CHAPTER-III

SUMMARY

The purpose of the study was to investigate the health culture of Oraons in different ecological, social, economic and occupational contexts. The establishment of the ultra modern Rourkola Steel Plant in the very heart of Oraon land provided very good conditions for conducting such investigation. The Oraons living in RST having free access to a very extensive network of health services built around the highly sophisticated Ispat General Hospital provided the setting for studying the Oraons under the most favourable conditions. The other extreme of this study is represented by the remote village of Kokerma (located 48 kms away from Rourkola) which has no government health institution located in it. The village Kardega which has a subcentre of a Primary Health Centre and the village Hatibari-Baidyanathpur which has the corresponding PHC located in it were selected as the two other villages. Four slum areas surrounding the Rourkola Steel Township and the resettlement colony, Jalsa located 10 kms away from RST were the other urban groups which were included in this study.

The methodology used by Banerji\(^{113}\) for studying health culture was adopted for this study. An anthropological approach consisting of bibliographical studies, general surveys
observations, interviews of informants, depth interviews of selected subjects and case reports was 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 in response to various health problems and their perception of the different state sponsored programmes in the fields of preventive medicine and population control. The social structure, the economic structure, the power structure and social and cultural changes were also studied in order to get a better insight into the health culture. A quantitative dimension was given to the qualitative data by identifying certain specific questions from the qualitative data and forming an unstructured schedule on the basis of these questions and administering it to a 33.3% stratified random sample of the study populations.

The main finding concerning the health culture of Oraons is that in response to various health problems encountered by them they actively seek health services outside their culturally determined health institutions to get relief. It was found that a very large proportion of their felt needs for such services remain unmet because of limitations in their access to these health institutions. Access to health institutions was found to form the pivot which determined the health behaviour of Oraons. Apart from the availability of such
health institutions within the village/city, social, religious, economic and political factors determine the access of Oraons to health institutions. In the case of RST which provides free access to all its residents, it was found that the health behaviour of Oraons did not differ to any significant degree from that of non-tribals of corresponding economic and occupational strata. The remote village of Nokharma provided conditions where the restriction to the access of Oraons to the health institutions was the severest and it is this restriction to access rather than any cultural intortia which influenced their health behaviour. Even in this village, subject to the limitations imposed by their social, economic and political status, Oraons make strenuous efforts to gain access to health institutions outside their culture when they face serious health problems. As the degree of access to health institutions increases in Kardoga, Hatibari-Baidyanathpur, Jelda and the four slums areas, there is a corresponding shift in the health behaviour of Oraons.

The study provides enough data to assert that improvement in the access of tribal populations to culturally and socially oriented health services, rather than promotion of purposive intervention to make Oraons accept a pre-determined health programme is the prime need in the field of health in tribal areas.