SUMMARY

The aim of the study was to investigate the role of Hospitals in determining the health culture of Delhi's resettlement colony in reference to a North Delhi resettlement area called Jahangirpuri. Besides an adjoining village Bhalasawa also considered for the purpose of the study. The adjoining village was considered for the study to find out the impact of the village's socio-economic or health culture influence on the resettlement colony. Moreover, an idea could be had by the study to find out what far changes occurred in terms of health care in the village due to the inception of health care organs (state and private run) in the resettlement colony.

The resettlement has both types of health care facilities public as well as private one. The state run dispensaries are mainly managed and controlled by Delhi Administration and Municipal Corporation of Delhi. Delhi Administration dispensaries are the general ones, and the corporation run are primarily meant for mother and Child Health Care as well as for family planning activities. There is provision of an Ayurvedic dispensary runned by Municipal Corporation within the colony other than the above mentioned Health Care Facilities. Besides, there is one dispensary run by Employees State Insurance Scheme.
Leaving aside the state run dispensaries there are private clinics being run by both qualified and semiqualified doctors of various order i.e., Allopathic, Homeopathic, Ayurvedic etc.

The colony has eleven blocks, which are spotted with schools, markets, bus stops, Banks, Police station and industrial Training Institute, whereas, the village does not have any one of these facilities within rather it depends on the resettlement for the above mentioned facilities.

To find out the role of hospitals in the health culture of study population three different hospitals were chosen on the basis of geographical proximity and easy commutability. The hospitals selected were Hindu Rao (general hospital of MCD), Kasturba (Women and a Children hospital of MCD) and St. Stephens hospital (run by a Catholic missionary).

The methodology used in this study to understand the health culture of a resettled population has been planned with a view that culture is the sole determinant of health culture of any population. Given this conceptual framework a socio-anthropological approach comprising of bibliographic studies, general surveys, observations, interviews of informants, in depth interview of selected subjects case
reports were also adopted to collect qualitative data concerning cultural perception and cultural meanings of health problems in the context of the various institutions that are available and accessible to the population for dealing with these problems. And the actual health behaviour of different strata of the population, i.e. rich, middle and poor income groups, in response to various health problems and their perception of the different state sponsored programmes in the field of preventive medicine and population control were also assessed.

The social structure, the economic structure, the power structure and socio-cultural changes were also studied in order to get a better insight into the health culture of the study population as well. A quantitative dimension was given to the qualitative data by identifying certain specific questions and subsequently codifying those data to have a quantitative appraisal of certain socio-cultural parameters.

The preliminary survey was carried out in one thousand six households in the colony and in the village. Thereafter thirty percent subsample was taken up for in-depth study of health culture of the study population by applying the interview schedule. The data were cross checked at various levels within the hospital amongst the
doctors, nurses and paramedicals as well as among class-IV employees.

The inhabitants of Jahangirpuri comprised of wide spectrum of people who have come from various parts of Delhi i.e. north and east Delhi and from outside Delhi as well. These people hail from all walks of life, caste religious groups and economic sections. They are engaged in various activities, viz, vending vegetable and fruits, selling knick knacks and toys in various colonies, working as wheeler dealer in various colonies, working as porter at various places from warehouse to road construction, as household servants (mostly the women do it) and sell variety of items on commission basis right on the pavement in various market places, besides dealing in various other miscellaneous items.

More than 80% of the population of the colony is comprised of the Hindu followed by the muslim and the Sikh respectively. More than sixty percent of the households are Hindi speaking, thirty five percent of the inhabitants are Punjabi speaking and two percent of the colony dwellers are Bengali speaking.

The people of the colony are originally migrants from Uttar Pradesh, Haryana, Punja, Rajasthan, Madhya pradesh and
West Bengal.

They live in 23 square yard plots. Only the rich can afford to live in 46 square yard plot. On average 70% of the people live in one room apartment. The colony has been provided with market place, primary schools of Delhi Administration. Municipal Corporation run dispensaries, an Industrial Training Institute and public transport system operated by Delhi Transport Corporation.

Sewage and tap water have not been provided adequately at individual household level, but those have been provided at community level.

There are public taps at the end of each lane and community latrines which are used by the people. The colony does not have neat and clean park or lawn for children, so they play on the lanes. The colony is full of open gutters, as a result of which the mosquito and flies are replete.

The people of the colony although follow their own cultural practices at home but it has been found that a great degree of cultural heterogeneity exist at the community level. However, a certain degree of communal cultural intermix of traits can be observed in almost every sphere of life amongst the resettlers.
An effort has been made to understand the meaning, perception and behaviour of the health and health care practices of the people with the given background of their society and culture. The study of the health culture has been understood by making an in-depth study of the meaning attributed to the disease by the people, the perception of the disease by the people and the behaviours of the people towards understanding and ameliorating the ailment and the various practices adopted by the people in their own way to get remedy from any disease.

In order to understand the health culture of the people a comprehensive assessment was done by determining the mechanism of the state intervention and the role of state apparatus in shaping the health culture and behaviour of the people.

The main findings are on the health culture parameters of the study population in the light of hospitals intervention (how-ever restricted may it be), hospitals response to various health problems, besides, the reason of peoples active effort to get redressal outside their culturally determined health institutions.

It was found that very large proportion of their felt need in case of health care services remain unmet because of
limitations in their access (not merely physical) to these health institutions. Eventhough, the institutes such as local dispensaries (govt.) and hospitals are available but are yet to be accepted in true sense of the term as because many things in the entire process is not affordable for the people of resettlement and village.

Control of the health institutions were from the top which determined the health behaviour of the people part of the local health behaviour. Moreover the institutes which are in existence within and without the colony are governed so strictly by the dictums of trickle down that their very existence is not proving effective for the local health care seekers. Such kind of situation is quite clear from the fact that even those who have provision of free health care facility in the local dispensaries, i.e., MCD dispensary, E.S.I or to the hospital are not markedly better off than those, who does not have any such health care provisions.

Such ineffective system and treatment process have generated sufficient amount of apathy towards the available free health care. Moreover the unmet felt need of the population in relation to their day to day health problem have created a market for private practitioners of
allopathic system as well as for the other system of medicine as well.

Due to such lukewarm attitude of the system the resettlers are compelled to make strenuous effort at times to get any amount of state care. On the contrary such effort is daubed by the personnels of the system as the fault of the people. In other words victims blaming is an easy solution for the failure of state apparatus.

The study showed that there is a hiautus between the two levels the sub-culture complex namely "health culture" of the people and the "institutional sub-culture". The reason of such gap is built in into the system of our modern day institutional health care. So, it demands an intervention of more practical nature.