

## **CHAPTER-3**

### **REVIEW OF LITERATURE**

The sociological and anthropological aspect of research in the field of health and medical world continuing to expand both in form of new articles and journals. Some of the literatures are concerned with epidemiology details of diseases; while some on medical care; many on social aspects of health, ethnomedicine practice. It is not possible to describe a comprehensive account of all the details of studies here, but some important studies undertaken by different scholars in the socio-cultural and environmental aspects of tribal health have been dealt with.

The starting of major anthropological involvement in medical problems dates back to the 1940s. Prior to these many ethnological descriptions of beliefs and medical practices in simple societies were found in many ethnological studies undertaken by different scholars in different times. After the Second World War, Medical Anthropology developed. In his paper Candill(1953) has reviewed the works on Applied Anthropology in medicine, which indicates the beginning of major anthropological involvement in medical problem. Lieben(1973) has discussed in details some of the major medical anthropological studies undertaken by a large number of scholars between 1940s and 1970s. Bhasin and V.K. Srivastava (1991:24) have stated in their article Medical Anthropology: A Review that “the field of Medical Anthropology started to crystallizing in the sixties in this century”. In 1963, the term Medical Anthropology as a specialized study came under the integrated field of Anthropology.

D. Banerji (1973) in his paper expressed the view that every culture or sub-culture has its own notion regarding health and health seeking behaviour, which is often referred as health culture. Health culture includes cultural factors including cultural factors influencing health of a community, cultural meaning of health problem and diffusion of health practice of a community from outside. To study the health of a community, the socio-cultural factors as well as the physical environment need to be studied.

There is wide variety of determinants that influence the human health both favourably and unfavourably. Some of the determinants are: environmental (nature and man-made), to institutional health care and environmental factors Chattopadhyaya(1963) mentioned about cleanliness, sanitation, food, causes of morbidity and death in Ranjana, a village in west Bengal. Health has acquired new meaning in present day. It is not the absence of disease but the quality of life which has a number of components such as income security, literacy, socio-economic issues, infrastructure facilities like hygiene, sanitation, and access etc.

Hasan(1967) says that there are two types of social and cultural factors that affect the health of any community: (a) factors directly affecting the health of the community because of certain customs, practices, beliefs, values and religious taboos etc. create an environment and help us in the spread or control of certain disease and (b) factors that indirectly affect the health of the community as they are related to the problems of medical care to the sick and invalid.

Mahapatra (1994) opines that in tribal society incapability of doing normal work assigned to the respective age and sex is illness. Health is measured through withdrawal from work. In this manner the concept of the health in almost all the tribal societies is a functional one and not only clinical. Similarly Kapoor (2006) in his study on people of Kumaon region of Uttarkhand viewed that tribal society the concept of health is understood more in functional terms than clinical. A person is regarded as ill if he or she is unable to perform his daily task.

Burman(1986) is of the opinion that health should be viewed as more than an individual's search for care but a community's concern and ability to maintain health. This necessitates a broader dynamic view, which takes into account the social system, the environment and

the political/ economic system, and how these infringe upon the individual eco-system or the community's health status. Cockerham (1989) viewed that health and society are intricately interlinked for; it is society that determines the nature, cure and causation of diseases and the state of health of its members. The healing practices among the tribals are also group oriented. The treatment and cause of disease in tribal society is perceived by the group. Society also shapes the organization of infrastructure facilities of health care, professional services and faith of the people in each of these. (Swain 1994, Mehta 1996)

Chaudhuri (1997) also viewed that in case of some specific diseases not only the diseased person or his/her family but the whole villages are expected to observe certain taboos. The non observance of such practice often calls for action by the village council.

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Kakar (1982) has classified three types of medical systems practiced at three different cultural levels.:

Firstly the level of primitive or preliterate people. At this level 'primitive medicine' i.e. medicine based predominantly on a supernatural theory of disease causation is practised, seeking therapy through magico-religious means.

