

Assessment and Understanding of Gujjar and Bakerwal Women's Health in Jammu And Kashmir

Showkeen Bilal Ahmad Gul, Research Scholar, Department of Education, Aligarh Muslim University, U.P, India

Abstract

The focus of this paper was on the assessment and understanding of the Gujjar and Bakerwal women's health in Jammu and Kashmir. The Gujjars and Bakerwals, the third largest ethnic group in Jammu and Kashmir after Kashmiri and Ladakhi, constitute more than 20 per cent population of the State. They are the state's most populous Scheduled Tribe having a population of more than 20 lakh as per the 2011 census and one fourth of them are living nomadic life. Out of the total nomadic Gujjar and Bakerwals, 66 percent population of nomad Gujjar-Bakerwals who fall under Scheduled Tribe groups in the state of Jammu & Kashmir are living Below Poverty Line, revealed a survey conducted by Tribal Research and Cultural Foundation (TRCF), a frontal organization working for the cause of Indian tribes. The Gujjar and Bakerwal women's health in Jammu and Kashmir is the worst, because of lack of education, lack of awareness about health programs and their way of living nomadic life. Like many other places Gujjar and Bakerwal women's position in Jammu and Kashmir has been central in the upbringing of children, grazing their goats and sheep's and managing domestic affairs. The central government, state government, NGO's and local bodies are jointly working for the improvement of Gujjar and Bakerwal women's health conditions. The objectives of the study were, to understand and explore the Gujjar and Bakerwal women's health conditions; to explore the determinants and factors of their poor health; and to know the status of awareness among them about government schemes. The data was taken from interviews conducted by researcher, the census of India, report from the health sector of Jammu and Kashmir, papers published in journals and National Human Development Report of India.

Keywords: Assessment, Understanding, Gujjar and Bakerwal, Health

Introduction

Jammu & Kashmir State is one of the States of Indian Union. In the seventeenth century when the Mughal emperor Jahangir set his eyes on the valley of Kashmir. He said that if paradise is anywhere on the earth, it's here, while living in a houseboat on Dal Lake. "Gar firdaus, baruhe zamin ast, hamin asto, hamin asto, hamin ast". If there is ever a heaven on earth, it's here, it's here, and it's here. It is also the northern Muslim dominated state of India with population more than one crore as per Census figures (2011). The State has its own Constitution besides the Constitution of India and enjoys the special status under article 370. J&K is compounded by militancy and armed conflict, which have taken a heavy toll of life and public property besides throwing normal life out of gear.

Gujjars And Bakerwals In J&K

The Gujjars and Bakerwals, the third largest ethnic group in Jammu and Kashmir after Kashmiri and Ladakhi, constitute more than 20 per cent population of the State. They are the state's most populous Scheduled Tribe contains the population of more than 20 lakh as per the 2011 census and one fourth of them are living nomadic life. Out of the total nomadic Gujjar and Bakerwals, 66 percent population of nomad Gujjar-Bakerwals who fall under Scheduled Tribe groups in the state of Jammu & Kashmir are living Below Poverty Line, revealed by a survey conducted by Tribal Research and Cultural Foundation (TRCF), a frontal organization working for the cause of Indian tribes (Koundal, 2012). The both groups

of Gujjar community are without sufficient food, fodder for their animals. They lack basic facilities like proper shelter, health, drinking water, and education.

The survey conducted by Tribal Research and Cultural Foundation (TRCF) further revealed that more than 71 percent of nomads were not aware of the schemes of the state and central governments for their upliftment under Scheduled Tribe category. The Gujjars-Bakerwals were listed in constitution of India in 1991 under ST category and schemes were launched by state and central governments to uplift them socially, economically, educationally and culturally.



The Gujjars and Bakerwals in the state are the poorest, living in sordid conditions, had no access to education as they are of migratory characters. There is need to formu-



late a sustainable poverty eradication programme for migratory tribes as they deserved special attention due to toughest lifestyle, lacking economic freedom and food security owing to low-income and deficiency of resources.

Material And Methods

The present study was conducted among Gujjar and Bakerwal women residing in Jammu and Kashmir. Both primary and secondary sources of data were used in the study. The data was taken from interviews conducted by researcher, the census of India, report from the health sector of Jammu and Kashmir, papers published in journals and National Human Development Report of India.

