

Chapter-2

Review of Related Literature

2.1 Articles Relating to Public Health & Politics

2.1.1 Studies made outside India

Promoting good policy for Leadership and governance of Health related rehabilitation a Realist Synthesis (Joanne McVeign, 2016), elaborately discusses about the role of government for shaping the condition of health system. The main objective of this research is to provide the best available scientific evidence on principles of good policy related leadership and governance of health related rehabilitation services in less resourced settings. It also provides supports to the development of the WHO Guidelines on health related rehabilitation. The research argued that the good governance may result in strengthened performance of a health system. It further argues that coherent policies are essential for good health system governance.

Health Policy- why research it and how: health political science (Evelyne de Leeuw, 2014), thoroughly examines the nature of policy formulation its implementation and the actions for health and health system. In this paper the authors contend that public health experts, health educators and health promoters would benefit from considering public policy through the lens of political science rather than through the lens of intervention research. The research focuses on the arguments that policy is not an intervention, but drives intervention development and implementation. The understanding of policy processes and their pertinent theories is pivotal for the potential to influence policy change. The health promotion and education research toolbox should more explicitly embrace health political science insights. Further the researchers tried to demonstrate that insights from political science would allow for better and more profound insights into the reasons why and how policies fail or succeed.

(Farmer, 2012) *in his work entitled Human Rights and Health Systems Development: Confronting the Politics of Exclusion and the economics of inequality* discusses about the ongoing challenges in the establishment of good health system. The primary focus of this paper is to establish an effective, equitable and accountable public sector health system. The research also argues that the public sector health care delivery is challenged by increasingly exclusive politics and inequitable economic policies that fundamentally limit the participatory power of marginalized citizens. The paper also focuses on the right based approach to health system development within the global discourse on national and international health governance.

Against Unjust Global Distribution of Power and Money: The report of the WHO commission on the social determinants of health: Global inequality and the future of public health policy (Carles Munanera, 2009) thoroughly examines the report of World

Health Organization (WHO) released in 2008 stating the Commission on Social Determinants of Health - Closing the Gap in a Generation. The research discusses that how the report was initially received, what went into shaping the report during the months of its preparation and what more can be done later to realize the ultimate goal. It also finds the Report to be strong in its presentation of evidence but weak in its policy recommendations. So the research suggests some recommendations for research and action. The research further argues that within the increasingly visible field of social determinants of health research, focus should be given to the question as: how can research improve the ability of public health and the policymakers to implement the Report's suggestions to develop new and better health system.

Development as Health: Employing the Collective Right to Development to Achieve the Goals of the Individual Right to Health (Benjamin Mason Meier and Ashley M. Fox, 2008) extended an idea that there is a widespread recognition that the shared benefits of economic development can improve health, health advocates rarely appreciate the connections between the right to health and the right to development. The collective right to development, transcending the right to health's focus on the individual, offers public health actors an opportunity to work through development discourses to obligate and empower states to allocate public goods for the public's health. This article also argues that health scholars and advocates could employ the right to development to ensure that development policies guide states in realizing the highest attainable standard of health, fulfilling underlying determinants of health through the strengthening of national public health systems.

Power and Politics in International Funding for Reproductive Health: The U.S. Global Gag rule (Dusenberry, 2004) has elaborately reviewed the history of the gag rule including its roots in US domestic abortion politics and analyses the short and long term damage the gag rule is causing to the health and lives of women in the developing world. The researchers argues that the policy is more damaging now than when it was first introduced two decades ago and that it sets a dangerous policy precedents interfering with the autonomy and private decision making of NGOs and violating medical ethics and the human rights of pregnant women health professionals. Further, the paper also discusses that the Gag rule is a radical intrusion on the rights and autonomy of recipients of US funding. Regardless of whether or not it is resided in the future, the underlying issues in the politics of US reproductive health assistance are likely to persist.

2.1.2 Studies made in India

(Pushkar, 2011) in his work ***entitled Democracy and Health: Evidence from Indian States*** thoroughly discusses about the validity of the democracy advantage thesis with reference to Indian States. The research attempts to explain why and how democracy is believed to make a difference to a country's health and human development performance.

It also discusses about two main limitations of studies on the democracy advantage thesis with reference to India i.e., their inability to explain interstate variations with health outcomes and their denial of the important role played by states in public goods provisions. Further the research also explains why democracy has mixed impact on health and states that political competition and civil society activism requires a further set of enabling conditions- such as the axis of political competition or how civil society actors use their political freedoms which may not be assured to the extent where they have a favorable impact on human development.

“How India’s Public Health Systems Might be Strengthened? Lessons from Tamil Nadu” (Monica Das Gupta, 2010) states that the central government health policies have inadvertently de-emphasised public health services in India since the 1950s. The paper focuses on the central policies while seeking to improve health systems and outcomes through health policies such as amalgamating medical with public health services inadvertently marginalised public health services at central and state levels, and diminished the health ministry’s stewardship in this area. It also describes the key ingredients of Tamil Nadu’s public health system and how these help to protect public health in both rural and urban areas. The research also discusses about the replication of Tamil Nadu’s health system in other states. Further the research suggests that the central health ministry could build its capacity to support public health systems across the country. A simple step would be to establish a focal point for public health in the health ministry. This focal point would need to be supported by institutions with the autonomy to function effectively. Secondly, the health agencies at all levels could also facilitate and monitor services provided by other agencies that are essential for good health.

Health, Democracy and Sickle- Cell Anaemia in Kerala by (Rajasree, 2008) is a study conducted through an interviews and group discussions with the individuals involved in the formation of the recent SCAPA in Wayanad, between Feb 2007 and Feb 2008 and also interacted with social activists and healthcare professionals involved in the ongoing effort to strengthen public health care facilities for detection and treatment of the disease. The paper emphasizes the need for sustainable care of SCAPA patients, which can be made available only if panchayats take an active interest. Further, the paper argues that the sick get less support from the panchayats and mainstream political parties. The paper also argues that the modern community formation in early 20th century Kerala shaped new axes of social power in which powerful communities who acquired modern education and economic clout were able to exert considerable pressure on the government to extend social development from the early to mid 20th century.

