.

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WHO (2000: 115): Reported social factors such as group approval influence and adoption of new behaviour patterns. Most of the individuals tend to confirm with the accepted standards and sanctions of their family and friends. The tendency is to find out what is usually done and then does it group approval or disapproval may be a determining factor as to whether information is accepted information’s.

Festinger L. (2000: 260): In this study namely - "A theory of cognitive disso name", stand for university says that knowledge ands attitudinal variables and intermediate goals. White, for most of behavioral change in proceed by knowledge and attitudinal changes, it has been observed n some cases that behavior changes first. Occurs without change in knowledge and attitudinal changes their will be subsequent readjustment of knowledge and attitudes as the individuals tries to
establish internal hormoney, consistency or cognity, among his opinions, attitudes knowledge and values.


Beatrice, B. Whiting (2003): “Sex culture” (A study of child rearing-stages the non utilization of existing health care facilities is one of the vital factor in the present state of poor community health status”.

Mckinley, John, B. (2003): Some approaches and problems in the study of the use of services in their review of the studies on utilization behaviour laments the general lack of consistency, coherence and co-ordination in empirical works and sound theoretical basis for researches in the area of health behaviour.2

Dakshina Murthy, S. (2003): in his paper “Study of human behaviour” according to him, human behaviour is determine not only by biological and physical environmental factor but also by social factors. Every form of human behaviour has a social component; sociologists are interested in the study of determinants of human behaviour”.

Muckolls et. al. (2004= 12): found in study that pregnant women are much more likely to experience post delivery complications if they experienced high life stress combined with low social support than if they experienced any other combination of these factors viz. high stress /high support, low stress / low support or low stress /high support.

Garrity et. al. (2004=117): reported that behaving in socially approved ways was positively related to one’s health status, conformists
showed less evidence of illness and disability than did the non-conformists”.

Graham et. al. (2004= 37): As similarly he observed that frequent church attainers had less illness and lower blood pressure level than infrequent attenders”.

Roseman et. Al. (2004= 119): observed psychological environment and personality-factors that relaxed, easy-going, non-comparative individuals are at considerably less risk of developing coronary heart diseases than re individuals who are inpatient, achievement – oriented, hostile and competitive”.

Kobasa (2004=10): reported that “Hardiness” a personality traits consisting of a sense of personal control over external events and flexibility in adapting to unexpected changes in one’s life a leading to high stress high illness”1.

Natarajan, V. (2004=111): reported that anxiety develops due to a lack of coping mechanism or due to the admission of helplessness or uncertainty or indecision in the face of a threat. It has been suggested that such unrelieved anxiety state, leads to the experience of stress and illness”.

Marx et. al. (2004=35): reported that an individual’s capacity for coping (defined as the balance between satisfaction and frustration in areas such as work, sex, interpersonal relations, personal finance and family life) was significantly correlated with physical health status”.

Barun and Wolf (2005=17): argue that individuals can remain relatively immune to certain diseases if they are an active part of social
structure characterized by close family ties, a strong sense of identity, feelings of personal security and strong religions beliefs”.

Jai Chandran (2005=33): has observed that it is neither those that are at proximity nor those that are further away from medical facilities that readily react to their symptoms. It is generally the middle distance population which perceive ill health more than. The intermediary from the medical facility has been listed as 5-6 km in the former’s study. Therefore it is imperative that centres for medical facilities are located at short distances, for the people of the locality to utilize the facilities and make themselves healthier and better”.

U.N.F.P.A. (1998): “The reproductive health approach places individual men and women at centre stage. It recognizes certain reproductive rights of individuals and couples while attempting to provide a range of services to meet their varying needs over the life cycle”.

Natarajan, V. (2005=5): In an interesting set of experience Natraajan et. al. reported that combating stress prolongs life than adapting to it. In this experiments one set of fresh water fish were successively introduced to increasing concentrations of sea water, allowing sufficient time at each step for them to get adapted to the stressful environment. Following this both the adapted and unexposed fish were introduced in 100 percent sea water. Their behaviour on introduction and the length of time they survived were recorded. It was found that the fish with no prior exposure showed agitated and unsettled movements indicating non adaption to the environment but lived longer than the exposed fish, which behaved normally in 100 percent sea water as though they were in fresh water. With such findings and of course giving allowance for individual
differences, a start can be made to utilize these findings for identifying high risk factors and individuals and take appropriate steps to safeguard their health”.


Seal, S.C. (2005): In presidential address, 50th congress, Delhi, remarks that social environment plays, a very important role in the causation of health and disease. A harmonious adjustment to the social environment enables man to enjoy health and happiness, whereas maladjustment may not only cause illness but also deprive him to taking adequate action against it”

Roemer, Milton, (2005): said that the services of the doctor in his private chamber tend to differ from that given in public clinic not in the time spend for case examination but in inter-personal attitudes. The public conscious has come to expect hospitals to give tender, loving care to every patient every day”.

Suchman, E.A (2005): In his study, “Sociology in the field of public health”, concluded that the values and custom of community or social group strongly influence their perception of the symptoms of disease, their interpretation of these symptoms and their techniques for treatment. Studies have shown that different social classes and different ethic and religions groups respond differently to illness”.

WHO, (1978): “The basic elements of reproductive health care are: responsible reproductive /sexual behaviour, widely available family planning services, effective maternal care and safe motherhood, effective
control of reproductive track infections (including sexually transmitted diseases) prevention and management of elimination of unsafe abortion and treatment of malignancus of reproductive organs”.

Hardee et. al. (2006): reviewed the evolution of reproductive health policies and programmes in eight countries in three world regions since ICPD and found that considerable progress has been made in placing reproductive health on the national agenda and in policy dialogue at the highest levels. Most countries, however, have been facing difficulties in setting priorities and few had made significant progress in terms of programme implementation”.


R.N. Pati (2002): deals with various issues concerning reproductive health and child survival. The author widely covers research studies conducted by different research organizations of India, viz. National Institution of Nutrition (Hyderabad), Institute for Research in Reproductive (Mumbai) and Population Research Centre of different status.