Next comes the folk-cultural level and folk medicine is practiced where the theory of illness involves both supernatural and physical therapy.

Thirdly there is the modern level or the level of the modern society at which is practiced what is termed as modern medicine recognizing rather than supernatural causation of disease.

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Djurfeldt Lindberg, Zurbrigg(1980)emphasized that health is to be seen not merely in terms of curing disease but as an indicator of the level of social, economic, material and environmental development.

Bhattacharya and sengupta (1986) in the paper The concept of disease and its treatment among the Birhors of Puralia, showed that the Birhors too believe that diseases are caused by one or combination of three agencies viz. natural, human and supernatural. Naturally, they have developed their own traditional medicine system. The common measures against diseases are magical extraction, administration of medicinal herbs, sacrifice and offerings and contact with magical objects like amulets and dietary restriction.

Tribhuvan (1998) in his book ‘medical world of the tribals’ discussed about the disease perceptions, nature and role of traditional health practioners , ethno-medicinal and ritualistic way of treatment as found among the Thakurs tribe of Maharastra. The author has discussed about the symbols (acts, words, colour, chants, and object) and its relation with health culture.

Khatua(2001) in his study among the Hill Korwa of Madya Pradesh classified illness into four categories –(1) illness caused by supernatural beings;(ii) illness caused by magical means;(iii)illness caused by climatic change;(iv)illness due to wrong or excessive food. He viewed that for these four categories of illness there are four specialist are there- Baiga(religious priest), Ojha (spiritist);Panda (medicine man cum spiritist); deowar(medicine man). The community prefers their traditional medicinal practices. In extreme cases only they consult the modern medical treatments.

Saheb(2006) in his paper on 'Indigenous Health care Practise among the Irular Tribal Populations of Tamil Nadu, India' discussed about the health practices as found among the Irular tribe of South India. Traditionally they are rat trappers. The paper basically deals with the treatment of diseases through two ways- magico-religious practices and herbal medicine. Magico-religious practices are categorized into five types-(1) sorcery,(2) Breach of Taboos,(3) Intrusion by spirits, (4) objects, (5) causes of evil eye.

The tribal people live in an intimate touch with their environment. In fact the symbiotic relationship between tribals and forests has contributed immensely towards health and health seeking behaviour among ethnic groups since time immemorial. The tribal people have realized from their age long connection with forests, that only through an eco friendly attitude would they be able to develop their physical, mental and spiritual well being. The belief system based on totemic objects in the surroundings has become a boon in times of crisis arising out of diseases.

But now most of the tribal societies are having been under major changes. These people no longer enjoy complete isolation resulting into many changes in their traditional norms, subsistence pattern, economic activities, and health practises etc due to their contact with other human group. This acculturation process has greatly affected their health. The tribal who are once very close to environment are affected by large scale of deforestation resulting into change in their food habits and habitat. Upadhyay (1987) in his study on three tribes of Bihar- the Asur, Birgia and the Kisan showed the adverse effects of deforestation in the health of these tribe. The traditional medicine man fail to cure prevalent diseases due to non availability of herbs, tubers etc. Moreover new diseases also occurred due to pollution, change of diet etc.

Kshatriya (2014) in his article on 'Changing perspectives of tribal health in the context of increasing lifestyle diseases in India' viewed that due to large scale urbanization /modernization the triba people are gradually joining mainstream. They are getting the benefits of development in education, health, income generating leading to a change in lifestyle. Thus these people are becoming susceptible to various diseases like cardio vascular diseases, diabetes, and high blood pressure. There is increase in body weigh

among the tribal males leading to the increasing metabolic diseases. The study emphasized on the need to address the changing pattern of tribal health due to the change in lifestyle.