“Political Culture of Health in India: A Historical Perspective” (Amrith, 2007) states about the historical perspective on the political culture of public health in India. The paper tries to analyse the genesis of the state’s commitment to provide for the health of the people and at the same time, it also explains the state’s relative ineffectiveness in the field of public health. It also argues that the nationalist movement is initial commitment to the state procession of welfare arose from a complex combination of motives – a

concern with democracy and equity as well as concern about the ‘quality’ and ‘quantity’ of population. Further, the depth of ambition for public health was unmatched by infrastructure and resources, as a result the state relied heavily on narrowly targeted techno centric programmes assisted by foreign aid. The paper also examines the malaria eradication programme as a case study which reveals the limitations and weaknesses of that approach.

“Understanding Government Failure in Public Health Services” (Jeffery Hammer, 2007) thoroughly discusses about the failure and lacuna of the government in regard to public health services. The paper argues that high absenteeism, low quality in clinical care, low stratification levels with care and rampant corruption in public health services in India which lead to mistrust of the system and the rapid growth of private services. The paper further develops an analytical and framework to understand the status of healthcare in India drawing on a model of public sector accountability, it argues that a weak voice and low accountability is the key binding constraints to effective delivery. The main focuses of the research are to begin with some prefatory remarks setting the context for discussion of health, healthcare and health policy in India. Secondly, to draws on standard economic analysis to articulate the key problems in the healthcare sector and thirdly, to adds the perspective offered by the understanding of public sector accountability using the framework developed by the World Development Report on service delivery and through this analysis the causes of government failure in health services.

Politics of Pro-Poor Reform in the Health Sector: Primary Health care in Tribal Areas of Visakhapatnam (M. Gopinath Reddy, 2006) analyzed the politics of primary care and health outreach services in the rural tribal areas of Visakhapatnam. The main focus of the study is the ‘Chain of Referral’ from CHWs upwards in one particular PHC area in Visakhapatnam. The study further focuses on how local political dynamics shaped by the competition between parties and between authorities representing tribal, the state development administration and health officials affects the PHCs capacity to treat poor tribal patients. There is a particular interest in understanding the way in lowest level worker in this system - the CHW is affected by this political relationship. The Research also explores the way the local government institution interacts with the health system.

“Evidence Based Public Health Policy and Practice: Women health in a rural community in Kerala, India. Do caste and socio-economic position matter?” (K.S. Mohindra et, 2006) discusses about the social patterning of Women’s health in the south Indian state of Kerala. The paper examines the social stratification or the division of Indian society on the basis of caste and socio-economic position. To address this interrelation the paper examines two hypotheses 1. Low caste and lower socio-economic position is associated with worse reported health status and 2. Association between socio-economic position and reported health status vary across caste. The findings of the research are that the women from lower castes and backward classes reported a higher prevalence of poor health than women from forward castes. Socio-economic inequalities

were observed in health regardless of the indicators, education, women's employment status or household landholding. Among SC/ST/ OBC women, the influence of socio-economic variables led to a 'magnifying' effect whereas among forward caste women 'buffering' effect was found.

Politics of Pedagogy in Public health (Nayar, 2005) elaborately discusses about the relationship between Politics and Public Health System in India as well as abroad. It also talks about the different socio-cultural and environmental factors that influenced the public health system. The main focus of the research is to examine the complexities and nature of public health in India and how it is affected and moulded with political and social interference. The research further analysed the historical perspective of Indian Medical System as well as the contemporary Medical practices and tried to locate the loopholes therein. The research also argued that the class based and biased medical practices are prevalent in Indian Medical System which directly connected with politics. It is further argued that the introduction of Structural Adjustment Policy by 8th five year plan under which the private public partnerships in health sphere further aggravated the situation of public health in India.

Politics of Rural health in India (Banerji, 2005) extend an idea that the politics and health is directly connected with each other and politics is a determinant factor for good and bad health system in India. The Paper argued that the NRHM is based on questionable premises. The Union Ministry of Health and Family Welfare and its advisors doggedly seem to refuse to learn from the many experiences of the past. The paper further argues that the politics of health and health services was qualitatively very different and much more powerful during the freedom movement. But after independence, the political soil was not adequate to nurture the seeds of hope that took shape during the freedom struggle. The paper further argues that there is huge gap between policy commitments and their implementation.

Public Health in India: Dangerous Neglect (Gupta M. D., 2005) elaborately discusses about negligent attitude of the health providers or the policy makers in the sphere of public health in India. The paper argues that there is an inconsistency between constitutional provisions and starved public health systems of funds. It is further argued in India, policies have focused largely on medical services. Public Health services and even implementation of basic public health regulations have been neglected. Further, the paper also states the fundamental obstacles to effective diseases control in India, which need to be dealt with on an urgent need.

Development without Institutions: Ersatz Medicine and the Politics of Everyday Life in Rural North India (Pinto, 2004) attempts to explore the complexities of medical practices in the rural areas of Uttar Pradesh in India where the persons practicing medicine and health education, opening clinics, called themselves as "doctors" claiming the authority of development and medical institutions but without their formal sanction. This research is conducted in the Sitapur district of Uttar Pradesh in 2000-2001. The paper argues that in rural north India government and non-government health institutions

are the part of the everyday life. The structure of formal healthcare delivery in Sitapur is a matter of vacillation between ideals and realities in the context of global and national changes that have drained a state already “disinvested in health”. In terms of change, they note the expansion of health services “in quantitative terms” but the quality has deteriorated.

Female Political Participation and Health in India (Gleason, 2001) attempted to investigate the determinants of female political participation in India and the benefits arising out of it. The research also examines the implications of the economic and political science literature for the factors that influence individuals to vote or to seek public office. The researcher combines census and election returns data for this analysis. The research also examines the role of female participation in reducing child mortality overall and female child mortality in particular. Further, the paper also discusses about the lack of government provided resources devoted to health and education which also influences participation.