Women's Health Status In J & K

Any sincere attempt at improving the status of women in general and health in particular, must firmly and simultaneously deal with such hurdles as social customs and cultural traditions that impede the health status of women. As well as, devise effective means and efficient ways to provide adequate preventive, promotive and curative health care with special emphasis on maternal and child health. The poor health of women is reflected in high maternal and infant mortality rates. Primary health care for women is a must as also ante-natal and post-natal care during pregnancy. There is no exception to the fact that the health status of a woman is determined by several factors, which include literacy, age at marriage, birth intervals, and nutritional status and after all, maternity care.

Against the backdrop of the above needs, National Policy on Health (1982) took a serious note of integrating the health services for women and children under the 20-point programme wherein high priority was accorded to the promotion of family planning services. It emphasised a substantial augmentation and provision of primary health care facilities on universal basis. Maternity and Child Health (MCH) were integrated with family welfare programme. The extended programme of immunisation and Universal Immunisation Programmes were visualised as major aids to MCH for better child survival and safe motherhood. This programme was introduced in 1974 with the objective of reducing mortality and morbidity (which is 44 per thousand) in the state due to Diphtheria, Pertussis, and Tetanus. In order to meet the costs of rendering such services each successive plan observed increasing budgetary allocations for health and family welfare in the state.

The determinants of Gujjar and Bakerwal women's health are social condition, biological determinant, economic factor, malnutrition and domestic violence.

Gujjar And Bakerwal Women

The tribal Gujjar and Bakerwal women of Jammu and Kashmir live in utter deprivation due to poverty, illiteracy, early marriage, nomadic way of life, superstitions, traditional neglect and lack of awareness about welfare schemes, mentioned by study conducted by Tribal Research and Cultural Foundation (TRCF). "The Gujjar and Bakerwal women are not aware of their rights and schemes launched by the government for their education, health and social uplift as they live in far-flung and difficult areas and are nomads moving from one place to another." The facilities offered to the women in this community are inadequate. "This can be understood from the fact that there are only two Government Hostels, one each in Jammu and Srinagar in the entire state for about 1.2 million Gujjar women." The misery and woes of Gujjar and Bakerwal women of Jammu and Kashmir is surpass the treatment meted to any other women belonging to 12 different Scheduled tribe communities of the State. It is an established fact that the Gujjar-Bakerwal women are much more hardworking as compares to the tribal women belonging to Bot, Beda, Balti, Mon, Changpa, Garra, Purig, Shin Dard, Brokpa, Gaddi and Sippi Tribes of Jammu and Kashmir. Unfortunately Gujjar and Bakerwal women life is still passing through the darkness of superstition and illiteracy. Although they are quite aware of their duties, they contribute their best for the betterment of the TRIBAL society of State. But unaware of their rights, they continue to suffer as sacrificial goat at the hand of their family and society alike. Since half century back the women in the society, have become enlightened and have brought revolution in their life style to the extent that they have entered the field of Space Research but the unfortunate Gujjar Woman still lives a primitive life far away from the light of learning and devoid of modern facilities.





Right To Equality Under Constitution

In Indian everyone has the right to live a happy and prosperous life irrespective of their caste, tribe, colour, sex, religion, region etc. women became main victim of inequality because when gender compounded with caste, religion, tribe etc. they become multi disadvantaged. In order to provide them equal rights, articles were formulated which are as under.

Under Article 15(3), the Constitution of India provides for positive discrimination in case of women. The article under Right to Equality States - "Nothing in this article shall prevent the State from making any special provision for women and children." In addition to that, the Directive Principles of State Policy 39(a) states that - "The State shall, in particular, direct its policy towards securing— (a) that the citizens, men and women equally, have the right to an adequate means of livelihood;" After constitutional 72nd amendment, 11th schedule, 25th entry takes care of women and child development-meaning that Panchayat Raj institutions have power to make legislation in that respect.

Gujjar And Bakerwalwomens Health

Health status is influenced by complex biological, social, and cultural factors that are highly interrelated. These factors affect men and women differently. Women's reproductive biology, combined with their lower socioeco-

omic status, result in women bearing the greater burden from unsafe sex-which includes both infections and the complications of unwanted pregnancy.

Women's health of Gujjars and Bakerwals can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. To adequately improve the health of Gujjars and Bakerwals women in of Jammu and Kashmir multiple dimensions of wellbeing must be analyzed in relation to India's health averages and also in comparison to men in Jammu and Kashmir. Health is an important factor that contributes to human wellbeing and economic growth. Currently, women of Gujjars and Bakerwals face a multitude of health problems.