At present many importance is given in understanding the relation of environment with health. Various changes in environment like construction of dams, cultivation of some cash crops, infrastructural construction has created modern environmental diseases. The term disease ecology is used to define the study of regional variation in environmental conditions related to the incidence and prevalence of disease. Roy Burman (1990) related the physical well being of the tribals are largely related with the forest ecology and rapid deforestation.

Many studies (Basu S.K 1986, 1990, Roy burman B.K, 1986, Mahapatra L.K 1990 etc) on the basis of morbidity, mortality and health statistics of tribal viewed that the health status of tribal population is poor. Some of the factors are illiteracy, absence of safe drinking water and sanitation, poor communication, ineffective coverage of national health and nutritional services, poverty etc. The studies found that certain diseases like goiter, yaws, malaria and guinea worms are endemic in tribal areas like Madhya Pradesh, Orissa, Jharkhand. Incidences of tuberculosis, leprosy, malaria is high among the tribal people. The studies found that tribal population have distinctive health problem due to their habitat, hilly terrain and ecologically variable niches.

Few studies (Khan, 1986; Basu, 1994; Mahapatra, 1994) has focused on the interaction between traditional and Modern system of medicines among the tribal population. Sachchidananda (1994) states in this regard that the tribals are very amenable to Western systems of medicine as they still very much depend on supernatural cures. The difficult terrain which the tribal occupy where it is difficult to reach health services adequately. This view is found to be adverse by Banerjee (1974) studied health behaviour of rural people in seven states and observed that most of the villages, irrespective of their social, economic and occupational status, favoured western (allopathic) medicine. Chaudhuri (1986) who states that in the present days the tribals in India are not averse to accepting western medicine, whenever available.

Medhi and Hassan (2002) in their paper on 'Folk Medicine among the Garos of northeast India' discussed about the presence of medical Pluralism among the Garos of Nisangram. The people are adopting the modern medicinal system along with their traditional system. The Garos believe both biological as well as supernatural factors as the cause of diseases. They are well versed with the ethno medicinal plants found in their area for treatment of diseases.

Mishra (2012) in his paper on 'Health status and diseases in tribal dominated villages in central India' viewed the acceptance of both traditional and modern medicinal system. He carried his study on the Gonds of Madhya Pradesh who are now a days increasingly adapting modern medicinal system. Their perception of diseases also changed. Most of the respondent viewed that diseases are caused due to lack of cleanliness, irregular and improper diet, intake of mahua liquor and lack of proper and in time medical checkups. The respondent did not view the role of black magic and religion in disease causation.

Most of the studies on health aspects of northeast India deals with health practices of the tribal communities. Talukdar(2002) conducted her study on beliefs and practice regarding diseases and treatments among the Karbis of Kamrup district Assam. The Karbis believe that the supernatural are responsible for all the events of their life including illness. They try to appease the supernatural for relief from disease and illness. The author made vivid description of magico religious beliefs and practices, rituals connected with disease and treatment, divination, evil spirit. According to her, identification and treatment of diseases lies in the cognitive domain of culture .In case of any diseases, the Karbis first try to appease the supernatural first and in case it fails they try for modern medicines. Such situations sometimes led to loss of life.

Marak (2004) in her paper 'Supernatural beliefs connected with the child birth among the Garos of Assam' has dealt with the beliefs and practices in relation to child birth among Garo people. Similar study was made by Das and Sharma (2004) among the Idu Mishmi tribe of Arunachal Pradesh. In their study on 'Antenatal, natal and Post natal health care practices among the Idu Mishmi of Arunachal Pradesh' it was found that the age at marriage and the age of first conception of the woman are low. Majority of woman are

found to carry their first child within 18-20 years. Majority of woman donot visit doctors during pregnancy period and most of the deliveries are done at home.

Rao (2004) in the paper 'Nutritional status of children in northeast India' has assessed the nutritional status of the children of 7 northeast states- Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The finding of the study highlighted the prevalence of underweight, anemia, morbidity among the children of Northeast.