Economic Reforms, Health and Pharmaceuticals: Conferring Legitimacy to the Market (Gupta A. S., 1996) extensively discusses about the impacts on public health system with the introduction of structural adjustment policies of the government in 1991 which paves the way for ‘free trade’ and ‘free market’. The research advocated that the 'safety net' formula being propounded by the World Bank can be seen as a partial strategic retreat of the earlier Bank prescriptions of near total withdrawal of the state from all social and infrastructure sectors. The impact of these reforms in the health and pharmaceuticals sectors has therefore not been uniform and needs to be studied with care. The research further argues that in many countries poverty, child malnutrition and ill-health are advancing again after decades of steady retreat. And although the reasons are many and complex, overshadowing all is the fact that the governments of the developing world as a whole have now reached the point of devoting half of their total annual expenditures to the maintenance of the military and the servicing of debt. The impacts of these policies were reflected in rising mortality and morbidity. As a result of the realization of the disastrous impact of the early structural adjustment programmes in many countries, there was a move towards toning down of many of the prescriptions for the adjustment process - the so-called "adjustment with a human face".

2.1.3 Studies undertaken in West Bengal, India

Health Care in West Bengal: What is happening? (Mukherjee, 2003) Elaborately analysed the existing health care system in West Bengal and also argues that how far politics is responsible for deteriorating health system in Bengal. The paper also examines the battle between construction and counter construction of ‘the truth’, there might be some space for the hard empiricist who would perhaps supply a ‘better’ truth that is likely to be somewhere in between. The paper focuses on the better understanding of the organisation of health care at the system level, which would go beyond the confines of the health department and delineate the appropriate role of the government vis-a-vis the

private sector. This research was based on the data mainly drawn from such sources as the NSS 52nd Round (1995-96) and Health Information of India, 1999.

Political Awareness as a factor in Accessibility of Health Services: A Case Study of Rural Kerala and West Bengal (Nag, 1989) thoroughly examines an evidence of in awareness about the right to demand and use health facilities as well as evidences of difference in political awareness in general between rural Kerala and West Bengal. This Paper assesses and produces evidence in support of the hypothesis that an important factor that contributed to the easier accessibility to and better utilization of health facilities in rural Kerala compare to the West Bengal was due to the higher degree of political awareness in rural Kerala. The paper further argues that institutional factors are also responsible for the differentiation political awareness in two states which encompasses the caste structure, peasant movement, educational structure etc.

Left Front's Health Circus (Das, 1988) extensively discusses about the condition of public health in West Bengal during the reign of Left front. The main focus of the research is to examine the functioning of health administration in West Bengal at the time of left front. The research also discusses about the mal practices, corruption and political intervention in the public health sphere in West Bengal. Further, the research also argues that the west Bengal health administration is in dismal shape. The left front government is unresponsive to people's demands and has dealt with agitation quite brutally. The paper further argues that there is a heavy negligence in the public hospitals in West Bengal. It is also notified that ineligible wards of ministers and party bosses (who were unsuccessful in admission tests) are admitted in the MBBS course by the exercise of special discretionary powers of the Chief Minister. Every year intense lobbying is witnessed for a seat in the C.M. quota and the beneficiaries include big businessmen, police officers, MLAs, ministers and political leaders both CPI (M) and Congress.

2.2 Articles relating to Public Private Partnership in Health

In the work of Ramesh Bhatt entitled ***Issues in Health: Public-Private Partnership*** (Bhat 2001) extensively analysed the fundamental problems faced by the different states of India with the introduction of Public Private Partnership in health. The paper states that the country is going through the health transition. Number of non communicable diseases has increased in recent days and likely to be increased in future also. The recent health infrastructure is not capable enough to handle this growing menace. Moreover, the private sectors are growing rapidly in recent times as consequences many people from low strata are not in a position to access the facilities. The limited insurance facilities are not enough to cope with the increasing financial burden arising out of the changing situation. So, this paper explains all these hurdles in the recent public health scenario in a systematic manner. The main objective of the paper is to discuss and analyse the policy initiatives of selected state governments and the Ministry of Health and Family Welfare of the central government.

Promoting Public-Private Partnership in Health Services by (Kumar 2003) states about the concept of adopting the public private partnership model as an alternative method to cater the increasing healthcare need in various states of India. It also discuss about the different nature and the extent of PPP in different states. The main focus of the essay is to explore one such alternative model of the state of Madhya Pradesh in Badnagar Tehsil known as Rogi Kalyan Samity. The paper also stated that with the formation of RKS, Madhya Pradesh government has made the heralding institutional reforms in health sector. It is further stated that with the help of RKS the government hospitals of Madhya Pradesh have become more responsible, transparent, accountable and sensitive to the needs of the patients. It has made government hospitals more open to citizen's participation in decision-making.

Public-Private Partnerships and Health Policies by (Prashanth 2011) extensively discusses about the poor public health service provision in India and also states that a strong move to partner with private sector is the simple and the obvious solution to improve the healthcare services in the country. The paper further argued that the private sector is widespread and unregulated in India. There is a lack of proper research in this field. Health policy has been formulated on the basis of single case study report or rhetoric. Moreover, the paper states that there is indeed an urgent need in regard to public private partnership model and its various perspectives in India. There are so many failed PPP models in India, their untold stories are perhaps greater than the succeeded one. The paper also argued that the National Health Policy of India has been often formulated on the basis of insufficient research and analysis as a result which public health in India is in a grave crisis.

Confused Policy for Public- Private Partnership by (Chakraborty 2005) discusses about the Public Private Partnership venture of the government of West Bengal and states that the government had proposed greater involvement of the private sector in the healthcare services of the state. But it has also mentioned in the paper that the draft policy document on the subject poses more questions than it provides solutions. The paper further states that it is a confused policy because as per the proposal of DPPPP (Draft Policy of Public Private Partnership) the management of primary health centre and sub centres should be handed over to private sector but in reality it has not been implemented. Moreover, nowhere in the annual budget statement of the finance minister any hint of handing over the management of primary health centre and sub centre to the private sector has been mentioned. Thus, the primary objective of the paper is to analyse and discuss the Draft Policy of Public Private Partnership (DPPPP) of West Bengal.

Public- Private Dichotomy in Utilization of Health Care Services in India (Prakash 2011) explicitly examines the differences of health care service utilization provided by the private sector and public sector in India. The paper also explores the marked regional differences in the utilization of health services in India. The study further analysed the socio-economic and demographic factors to determine the health treatment behaviour in

order to availing services from private and public sector. The paper also made an attempt to highlight the states where there is much affordable health services are needed particularly, the eastern and north eastern states of the country where infrastructure and service facilities are in a poor conditions. The study also suggests that the micro level study is very much needed especially in rural areas of eastern and north eastern regions and should encourage the public private partnership at a decentralised level.

