

TUBERCULOSIS IN POST COLONIAL BIRBHUM; THROUGH THE EYES OF GENDER DIFFERENCES

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ABSTRACT

Birbhum district is one of the typical backward districts of West Bengal. Birbhum did not possess an awesome public health condition in the colonial era. Tuberculosis was very much deadly disease in post colonial Birbhum. Tuberculosis is a specific infectious disease caused by Mycobacterium Tuberculosis. The disease primarily affects lungs and causes pulmonary tuberculosis. T.B of lungs was found mainly in males. Biological factors, in addition to the socio - cultural factors are to a large extent responsible in the decreased incidence of TB in females, especially in the reproductive age group. T.B occurs more in the rural areas than in the urban, the reasons being malnutrition and unsound economic condition of the rural folk.

KEYWORDS: Tuberculosis, Males, Females, Rural, Urban

Objective of the Study

The objective of the paper is to verify the differences of the disease on the stereotypical way of gender. I also made a sincere attempt to find out the wedge between the rural and urban.

Background of the Study

Birbhum district is one of the typical backward districts of West Bengal. Agriculturally, the people mainly depend on the traditional system of rain-fed farming, but also use modern irrigation system. Ethnically, the people are proportionately heterogeneous.

Methods

The present study was undertaken in Birbhum district of West Bengal. This study is mainly based on the primary sources like Health on the March of the West Bengal, Annual Health Report, District Gazetteers, Statistical Account of the district etc.

District Introduction

Birbhum is one of the 19 districts of West Bengal sharing 5.12 per cent of the land area of the state but 3.76 per cent of its total population, indicating a relatively lower density of population per square kilometer in the district (663) vis-a-vis the state (903). The district is characterized by an undulating topography caused by the Chhotanagpur plateau. The district is triangular in shape with the river Ajoy forming the base of the triangle. The river forms the boundary between Birbhum and Bardhaman districts. The district borders the states of Jharkhand and Bihar on the west, and lies at the eastern end of the Chhotanagpur plateau.

INTRODUCTION

Birbhum did not possess an awesome public health condition in the colonial era. But Birbhum is notably known for being a healthier district in Bengal which gradually came to a fall with the passage of time. Among the many diseases in the post colonial Birbhum, Tuberculosis was very much deadly disease. TB is the largest killer among all the communicable diseases in the country.

What is Tuberculosis?

Tuberculosis has been a major public health problem not only in Birbhum district or West Bengal but also in different parts of India. Latest estimates show that in India, about 40 per cent of the population affected with tuberculosis bacillus (Ministry of Health & Family Welfare, Government of India, 2004).

Tuberculosis is a specific infectious disease caused by Mycobacterium Tuberculosis. The disease primarily affects lungs and causes pulmonary tuberculosis. It can also affect intestine, meninges, bones and joints, lymph glands, skin and other tissues of the body. The disease is usually chronic with varying clinical manifestations. The disease also affects animals like cattle; this known as “bovine tuberculosis”, which may sometimes be communicated by man.¹

Tuberculosis of lungs and respiratory diseases other than T.B of lungs has been occurring in the district at a very high scale since very early times. In the rural areas it was in an alarming form and this district has been quite endemic to it. The following Tables would reveal the deaths from the disease in the years preceding 1960.²

Table 1: T.B of Lungs Actual Death

	1947	1949	1951	1953	1955	1957	1959
Male	128	150	152	146	130	103	66
Female	29	33	36	39	29	26	24

Table 2: Death Rate

	1947	1949	1951	1953	1955	1957	1959
Male	.2	.3	.28	.25	.21	.16	.09
Female	.1	.1	.07	.07	.05	.04	.03

Source: Directorate of Health Services, Government of West Bengal

Rates have been calculated on per thousands of live and still births.

Note: The death rate is the annual death rate per 1000 of the same sex calculated on the population of 1941&1951.

From the above table we can estimate that T.B of lungs was found mainly in males and if we looked at the death rate of persons affected by T.B then we can find that male death rate was higher than the female death rate in between 1947 to 1960. Besides this we also can tell in subsequent years the number of affected male persons declined at a steady rate.^{3,4}

Table 3: Respiratory Diseases other than T.B of Lungs

Actual Deaths	1947	1949	1951	1953	1955	1957	1960
Male	274	246	213	153	116	153	----
Female	136	147	130	80	52	119	----

Table 4

Death Rate	1947	1949	1951	1953	1955	1957	1960
Male	.50	.50	.40	.26	.18	.23	----
Female	.30	.30	.24	.14	.09	.18	----

Source: Directorate of Health Services, Government of West Bengal

Rates have been calculated on per thousands of live and still births.

Note: The death rate is the annual death rate per 1,000 of the same sex calculated on the population of 1941 & 1951

Above chart revealed that in the respiratory diseases other than T.B of lungs the total number of actual deaths was mainly found among the males rather than the females.^{5,6} Actually what I wanted to portray out that the respiratory diseases mainly attacked the male persons in comparison of female. In a recent article, "Gender differences in notification rates, clinical forms and treatment outcome of tuberculosis patients under the RNTCP" Abhijit Mukherjee, Indranil Saha, Anirban Sarkar, Ranadip Chowdhury showed that all countries in the world show an increased notification rate of pulmonary TB in men. In India, the Revised National Tuberculosis Programme (RNTCP) detects nearly three times more male than female TB patients. It is evident therefore that biological factors, in addition to the socio cultural factors are to a large extent responsible in the decreased incidence of TB in females, especially in the reproductive age group. Differences in the cellular immunity and antibody response following immunization, increased levels of CD4 (cluster of differentiation 4) + lymphocytes than men, and influence of sex hormones have all been implicated in the decreased incidence of TB in females.

Besides these the actual deaths and death rate both among the male and female was significantly low in the later years than the year 1947. So, we can tell that the public health conditions grew better year after year.

The following table would reveal the urban and rural distribution of tuberculosis of different types in the district in recent years.

Table 5: Deaths from Tuberculosis in Birbhum District: 1961-1965

		1961	1962	1963	1964	1965
Pulmonary T.B without mention	Urban	1	----	----	7	4
Of occupational diseases of lung	Rural	86	60	66	54	37
T.B of respiratory system other	Urban	5	----	4	1	2
Than pulmonary without mention of occupational diseases of lung	Rural	93	126	150	121	112

Source: Directorate of Health Services, Government of West Bengal

It appears from the above table that T.B occurs more in the rural areas than in the urban, the reasons being malnutrition and unsound economic condition of the rural folk.⁷

CONCLUSIONS

Lastly we can say that in post colonial Birbhum, Tuberculosis was a major reason among the masses. Hence we can portray out specially two things; One is tuberculosis mainly affected the male in comparison to females. So we can must say that tuberculosis spreads by the way of following the gender stereotypes and the other thing is that tuberculosis was a mainly rural epidemic.

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