

An Analysis of Health Status in Dard Tribe with Special Focus on Health Feeling, Medical Facilities Available and Use of Modern Family Planning Practices



Manzoor Hussain

Senior Assistant Professor,
Deptt. of Sociology,
University of Kashmir,
Srinagar



Ali Hussain

Research Scholar,
Deptt. of Sociology,
University of Kashmir,
Srinagar

Abstract

Based on a sample of 300 respondents selected from the thrust areas of Dard tribes from Jammu, Kashmir and Ladakh regions (India), the study uses a descriptive research design and multi-stage sampling technique. It provides useful insights into health status of Dard tribe and in identifying the health check-ups and medical facilities available in Dard tribe. It also through light on modern family planning practices used in Dard tribe and understand the reasons for its acceptance/non-acceptance. The findings showed that the health status of Dard tribe was comparatively low to that of the general population.

Keywords: Health, Status, Health Feeling, Medical Facilities, Health Check-Ups, Modern Family Planning Practices, Dard Tribe.

Introduction

Jammu and Kashmir is the northern-most state of India. It is located mostly in the Himalayas and shares its border with the states of Himachal Pradesh, Punjab. Internationally, it shares the borders with China and Pakistan. It is further divided into 22 districts, 10 in Jammu region and 10 in Kashmir region and remaining two in Ladakh region. The state of Jammu and Kashmir consists of three regions: Jammu, Kashmir valley and Ladakh. Srinagar is the summer capital while Jammu is the winter capital. Kashmir valley is famous for its beautiful mountainous landscape and Jammu's numerous shrines attract lakhs of Hindu pilgrims every year. Ladakh also known as "Little Tibet" is renowned for its remote mountain beauty and Buddhist culture.¹

The constitution of Jammu and Kashmir has notified twelve tribal communities as the scheduled tribes. Eight communities i.e. Balti, Beda, Bot, Dard/Shin/Brokpa, Changpa, Garra, Mon and Purigpa, among them were given this status in 1989; And Bakarwals, Gujjars, Gaddis and Sippi were notified as the scheduled tribes vide the constitution (Scheduled Tribes) order (Amendment) Act, 1991.² All the twelve scheduled tribes were enumerated officially for the first time during the census 2001, recording the population of 1,105,979. As per the census 2011, the total population of the Scheduled Tribes in the state is 1,493,299, comprising 11.9 percent of the total population of the state and about 1.5 percent of the total tribal population of the country. Most of these tribes are found in Ladakh region of the state. A large majority of the STs of J&K are *Gujjars*. Of the total 14.9 lakh STs in 2011, 9.8 lakh are *Gujjar* and another 1.1 lakh are from the related tribe of *Bakarwals*. These two tribal communities are almost entirely Muslim and they are found in all parts of J&K except in Leh and Kargil districts (Ladakh). *Bot* or *Boto* comprise the main Buddhist tribe of J&K. They are almost entirely in Ladakh, nearly 80 percent of them in Leh district (Ladakh) alone. There is also the small Buddhist tribe of the *Changpa* in Leh district. Besides the *Bot* or *Boto* and the *Changpa*, there are the Muslim tribes of Balti and Purigpa in Ladakh, the latter mainly in Kargil. There was also an Indo Aryan tribe known as *Dard* tribe which is called by different names i.e. *Brokpa*, *Drokpa*, *Dard* and *Shin*, which are

found in three regions of J&K. Finally, there are the mainly Hindu tribe of *Gaddis* and *Sippis*. The two together have a population about 52 thousand, of which more than 95 percent are Hindus. They are in the southern districts of Udhampur, Kathua and Doda. Besides, the nine tribes described above three smaller tribes of Jammu and Kashmir namely the *Mon*, *Garra* and *Beda* inhabit Leh district of Ladakh.³ The number of each of these three tribes is less than a thousand. *Mons* is 55 percent Muslim and 42 percent Buddhist. *Garras* are about 28 percent Muslim and 59 percent Buddhist. *Bedas* are about 19 percent Muslim and 68 percent Buddhist. Jammu and Kashmir has total 22 districts in which Kargil has the highest tribal concentration in the state which is more than 80 percent of district total population. Districts Rajouri, Poonch and Kargil contribute about 35 percent to the state tribal population. In the state, overall sex ratio among tribal is 924 and the child sex ratio is 912. Literacy rate among schedule tribe is 50.6 percent and 60.6 percent; 39.7 percent among male and female respectively.⁴ The *Dard* (*Shin*) people speak *Shina* language within the community and use Urdu, Balti, Kashmiri and Dogri language, with other people to communicate. People in *Chilas* and *Gilgit* have switched to Urdu in a bigger way because their area is not as inaccessible from the plains of Pakistan as the *Gurez* valley is from rest of India. This language and the related culture are somewhat better maintained in *Gurez*, and have flourished best in *Kargil* (*Ladakh*).⁵