Blurring of Boundaries: Public-Private Partnerships in Health Services in India (Nundy 2008) explicitly explained the evolution, structure and characteristics of public-private partnerships in healthcare over the last six decades. The paper also thoroughly discusses about the changing relation between market and the state followed by the emergence of various new multiple actors in the health sector. It further talks about the new institutional arrangements which have redefined the role, power and authority of the different stake holders in health sector of India. The paper also argues that the role of the state in PPP is to provide subsidies, expertise, technical knowledge and supplies while the role of non state actor is to mobilising communities, detection and follow up in some cases treatment too. The analysis of the study reveals that there is an asymmetry in many cases of PPP.

2.3 Articles relating to Traditional Health Practices and Politics in India and abroad:

Wild Sacredness and the Poiesis of Transactional Networks: Relational Divinity and Spirit Possession in the Būta Ritual of South India (Ishii, 2015) elaborately examine the relational aspect of divinity and the importance of wild sacredness in ritual contexts in South India. This study will provide an alternative perspective from which to view the complementary opposites in the rituals of the low castes. These are not merely a reflection of unequal caste relations, but are the basis of the relationships among all the various actors - including human beings, wild animals, and spirits - personified as būtas that constitute a fluid network in a social, ecological, and cosmological sphere. The research further argued that Ritual practices of the low castes have often been considered through concepts such as Sanskritization as well as consensus and replication, but have also been interpreted as resistance against the dominance of the high castes. The tendency common to these analyses is their interpretation of the low castes' ritual practices in terms of caste hierarchy and power relations.

“Assam’s Tale of Witch-Hunting and Indigeneity” (Nath, 2014) focuses on the understanding of the practices of witch-hunting as an instance of ethnic revivalism which is both, the fall-out of globalisation and the failure of the State. The paper further discusses about the process of cultural homogenisation. The perceived threat of globalisation and the failure of the state have led to ethnic mobilisation in the North-East and the process of ethnification and the discourse of indigeneity have granted legitimacy to the inequalities that were much embedded in traditional customs and practices.

The Poetics and Politics of Practical Reason: Indigenous Identity, Ritual Discourse, and the Postcolonial State in the Northern Nilgiris (South India) (Demmer, 2014) This paper analyzes the politics of ethics and how indigenous Jenu Kurumba and Sholega ādivāsī groups on the one hand and the state of Tamil Nadu on the other construct and perform their identity with respect to moral ontologies and ideas of a good life. The paper argues that the postcolonial Nilgiris appears as a political field where various articulations of ethical worlds compete with and challenge one another, while at the same time the collective actors seek to gain hegemony over other imaginations of good life. This article explores how in the northern Nilgiris of South India the postcolonial state and indigenous ādivāsī communities imagine, perform, and negotiate ideas of a good life in ritual and political discourse, that is, how they articulate practical reason.

“Medicine State and Society” (Abraham, 2009) discusses about the spread and continuity of Indigenous system of Medicine and attempts to incorporate these systems that hitherto operated through different kinds of social institutions into a centralised health infrastructure. The study further discusses about the relation and negotiation between the practitioners of different co-existing systems of medicine and the debate on the notion of efficacy in a situation of multiple coherent system of medicine. All these instances are worthy of serious study as they raise fundamental questions not just about ISMS but about or organising health care in India. Further, the paper states that the framework for the analysis of ISMS requires not only recognising the presence of diverse medical system but engaging with them as live and efficacious traditions.

Right to Health: The Tribal Situation (Tarafdar, 2008) this research elaborately attempts to examine the medical system of some communities in selected tribal villages of Jhargram Sub-division, District Midnapore (West), West Bengal. The paper tries to explore the local conception of health and disease and argues how and why people choose certain kinds of medical services. The question of choice and access to services is critical in understanding community’s rights to health. The paper further argues that the issue of health needs to be conceived in terms of overall well being of a person in relation to its community. The question of right to health is an important prerequisite in global discourses on development.

(Hardiman, 2007) in his work ***“Healing, Medical Power and the Poor: Contests in Tribal India”***, discusses about the intervention of the colonial power in the tribal land of India resulted in the establishment of dispensaries and exploitation of tribal forests and other resources and religion conversion. The study further attempts to analyse the deteriorating traditional system and inadequate or exploitative state and private interventions in tribal communities. The research further argues that a large majority of tribal people in India today live in highly degraded environment or survive by migrant labour in commercial farms and other enterprises. The study suggests the need for detailed examination of tribal culture, customs, rituals, mode of healing as well as their

pauperised conditions of life and the ongoing discrimination that they face in caste society.

(Prasad N. P., 2007) in his work entitled ***“Medicine, Power and Social Legitimacy- A Socio-Historical Appraisal of Health System in India”*** discusses about the dynamics of medical pluralism and the co-existence of several medical system at the same time. The study also focuses on the existing unequal power relation between different medical systems as well as between ‘provider’ and ‘receiver of health care. The study further emphasised the health care system from the three different theoretical perspectives viz. Colonial Theory of Supremacy, Theory of Privatization and Globalization and the of Discriminatory Continues and Consistency.

“A future Agenda for The Indian Medical Heritage” (Shankar, 2007) discusses about the medical pluralism in India which facilitate an alternative medical practices in the name of the folk uncodified medicine or traditional folk medicine which is not recognised at all by the government. The research further explores the idea of collaborative research considering all the medical practices western or indigenous, codified or uncodified, recognised or unrecognised with equal impetus. The paper further argues that the health seeking behaviour studies testify the undeniable and widespread acceptance of complementary medicine. That is why in recent times a national and international resurgence of interest in Indian medicine. The rich and mature medical heritage of this country will provide the leadership to the emerging complementary health movement. And the challenge is to restore creativity of indigenous knowledge system. Further, the research suggests that the line for executing a well conceived revitalisation strategy for the Indian Medical Heritage has come.

“Integrating Traditional Services within Primary Health Care” (Dalal, 2005) critically discuss the current status of primary health care services in India. The study also analyse the failure of western medicine resulted in the development of culturally compatible health care alternatives in the name of traditional health services such as faith healers, ojhas, folk medicine etc. The research recommended the application and integration of Traditional health services in the existing health care programmes.