Determinants Of Gujjar And Bakerwal Women's Health

Social Condition: - The Nomad Gujjar Women is undergoing thorough exploitations. They have to attend all the chores of the house hold from cooking to selling milk and helping their men at farming and cattle feeding. The dull life style and hard working from morning to late night makes her physically as well as mentally fatigued. Beside this the nomad Gujjar Women had been the victim of superstitions and despite her excessive work load. She is not getting due respect and position in the Tribal Society. In Bakerwal-Gujjars the Women and girls are supposed to tend their herds throughout day and walk long distances with their children and house hold luggage on their back as they are mostly nomads. They have to cook meals and do some washing on their temporary stops and again pack for the next destination. Ultimately they get no time even to think of their social status.

Biological determinant

Gujjar and Bakerwal women are subject to risks related to pregnancy and childbearing. Where fertility is high and basic maternity care is not available, they are particularly vulnerable. They are not getting proper care and balanced diet during pregnancy. Certain conditions, including hepatitis, anemia, malaria, and tuberculosis, can be exacerbated by pregnancy. Complications of pregnancy can also cause permanent damage, such as uterine prolapsed and obstetric fistulae among them.

Economic factor

Poverty underlies the poor health status, and Gujjar and Bakerwal women represent a disproportionate share of the poor. Furthermore, the cultural and socioeconomic environment affects Gujjar and Bakerwal women's exposure to disease and injury, their diet, their access to and use of health services, and the manifestations and consequences of disease. Gujjar and Bakerwal Women belongs to poorest households have much higher fertility rates and which deteriorates their health conditions.



Malnutrition

Nutrition plays a major role in an individual's overall health; psychological and physical health status is often dramatically impacted by the presence of malnutrition. Gujjar and Bakerwal women don't get proper and balanced diet which leads them to anemic in terms of iron-deficiency. One of the main drivers of malnutrition is gender specific selection of the distribution of food resources. Maternal malnutrition has been associated with an increased risk of maternal mortality and also child birth defects.

Domestic violence

Gujjar and Bakerwal Women who are in the labour force in J&K often face greater risk of being the victims of domestic violence. Domestic violence is a major problem among Gujjar and Bakerwal in J&K. Domestic violence-acts of physical, psychological, and sexual violence against women-is found across the state. The effects of domestic violence go beyond the victim; generational and economic effects influence entire societies. The prevalence of domestic violence of Gujjars and Bakerwals in state is associated with the cultural norms of patriarchy, hierarchy, and multigenerational families. Patriarchal domination occurs when males use superior rights, privileges and power to create a social order that gives women and men differential gender roles. The resultant power structure leaves women as powerless targets of domestic violence. Men use domestic violence as a way of controlling behaviour.

Government Schemes For Improving Health Conditions Of Women

Though the Central as well as the State Governments have launched a number of programmes and schemes for the betterment of rural as well as urban women like Indra Gandhi Matritva Sahyog Yojana, Integrated Child Development Services, Janani Suraksha Yojana, Rajiv Gandhi scheme for Empowerment of adolescent Girls, Kasturba Gandhi Balika Vidyalaya etc. but the Gujjar and Bakerwal women are still unable to take any advantage. Living in far away places in remote areas they hardly get any information regarding such schemes.

Their participation in social as well as in political institutions is almost nil. Neither any full time Women welfare NGO works for them nor the state Government has started any specific welfare scheme for the Gujjar and Bakerwal women unless the state as well as the NGO's start a special and extensive welfare scheme for the Gujjar women, their progress shall remain a distant dream. More than 10 Lacks Gujjar women Folk are unaware of their basic rights, facing domestic violence, problem of malnutrition and pace of progress in the Modern age. They are putting a question mark on the tall claims of government and other agencies working for the welfare of women and for securing social change for all the women folk in 21st century. Not that she does not feel it, one can observe her helplessness from her face and eyes –depicting her inner feelings. In order to know the status of awareness among Gujjar and Bakerwal Women about government schemes, the research went to field situation and conducted a small interview of 100 Women lives nomadic life. A brief description of schemes is as under:

