The recent advances in community health have opened up new vistas for interdisciplinary approaches in the field of health. In a country like India, the challenge of community health is much more urgent and intricate, because of the nature, size, and extent of the health problems, acute shortage of resources and because of a social, cultural and economic setting which is radically different from that of the affluent countries.

The Centre of Social Medicine and Community Health has been established in Jawaharlal Nehru University under the leadership of Professor Debabar Banerji to develop such an approach to community health problems in India. Professor Banerji occupies a unique position in this field by virtue of his unparalleled commitment to work and the many major contributions he has made for more than quarter of a century to bring health services nearer to the poor, particularly to the rural poor. In this process he has developed an entirely new perspective for analysing the health problems of the rural poor, using an interdisciplinary approach. Under his leadership an equally committed team, consisting of Dr. (Mrs.) Prabha Ramalingaswami, Dr. Imrana Qadeer, and Dr. Dipankar Gupta, taking into account the above consideration, has designed a training programme for different categories of community health workers, including social scientists and physicians with the purpose of making
medical and health services more meaningful to the people of India - particularly the poor who live in remote villages in shanties of urban towns and who are subjected to extensive exploitation.

The tribes constitute an important element in India's population. These descendants of the earliest inhabitants of this subcontinent have contributed to the variety and richness of cultural forum in the country. However, they suffer from various forms of economic exploitation, social discrimination, and political isolation. In the first thirty years of India's independence, despite massive inputs, only a fraction of the benefits have trickled down to the tribal people. There has been a tendency to ignore the subtle tribal differences and to underplay the diverse needs of different tribal groups. The Oraon tribe has been taken as a focus for this study. Health behaviour of Oraons under varying degrees of their access to the health services has formed the main concern of this thesis.

Descending directly from the discipline of social anthropology to the field of community health, I have been constantly inspired, encouraged and challenged by my teacher and supervisor Professor Banorji to work among the tribes to understand the problems they encounter when they fall sick. His concept of Health Culture has inspired me to undertake this challenging task. Professor Banorji's expertise in guiding me in
my work has been a great source of strength in enabling me to perform this task.

I am equally indebted to my teacher and present Chairman of the Centre Dr. (Mrs.) P. Ramalingaswami, who also has a wide experience in this field. Her valuable suggestions and encouragement have been of great help to me to persevere with my work. I am also deeply indebted to various scholars whose works have helped me to cross the initial hurdles.

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