At the Margins of Death: Ritual Space and the Politics of Location in an Indo-Himalayan Border Village (Aggarwal, 2001) this article is based on an event that transpired during a funeral ceremony in the village of Achinathang in Ladakh, India. The paper analyzes the construction of margins in multiple contexts: in negotiating boundaries between death and rebirth, in coping with and challenging the control exerted by town-based political reform movements over rural space, and finally, in locating the position of the ethnographer in histories and spaces of domination. (Death rituals, social space, politics of location, Buddhism, South departing souls and barricades for trespassers in Achinathang). This article illustrates the different planes of experience at which the metaphor of marginality resonates. The research also deals with the manner in which ritual margins become dangerous arenas of liminality in regional power struggles, social

spaces that are politically charged. Further the research also examines the mortuary rites that illuminate the crisis of citizenship and residence as conflicts arise between the eternal and the historically contiguous and between local praxis and religious allegiance.

Healing and the Transformation of Self in Exorcism at a Hindu Shrine in Rajasthan (Dwyer, 1999) This article focuses upon exorcism at Balaji temple, a popular Hindu healing shrine in Mehndipur village, which is situated close to Jaipur city, the State capital of Rajasthan, and explore the role of emotion in it. The paper emphasizes the role of emotion in exorcist rituals at the temple, not only because it is frequently displayed in them, but also because it is seen as being critical to the curing project. Moreover, this article draws upon the literature on modern Western psychotherapies and endeavors to establish that much of what takes place during therapy is essentially similar to what occurs during exorcism, and that by understanding the first it is possible to illuminate the second and vice versa. Indeed, in both it is argued that the individual at the centre of the ritual process de-identifies with, or dissociates him or herself from, pathological states of being and from negative aspects of emotion and learns to re-identify or re-construct the self (his or her physical and psychological condition) in accordance with positive feelings and conceptions. This article suggests emotion is present in exorcism and psycho therapy.

Globalizing the History of Disease, Medicine, and Public Health in Latin America (Espinosa, 2013) argued that The history of Latin America, the history of disease, medicine, and public health, and global history are deeply intertwined, but the intersection of these three fields has not yet gained any attention from historians. Recent developments in the historiography of disease, medicine, and public health in Latin America suggest, however, that a distinctive, global approach to the topic is beginning to emerge. This research identifies the distinguishing characteristic of this approach as attentiveness to transfer of contagions, cures, and medical knowledge from Latin America to the rest of the world and then summarizes a few episodes that demonstrate its promise. While national as well as colonial and neo-colonial histories of Latin America have made important contributions to our understanding, works taking the global approach have the potential to contribute more directly to the decentring of the global history of disease, medicine, and public health.

Witchcraft, Bureaucraft, and the Social Life of (US) Aid in Haiti (James) this article discusses the unintended consequences of humanitarian and development assistance provided to “victims of human rights abuses” in Haiti in the years following the restoration of democracy in 1994. Such targeted aid was a component of international political and economic development aid intended to facilitate the nation’s post conflict transition. The research argues that the witchcraft discourses signify moral struggles over the distribution of resources in small-scale societies, the cultures and moral economies of humanitarian and development aid—well-intentioned activities that nonetheless include opaque bureaucratic practices and competition over knowledge, scarce resources, and institutional territory—can produce similar phenomena

as has been described regarding contemporary witchcraft. The researcher draws on the literature on witchcraft, bureaucracy, and secrecy to analyze accusations of malfeasance, scapegoating, and violence directed toward both providers and recipients of humanitarian and development assistance.

Beyond Belief? Social, Political, and Shamanic Power in Siberia (Mandelstam, 2008) elaborately analyses the variety of village and urban reactions to crises of faith and power in Sakha Republic (Yakutia) in the Russian Federation. It also discussed about identity and the instances of synergistic group belief. Further, the paper also discusses about the transition of an underground shamanic practices leading to the institutionalization of shamanic cosmology is reflected in the recent opening of a temple in the Republic's capital, Yakutsk, and in the various groups that adhere to charismatic healers and seers. The paper also describes the Debates about faith, as well as fragmented faith epistemologies. The data in this research have been derived from over 25 years of intermittent fieldwork in the Republic and with the Sakha diaspora. This research is situated at the crossroads of medical-psychological anthropology, political anthropology, and new religious movement analysis

“Ritual Healing and the Politics of identity in Contemporary Navajo Society” (Csordas, 1999) focuses on the interaction of ritual healing and identity politics in contemporary Navajo Society in three levels. Firstly, representation of Navajo Identity in relation to the dominant Euro- American Society. Secondly, interaction among religious healing traditions within Navajo Society and thirdly, the transformation of individual experience with respect to dignity and self worth as Navajo. The research tries to explore the idea that whether ritual healing is a futile expression of frustration or it is a subtle form of political resistance.

Effects of Ritual Healing on Female Victims of Abuse: A Study of Empowerment and Transformation (Jacobs, 1989) examines the impacts of ritual healing on women who have been victims of abuse, including incest, rape, and battering. The research was conducted through participant observation of a women's spirituality group. The prime focus of this research is on the process of empowerment as it is experienced in a ritual context that provides a means for cathartic expression as well as participant identification with female symbols of power. The findings of this study suggest that women-centered rituals are effective in reducing fear, releasing anger, increasing one's sense of power, and improving the overall mental health of those who have experienced the trauma of victimization.

2.4 Articles relating to Traditional Indigenous Folk Medicines as well as ritual healing in India:

(Tapan, 2014) *in his work entitled “Role of Folk Medicine in Primary Health Care”- A Case Study in West Bengal*, has elaborately discussed the practices of folk medicine and traditional medicine in rural West Bengal. He also tries to examine the benefits of primary health care with the use of folk medicine and recommend various suggestions for its sustainability.

“Indigenous health Care Practices among Rajbangsi of Dakshin Dinajpur, West Bengal” (Bag, 2012) discusses about the preventive and curative measures practised by the Rajbanshis of Dakshin Dinajpur of West Bengal and their large dependence upon biotic surroundings instead of availability of modern medical facilities, which signify their intimate knowledge and close relationship with natural environment.