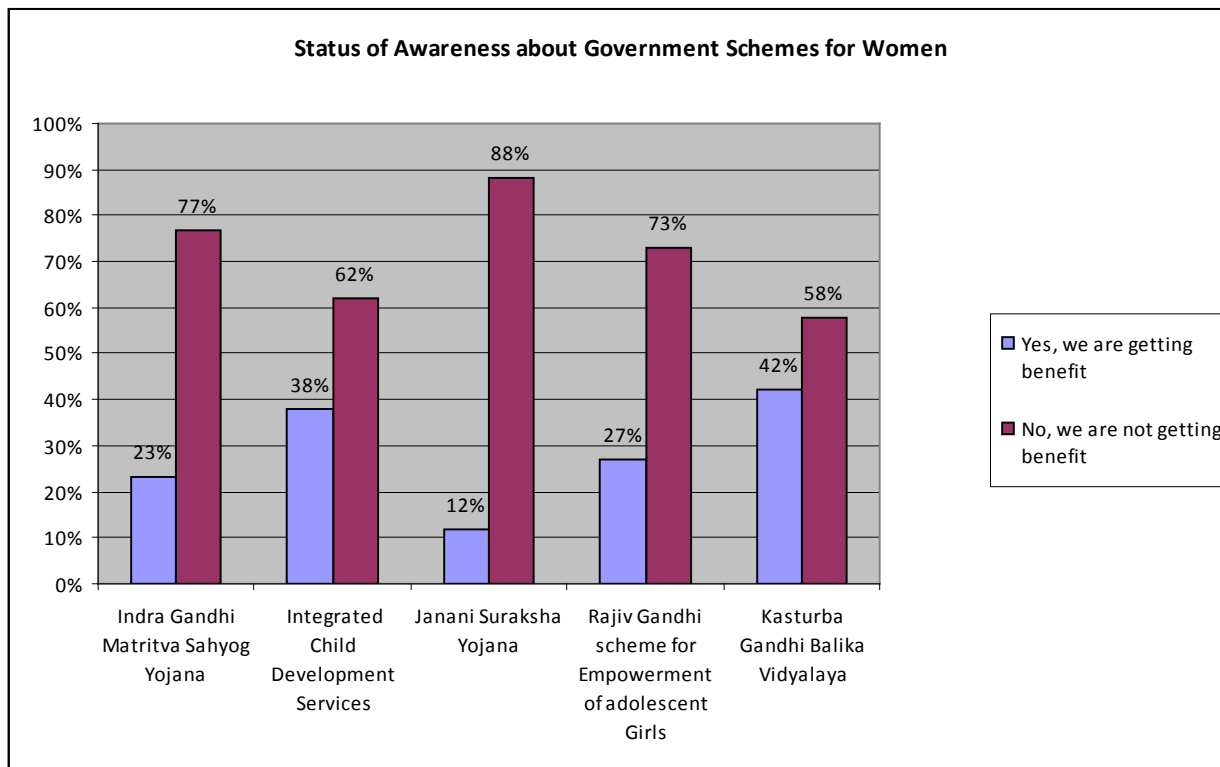
1. **Indra Gandhi Matritva Sahyog Yojana-** A cash incentive of Rs 4000 to women (19 years and above) for the first two live births.
2. **Integrated Child Development Services-** Tackle malnutrition and health problem in children below 6 years of age and their mothers.
3. **Janani Suraksha Yojana-** Onetime cash incentive to pregnant women for institutional/ home birth through skilled assistance.
4. **Rajiv Gandhi scheme for Empowerment of adolescent Girls-** Empowering adolescent girls of 11-18 years with focus on out of school girls by improvement in their nutritional and health status and upgradeing various skills like home skills, life skills, and vocational skills.
5. **Kasturba Gandhi Balika Vidyalaya-** Educational facilities (residential schools) for girls belonging to SC, ST, OBC, minority communities and families below the poverty line in educationally backward blocks.

Status of Awareness among Gujjar and Bakerwal women about Govt. Schemes

Schemes	Yes, we are getting benefit	No, we are not getting benefit
Indra Gandhi Matritva Sahyog Yojana	23%	77%
Integrated Child Development Services	38%	62%
Janani Suraksha Yojana	12%	88%



Rajiv Gandhi scheme for Empowerment of adolescent Girls	27%	73%
Kasturba Gandhi Balika Vidyalaya	42%	58%



Results And Discussion

The Gujjar and Bakerwal women are not aware of their rights and schemes launched by the government for their education, health and social uplift as they live in far-flung and difficult areas and are nomads moving from one place to another. **Determinants of Gujjar and Bakerwal women's health, Social Condition, Biological determinant, Economic factor, Mulnutrition, Domestic violence.** Though the Central as well as the State Governments have launched a number of programmes and schemes for the betterment of rural as well as urban women like Indra Gandhi Matritva Sahyog Yojana, Integrated Child Development Services, Janani Suraksha Yojana, Rajiv Gandhi scheme for Empowerment of adolescent Girls, Kasturba Gandhi Balika Vidyalaya etc. but the Gujjar and Bakerwal women are still unable to take any advantage. Living in far away places in remote areas they hardly get any information regarding such schemes. Their participation in social as well as in political institutions is almost nil.