Gharami and Sharma(2006) in their paper 'A Comparative study on Indigenous Health Practices among the Nicobarese of Andaman and Nicobar Island and tribes of Arunachal Pradesh' compared the treatment for cure of some diseases like fever, cold, cough, headache, burn , fracture, diarrhea and jaundice etc among Nicobarese and two mongoloid tribes of Arunachal Pradesh- Idu Mishmi and Nocte. These people use traditional medicine for cure of these diseases. But the methods of treatments are very different among the three tribes. The authors view that health measures both preventive as well as curative are deeply interwoven with the cultural and biotic environment of human population. So environment is the depending factor on which the treatments of diseases are related.

Roy Burman (2003) in his book on 'Tribal Medicine' viewed that the Lepches and Bhutias of Sikkim from time immemorial has adapted themselves with the nature and evolved traditional treatment on the basis of available natural resources. He further opined that the traditional system of medicine is by large scientific contrary to the common notion that traditional medicinal system is unscientific and faith healing.

Hemlata and Kumari (2004) in their paper 'Health care Practises among the tribes of Manipur' discussed about the people preference of traditional medicine than modern medicine. The reason for acceptance of traditional medicine is convenient and easily accessible to them.

Kar (2004) in his paper on 'Ethnomedicine and Tribal Health: An Illustrative Appraisal' focused on the ethnomedicine as practiced by the tribal groups. He described the ethnomedicinal practices of Mishing community of Assam. According to him tribal

medicine is the root of indigeneous medicine. He calls for the urgent need to document the tribal medicine as well the tribal health practices before it get eroded from the fast changing culture. He stressed the need to preserve all the traditional knowledge as per international standard.

Solanki and Chutia (2004) in their article on 'Ethno Zoological and socio-cultural aspects of Monpas of Arunachal Pradesh' discussed about the various parts of animals being used by the Monpas Arunachal Pradesh for therapy, magico-religious practices, decoration and other purposes etc.

Namsa ,Mandal, Tangjang &Mandal(2011) in their article on 'Ethnobotany of the Monpa ethnic group of Arunachal Pradesh, India' documented 50 plant species used for the treatment of 22 human diseases and 4 veterinary diseases. Most of the parts of these plants are used by Monpa tribe in dermatological and gastro-intestinal ailments. Other than medicine the plants are also used as disinfectant for cleaning wounds and parasites like leeches and lice in animals, for traditional dyeing of clothes, for preparing handmade paper for painting and writing scripts in Buddhist Monasteries. The article highlighted the traditional pharmacopoeia of Monpa tribe.

Nanda (1982) in her book 'Tawang –the Land of Mon' described the relics of Bon religion among the Monpas of Tawang district. She opined that the Monpas though are following Buddhism but they still worship many Bon god and goddess. They also perform some puja like Sirkam Puja to ward off ill health. In her book she gave brief description of Bon religion and its continuation with Buddhism.

Ibata(2004) in her paper on 'Bon medicine among the Monpas in western Arunachal Pradesh' presented the prevalence of Bon Medicine among the Monpas. The earliest inhabitants of the pre Buddhist era probably practiced Shamanism and the Tibetan form is the Bon religion where deities and spirits are worshipped. The *Bonpu* (priest) performs the rituals uttering Mantras. By accepting the Mahayana sect of Buddhism, the early followers of Bon, like the Monpas gave up much of the traditional worships. Bon religion is not totally abolished and in a limited scale it is practiced even now.

Most of the studies on health of tribal are on cultural health practices, ethno-medicine, health culture and traditional medicinal system. The works of majority of the anthropologists have tried to focus the practice of tribal medicine. The works have highlighted the belief in supernatural forces and made ethnographic descriptions of the techniques used by the faith healers and other traditional medicine men. Thus the literatures reviewed till now demonstrate that there is still paucity of comprehensive study on the interrelation of socio-cultural and environmental dimensions of tribal health. The reasons of preference of any medical system have not been thoroughly studied.