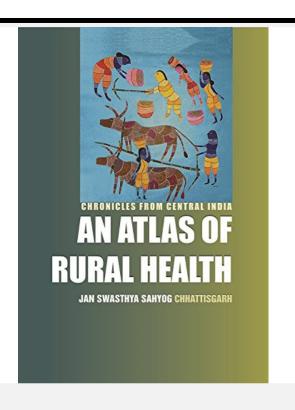
PDF Books Chronicles from Central India: An Atlas of Rural Health - Online



Book detail

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Book Synopsis

Rural and tribal health in India fares far worse on all possible counts and parameters as compared to urban health due to a variety of reasons. People in rural areas suffer the consequences of adverse availability of the socio-economic determinants of health: food, poor environment and distance from health facilities, education and poor health systems. It is not surprising to see almost all diseases in much higher numbers and in more complex forms among rural and tribal people as compared to urban dwellers. Our work and our experience has taught us that disease is the biological embodiment of deprivation.

The Jan Swasthya Sahyog (JSS), literally the People's Health Support Group, is a collective of health professionals and workers, many of whom were trained at leading medical institutions in the country like AlIMS, has been running a health programme in rural Chhattisgarh in central India. A primarily service-based programme, JSS serves tribal and rural communities, covering over 1.5 million people in what could arguably be the epicentre of underdevelopment. We also train health workers at the village level and nurses and doctors at a higher level, conduct research on key health problems of the rural poor, and provide advocacy based on careful documentation to positively impact rural health care.

Over the last 16 years, during which we have set up a modest community health programme in rural Bilaspur, catering to over 2,500 villages in north-western Chhattisgarh and south- eastern Madhya Pradesh, we have observed and tried to manage massive levels of hunger, malnutrition, resultant illnesses and much avoidable mortality. While we have tried to document disease patterns and distribution among the populace and occasionally published them in peer reviewed journals, we have also felt the need to explore and to understand their causes – not just their proximate biomedical causes but also the social, economic and cultural roots of these diseases.

As physicians and health workers interested primarily in the whys and hows of health, disease and with the primary objective of reducing inequity in health care among rural and tribal poor, we have also investigated regimes of political and economic values and policies that condition tacit aspects of sociocultural practices that in turn impact the cause and occurrence of disease – specifically, the role of structural violence. So in a sense, this book is also about the political economy of the ailments of the rural and tribal poor in India.

Of the wide spectrum of human ailments, we started with a list of 50 odd illnesses that we commonly see in our hospital and health centres at Ganiyari, Shivtarai, Semariya and Bamhani in Chhattisgarh. In trying to understand the causes of illness, we went back to the patient, to his/her family, hamlet and village, and thus we discovered the geographic, cultural, social and economic predicaments that lay behind the illness. We have tried to weave these together in the form of individual patient narratives, supplementing them with photo essays and commentaries on the causes of illness based on our understanding and experience.

In this collection, there are 27 patient narratives for a similar number of ailments. This is not an exhaustive list of ailments that we encounter, nor are these the most common ones. We plan a second volume that will include more narratives. We have also included over 40 picture stories with short annotations, a

| few personalised blog notes that try to capture key aspects of the causes of disease, and several disease maps that represent the unequal distribution of |
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| diseases in the states of India. The 'state' may not be the only or the best axis to highlight the differential occurrence of disease, but we have retained it as |
| a starting reference point. The disease maps capture just how unequal we are as a country. Finally, we have included a few poems & list of books & films |
| that capture inequity in health & disease prevalent. |
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