Rajni Dhingra (2011) investigates the health status of Tribal (Gujjar) adolescent girls. The results of the study revealed that adolescent Gujjar tribal girls enjoy a balanced emotional status along with capacity for strenuous

physical activity. The data of the study showed that the body mass index (BMI) of the majority (88.1%) of the subjects was low (less than 18 kg/m².) indicating the highest prevalence of malnourishment among girls of 13 yrs of age. 96(48%) subjects had systolic blood pressure below 100.

The observations for the signs and symptoms of anemia and malnutrition indicated that 90 percent of the subjects had pale cold skin, 89.5 percent had general weakness and 86.5 percent had yellow conjunctiva. Majority (90.5%) of the respondents showed clear cut presence of anemia having hemoglobin less than 10gm/dl. The results hold implications for professionals to introduce health programmes in order to improve the health of adolescent girls in particular. It further concluded that there is need for planning of health programme for Gujjar community. Since the group of the study was nomadic, it is important to have health services at their doorsteps. The planner need to educate and implement health services at their doorsteps, which could help them to lead healthy life. A focussed approach to develop awareness regarding their health in general is required so that preventive measures can be taken to protect the young population from major illnesses.



Gujjar and Bakerwal women must have access to comprehensive, affordable and quality health care. A holistic approach to women's health which includes both nutrition and health services with special attention to the needs of women and the girl at all stages of the life cycle is another priority of the government. The reduction of infant mortality and maternal mortality, which are sensitive indicators of human development, is a major concern. The government policy reiterates the national demographic goals for Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) set out in the National Population Policy 2000. Measures have been taken by the government to enable women to exercise informed choices regarding their reproductive rights, vulnerability to sexual and health problems together with endemic, infectious and communicable diseases such as malaria, TB and water borne diseases as well as hypertension and cardio-pulmonary diseases. Government is also focused on to tackle the social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases with a gender perspective. Spread of education, compulsory registration of marriage and special programs like BSY and delaying the age of marriage so that by 2010 child marriages should be eliminated are other focus area of the government. In view of the high risk of malnutrition and disease that women face at all the three critical stages of life cycle viz., infancy and childhood, adolescent and reproductive phase, government is focused on meeting the nutritional needs of women and widespread use of nutrition education to address the issues of intra-household imbalances in nutrition and the special needs of pregnant and lactating women.

Conclusion

Improving Gujjar and Bakerwal women's health requires a strong and sustained commitment by governments and other stakeholders, a favorable policy environment, and well-targeted resources. Long-term improvements in education and awareness opportunities will play a positive role on the health of Gujjar and Bakerwal women and their families. In the short term, significant progress can be achieved by strengthening and expanding essential health services for Gujjar and Bakerwal women, improving policies, and promoting more positive attitudes and behavior towards Gujjar and Bakerwal women's health. Outreach, mobile clinics and community based services can be helpful. Clustering services for women and children at the same place and time often promotes positive interactions in health benefits and reduces Gujjar and Bakerwal women's time and travel costs, as well as costs of service delivery. Gujjar and Bakerwal women should be empowered to make more informed decisions and to act on them. For example, public education and counseling can increase access to information about self-care and about when care is needed or where it is availa-

ble. Even where health services are readily available and affordable, Gujjar and Bakerwal women may not use them if their quality is poor. Quality of care is a significant factor in a woman's decision to seek care, to give birth at a clinic instead of at home.

It is the high time to categorize Gujjars and Bakerwal tribes under the groups in India covered by United Nation under World Food Programme aimed at combating malnutrition and investing in human resources as the "Economic Survey of Jammu and Kashmir" a government document tabled in state Assembly says that more than 42 percent population of Scheduled Tribe population was that of Gujjars and Bakerwals which lives below Poverty Line.

There should be also sustainable approach of government to boost 'tribal economy' which is at verge of collapse due to poverty and illiteracy.

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