(Mukharji, 2007) in his article entitled **“Structuring Plurality: Locality, Caste, Class and Ethnicity in 19th Century Bengali Dispensaries”** has discussed about the importance of dispensaries in colonial India and also tries to focus on the pluralism and hybridity of the medicine practised by them. The study further deals with binarisms such as coloniser-colonised, science-traditions or occident-orient and also deals with the practices of indigenous medicine and colonial medical establishment, etc. It also tries to investigate how categories such as locality, ethnicity and class structured the pluralism of the colonial dispensary practice.

“Healing in South Gujarat: Conceptions, Practices and Restricted Medical Pluralism” (Prasad P. N., 2016) discusses about the practices of healing system in the rural areas of South Gujarat. The study indicates that there are certain illnesses for which the rural population largely depend upon local healers irrespective of caste and class. The study further tries to analyse whether larger masses of India have the greater choice in terms of accessibility, affordability, efficacy of health care due to supposedly existing pluralistic medical tradition in India.

“Medical Anthropology: Healing Practices in Contemporary Sikkim” (Bhasin, 2007) focuses on the practices of faith healing in Sikkim. The study also focuses on how and why the traditional medical knowledge is still persisting among the Lepchas and Bhutias of North Sikkim. The study further deals with the use of different popular home based remedies, herbal, healing, spiritual, religious practices and bio medical treatment among tribal communities in Sikkim.

2.4.1 Articles relating to the practices of faith healing system beyond India.

(Selberg, 1995) *in his work entitled “Faith Healing and Miracles: Narratives about Folk Medicine”* has discussed about the narrative tradition of folk and faith healing. The study further argues that, from the folkloristic point of view, the stories should be the basis for the analysis of popular concepts about sickness and faith healing. Rather than

interpreting folk medicine within a medical discourse and trying to prove its medical affectivity, folklorists should interpret folk healing within a discourse about faith and miracles. The study further argues that the personal narratives about folk healing depict change and continuity in traditions of folk medicine. When listening to these narratives, people learn what to expect when visiting a folk healer and how to interpret the experiences.

“Faith Healing: Ancient and Modern” (Journal, 1887) discusses about the practices of faith healing system in English society in the ancient and modern times. The paper further discusses about the process of civilization and the changing beliefs of people towards different supernatural deities. It also deals with the replacement of Neolithic husbandman into Palaeolithic hunter. The study observes that in many instances it is certain, especially in the hysterical diseases, that faith healing can produce results which are unattainable by the legitimate practitioner of medicine.

“Religion, Health and Healing: Findings from a Southern City” (Daniel M. Johnson, 1986) has discussed about the practices of faith healing in the context of a larger survey research project on education and health care. A sample of 586 adult respondents in the Richmond, VA SMSA was asked about their use of prayer in dealing with physical illness. The analysis suggests that faith healing is not concentrated among deprived population but rather is widely diffused through broad range of churches and segments of the general population. The study indicates that faith healing may be a much more common practice than had been recognised; over 14% of this condition. The survey also reveals that faith healing is not restricted to minor physical problems rather it deals with major physical as well as social problems.

2.4.2 Articles relating to the Integrated Health System or the Medical Pluralism in India:

“Special Issue on Anthropology and Public Health: An Introduction” (Mishra, 2013) seeks to chart out the productive engagement as well as tensions at the sites of intersectionality. It continuously draws on contributions from scholars who work at such intersections i.e., bio medically trained turned anthropologically informed public health professionals and anthropologists/sociologists who engage with public health either directly serving in public health institutions and or through addressing critical public health concerns. The paper further argues that there are two liberating developments both in the disciplines of medical anthropology and public health have opened up scope for intersectional research and practice. These developments relates to the emergence of critical medical anthropology (CMA) in medical anthropology and health system research (HSR) in public health or health policy and system research (HPSR) in public health. The research further suggests that the dialogue and engagement in this field should be continue in India and contribute in the long run to changing mindset, turning the field of public health/ health system research truly interdisciplinary in spirit and in practice.

“Locating End of Life Care in Public Health Context: Is India prepared for the discourse?” (Chatterjee, 2013) discusses about the problem, strengthening capacity to acquire information and delivering quality care EOLC within the framework of public health. The research analysed the four different health care settings-primary, hospital, palliative and home. At the primary level low capacity to identify the dying process causes information deficit on epidemiology of death and dying. There are systemic limitations in providing long term care at this level. As a result hospitals are major place for dying. However ambiguous service protocols here lead to unnecessary prolongation of life, but with the high cost and loss of care. While palliative centres are well known for cost effective services during end of life, in India they are few, poorly integrated with health care system and primarily concerned with pain relief. A fragmented health care system does not qualify home as a conducive place for dying either. The paper further explores the idea that the marginalisation of death in both academic discourse and in practice that indicates India’s unpreparedness for delivering quality EOLC.

“Presentation Ethnographies of “Folk Healing” (Pordie, 2007) thoroughly discusses about the implications of healing practices in the process of Indian modernity and helps in understanding the nature of Indian contemporaneity. The research also deals with the study of folk therapeutic practices and to the existing anthropological literature on this subject. The research focuses on the popular representation of illness, therapeutic resources and domestic practices, religious therapies and the relation between medicine and religion, the relation between popular treatments, dominant scholarly medicines and castes or again on the practices surrounding childbirth. The research further argues that the folk healing practices are at the crossing point of any society’s lines of strength. The modalities of training, the casual structures, the aetiologies and the therapeutic practices are direct expressions of norms and values of representations (including illness) and issues of power that form the socio-cultural edifice of a given society. The research focuses on the three important themes firstly, the social role of the healers and the social functions of the healing processes, secondly, the presence of the religious and its normative dimension on the practice of medicine and thirdly, the importance of healing in group identity.

“A comparison of Traditional Folk Healing Concepts with Contemporary Healing Concepts” (Wing, 1998) tried to elucidate several concepts shared by traditional folk healing systems and the contemporary health care system. This concept includes origin of illness, harmony and balance, motions, colors, symbols and family and community involvement. The research emphasized on the interest of the health professionals in folk healing concepts as a means of complementing contemporary healthcare system. The basic purpose of this paper is to delineate a basic conceptual framework of healing practices universally shared by several folk cultures and to analyse contemporary health care concepts within this framework, this analysis should enable nurses and other health care professionals to have not only an advanced understanding of transcultural healing practices but to be able to examine contemporary systems from an unconventional

perspective. Further, the research suggests that the family and community involvement is a strong concept within contemporary health care system.

“Sociology of medicine in India: An approach (Ahluwalia, 1967) thoroughly discusses about the relationship between medicine and society and argues that the sociologists in India have neglected sociology of medicine as a field of study and suggests that one may approach the subject by exploring the broad features of medicine in India and of the wider society and then relating the two in order to determine the link between medicine and society. Further the first part of this paper attempts to show the relationship of medicine to other aspects of society. The second part deals with different systems of medicines in India and suggests approach to the sociological study of medicine is indicated along with some problems for study. Finally, it discusses about the sociological study of the hospitals and shows how it provides a framework for the study of other aspects of sociology of medicine in India.

2.5 Books relating to the Codified and Uncodified Healthcare, Culture & Belief System of Primitive Tribal Communities in India and Nepal

(Miller, 1997) in his book entitled ***“Faith Healers in Himalaya”*** is a classic anthropological study of the healers of Nepal. This book thoroughly deals with the practices of spirit possession, magic, witchcraft and occult healing ceremonies in the villages of Nepal. It is an in-depth study of the Traditional Himalayan Healers (locally known as Jhankris) and their clients in the Dolakha district, a remote mountainous region of Nepal inhabited by the Thami population. The study suggests the preservation of an ethnic ritual practices and encourages the local healers for providing health care in the region.

The book entitled ***“Challenging the Indian Medical Heritage”*** (Unnikrishnan, 2004) discusses about the existence of two schematically distinguished traditions of health in India. One refers to the written tradition of great classical systems of ayurveda, siddha, unani and the other one is orally transmitted folk practices, which lack proper documentation. These traditional practices deals with a number of basic health techniques like treatment of common ailments and home remedies. Further, this book is an attempt to introduce to the lay reader the medical traditions that exist in India and attempt to examine the codified and uncodified system of medicine in India. The codified medicine includes ayurveda, siddha, unani, etc and the uncodified medicines are one which is not documented in any language. It is orally transmitted from one generation to another.

“Primitive Tribes in Contemporary India Concept, Ethnography and Demography” (Chaudhari, 2005) is a book contains different research works and papers of various scholars regarding the socio-anthropological study. The book initiates the conceptual understanding of primitive tribes and provides ethnographic understanding of various tribal groups located in different states of India. It also deals with various vital demographic issues. The prime objectives of the work are to highlight the various emergent issues such as ideology, economy and development in relation to the primitive

tribes. Secondly, to analyze the trends and patterns of the lives of people of these tribes by making a deep and intense study of the subject. Further, it is argued that the primitive tribes are located in different parts of India. They have maintained, to a large extent, their social life, customs and ancient traditions, even today. They have to be studied with meticulous resort to tenets of sociological and anthropological research and given social and economic support to overcome handicaps due to their long isolating from mainstream social life and modern economic activities. Lastly, the contributors to this volume include a specialists and researchers who have devoted their scholarship to the contours of tribal life and culture in different settings.

“Anthropology of Primitive Tribes in India” (Sharma, 2006) discusses about the situation prevailing among the primitive tribes in India. The research argued that the majority of the primitive tribal population groups in India are in perpetual poverty line, suffering from an alarming malnutrition and high illiteracy. It is further argued that the schedule tribes group who were identified as more backward communities among the tribal population groups have been categorized as “Primitive Tribal Groups” (PTGs) by the government at the centre in 1975. So far seventy five tribal communities have been identified as primitive tribal groups in different states of India. The research suggests that the government at the central level and at the state level must take an initiative more seriously, sincerely and effectively to create sustainable development programmes among the primitive tribes of India, so as to elevate them from the present miserable situation that they are living in. The policies and programmes should be made in favour of primitive tribal group to cope up with modern situation and needs.

“Social Anthropology” (Jain, 2011) discusses about the changing situation of Indian Tribes, its culture and ethos and how it has been politicized in the modern times. The study further argues that the Indian social anthropology is basically an image of British social anthropology. This image has, in course of time, evolved because of the relationship between social anthropology and sociology, which can be easily differentiate in Britain but in India it is very difficult to isolate social anthropology and sociology because of the situation created by freedom struggle, the British rule and historical forces that is why, social anthropology in India has not been able to construct its own theoretical, conceptual and ideological systems. As a result of such a lag in social anthropology its presentation to scholars and students has always been a stereotype. Even today the tribal of India are presented as savages, backward and illiterate. Social anthropologists have argued that a tribal society is neither a Hindu society nor any other society. It is a particular distinct ethnic society. In any hierarchy of gods, the local village deity occupies the apex position, which makes them indigenous. The study also thoroughly discusses about the social tribal movement in India like the revolt of Munda, Ho, Bhil and Gond tribes against British Raj, their methods of warfare i.e., guerrilla war and hit and run tactics. The study gives a fresh updated recipe to the students of social anthropology. The works abandons biases and stereotypes. It gives new theoretical and conceptual categories to analyze the current tribal situation.

“The Tribal at the Threshold of Millennium” (Brahma, 2013) is a bi-lingual book that contains research papers and articles of various scholars who had in-depth and intensive study on the impact of modernity on different aspects of tribal life, cultures and traditions of Assam. The study also examines the problems and prospects of the influence of modernity on the tribes. The study suggests that the need for adopting the significant measures for tackling the problems that have emerged due to this influence. Further, the book will be of immense help for those who are interested to know about tribal life, culture and tradition of Assam as well as those scholars and researchers who desire to undertake further research on the same area. Finally, the work will also help the decision making authorities in adopting policies relating to the welfare of tribal communities.

2.6 Journals relating to Indigenous Health Care System

“Tibetan Medicine and other Holistic Care System” (Dummer, 1994) is a comprehensive work in the indigenous practices of Tibetan Medicine and its effectiveness in health care, which over the centuries has served the Tibetan people well. The author argues that the western interest in eastern form of medicine such as acupuncture is wide spread and growing –yet little attention should be given to the Tibetan Medicine. He describes its concept and practices in a non-traditional way, thus making it more readily accessible to the western mind. Further, he analyses the similarities between Tibetan and Western holistic medicine and shows how they can be practiced in conjunction with each other. He considers different, specific areas of medicine, including the use of occidental herbal medicine and homeopathy within the context of Tibetan Medicines, the similarities between contemporary osteopathy and Tibetan message, based on theories of spinal centres and reflexes; and the use of Tibetan Medical Philosophy and Budha dharma as a basic for counselling therapy. So, this work of Tom Dummer is a unique contribution towards bridging the gap between Tibetan and other natural therapeutics – and towards communicating this medicine of ancient origin to the western world.

“Asian Medicine: Tradition and Modernity (Samuel, 2010) is a multidisciplinary journal which attempt to explore the historical, anthropological sociological and philosophical dimensions of Asian medicine. It argues that the recent upsurge of interest in non-western alternative approaches to health care, Asian Medicine-Tradition and Modernity will be of relevance to those studying the modification and adaptation of traditional medical system on their journey to non-Asian settings. It also helps to those who wish to learn more about traditional background and practice of Asian medicine. Further, the study constitute the unique resources for both the scholarly and clinically focused institutions as well as academic background such as history, philosophy, anthropology, sociology, archaeology and the practitioners of alternative health care settings throughout the globe.

2.7 Some Related Theses and Project regarding health and healing.

“Labour and Health in Tea Plantations: A Case Study of Phuguri Tea Estate, Darjeeling” (Rasailey, 2003), this thesis seeks to explore the relationship between conditions of labour and health of the workers in the tea gardens of Darjeeling Hills particularly the workers of Phuguri Tea Estate. The study tries to analyze the social relations of production and health in a plantation structure. The researcher also examined the factors like income, housing, caste composition etc to understand the health scenario of the region. The thesis deals with certain important theoretical and empirical literature of the plantation system. Further, the researcher advocated that Health is a 'socially produced phenomenon', where social factors hold importance in disease causation. This study also demonstrated the association between social hierarchy and health. The major findings of this study are as follows: 1) the workers depend mostly on the 'traditional jhankri' and garden dispensary for medication due to their poor economic condition. Only those who have some cash can think of accessing these public health services because they get the medical reimbursement only after 2-3 months. These factors force them to either take loans or buy medicines on credit or worse neglect their own health. 2) Lack of welfare inputs both by government and managements have led to increasing dependence on the informal social support systems (like samaj ghumauri and the preponderance of a patron-client relationship) which created discontent among the workers. 3) There was a strong relation between the caste background and the family size. For example, the nuclear families were mostly from the scheduled castes, which comprised 33% of the women respondents. 4) More than 50% of the women were single earners. Their husbands were involved in seasonal employment as carpenters and blacksmiths.

“Public Health Expenditure and Health Status in India: An Inter-state Analysis” (Bhatia, 2011), this thesis examined the public health expenditure and health status in India and came up with an idea that the ultimate objective for health care provision is not necessarily to increase the number of doctors, nurses, health facilities and other paramedical staff, rather these resources should be the means to achieve the ultimate end i.e. the remission of diseases which will lead to better health outcomes and improved health status. The major objectives of the research are to examine the relationship between indicators of health status and public health expenditure over-time and between the states in India. To examine the growth of public health expenditure of India. Further, to measure the nature and level of inter-state disparities in health status in India. It also analyzes the policy implications to improve health status in India and examine the public health system and health related policies over time in India. The major finding of the research is that there is a wide disparity in health among the Indian States, between haves and have-nots not between rural and urban. Some states like Kerala, Gujarat, Tamil Nadu and Andhra Pradesh etc are performing very well in the sphere of public health facilities but the condition of some of the states like Bihar, Orissa, M.P. even West Bengal are not upto the mark.

“Persistence and Change in the Practice of Medical Pluralism in Addis Ababa, Ethiopia” (Kibret), this research is based on the fieldwork conducted from July 2011 to August 2012 in Addis Ababa. The objective of the research is to understand the changes and continuities in the practices of medical pluralism in Addis Ababa, the capital city of Ethiopia. The research further argues that the biomedicine was transplanted in the area a century back without much consideration for indigenous conceptions of health, illness and healing. But the pre-existing conceptions about health, illness and healing do not match into the biomedical explanations. They are quite broader in their scope than biomedicine. The most common organized traditional medicine in the study areas are traditional herbal medicine and faith healing. Acupuncture, chiropractic and organic supplements are non-indigenous alternative medicines that have joined the plural medical practice over the last twenty years.

“From Bon to Buddhism Social and Cultural Changes of the Tamang” (Lama, 2015), this study thoroughly discussed about the cultural and religious practices of Tamang Community of eastern Nepal and India. The researcher tried to make an intensive analysis between two great religion i.e., Buddhism and Bon religion and tried to place the Tamang community within the periphery of both. Further, the researcher sincerely analysed the Tamang community from the perspective of both the religion and tried to trace the origin of Tamang community. Further, the researcher argues that from the very tender age he was being influenced by Tamang culture and religion folktales songs and especially distinctive lifestyle which stirred enormous imagination as well as a lot of curiosity to explore the primitive culture in total of the same which ultimately led to the formulation of this thesis. The present thesis may therefore be considered as the inevitable outcome of the very desire of the researcher to satisfy his curiosity regarding the practices, rituals and customs of the Tamang Community. The researcher perceived that the Tamangs are a primitive community settled in different parts of Nepal and India. The social economic and religio-cultural setting has great meaning to this community from time primordial. The wave of transformation due to cultural milieu of Tibet and Nepal and later on Nepal and India is distinctly manifested in their life style and cultural pattern to which they have been newly accustomed.

“The Practices of Traditional Healing and the Healers of Ribdi Bhareng, Sikkim” (P.C.Rai, 2010) is a project carried out by Dr. P. C. Rai and his team in 2010. This work is an intense study of Traditional Healers of Sikkim particularly the western part of Sikkim called as Ribdi and Bhareng. Along with Traditional Healers this work also focuses on the subject of bio-diversity, its importance and relevance in the society and human life. It is also an attempt to analyse the supernatural powers of traditional healers as well as to preserve the herbal medicinal practices and folk medical practices in the area.