The tribal health status is lower compared to that of the general population. Malnutrition is a common health issue in tribal areas and has greatly affected the general physique of the population. Malnutrition lowers the ability to resist infection, leading to chronic illness and in the post weaning period leads to permanent brain impairment. Good nutrition is required throughout life and is particularly vital for women to continue to remain in good health and to do everyday household work. Nutritional anemia is a major problem for women in India and more so in the rural and tribal belt. Maternal malnutrition is predominantly a serious health problem among the tribal women especially for those who have closely spaced multiple pregnancies. Such health condition also reflects the complex socio-economic factors that have serious bearing on their health.⁶ The tribal community due to their socioeconomic status is prevalent to diseases of underdevelopment (malnutrition, maternal and child health problems), diseases, particularly common in Scheduled tribe population.

Health Status of Tribes in Jammu and Kashmir

The World Health Organization (WHO), the definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The health status of any community is influenced by the interplay of health consciousness of the people, socio-cultural, demographic, economic, educational and political factors. Health is a prerequisite for human development and is an essential component for the

wellbeing of the mankind. The common beliefs, customs, practices related to health and disease in turn influence the health of the human beings. Health can be regarded as a state of mental, social and economic well-being and not the mere absence of disease. Health is a function, not only of medical care, but also of the overall integrated development of society, cultural, economic, educational, political, and social.⁷ Therefore to have sound health, the other depending factors are also to be looked into. The health behaviour of the individual is closely linked to the way he or she perceives various health problems; what they actually mean to him or her, on the one hand, and on the other his or her access to various relevant institutions. In most of tribal communities, there is folklore associated with health beliefs. The health culture of a community does not change so easily with changes in the access to various health services. Hence, it is required to change the health services to conform to health culture of tribal communities for optimal utilization of health services.⁸

The health problems of tribal community in Jammu and Kashmir are influenced by interplay of various factors including social, economic and political ones. The common beliefs, customs, practices related to health and disease in turn influence the health seeking behaviour of the community. Moreover, there is a consensus agreement that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the development process going on in the country.⁹ However, the attention on tribal health has not been adequate. This is because of the three reasons; namely, (i) there was a general belief that living close to nature they enjoyed an environment which is conducive to good health, (ii) the tribals have been regarded as not very amenable to western system of medicine as they still depend very much on supernatural causes and (iii) the difficult terrain where it is difficult to reach health service adequately. Tribes are relatively isolated and autonomous groups.¹⁰ The existence of own cultural and medical system is one of the important features of a tribal society. The tribal social structure has its own structural and ethnic specificity and the diseases that inflict upon the tribal people are likewise specific to the attribute of their social structure. Moreover, the knowledge of disease, their classification and etiology are constituents of their cultural system and they develop methods and ways of curing the diseases. The tribal group's health status is lower compared to that of the general population. Malnutrition is a common health issue in tribal areas and has greatly affected the general physique of the population. Malnutrition lowers the ability to resist infection, leading to chronic illness and in the post-weaning period leads to permanent brain impairment. Good nutrition is required throughout life and is particularly vital for women to continue to remain in good health and to do everyday household work.¹¹ Nutritional anaemia is a major problem for women in Jammu and Kashmir and more so in the rural and tribal belt. feeling healthy the eir health. Health problems and

health practices of tribal communities have been profoundly influenced by the interplay of complex social, cultural, educational, economic and political practices. The study of health culture of tribal communities belonging to the poorest strata of society is highly desirable and essential to determine their access to different health services available in a social set up. Health care is one of the most important of all human endeavors to improve the quality of life especially of the tribal people. It implies the provision of conditions for normal, physical and mental development and functioning of human being individually as well as in a group.¹² There is a need to scientifically study the traditional tribal medicine and healing systems and combine them with modern allopathic system so as to make it available and affordable for the poor tribal population.

Review of Literature

Basu, S. (1994)¹³ has carried out a study entitled "*Tribal Health in India*" which highlights issue of tribal health in India. The book deals with perceptions of health and patterns of health-seeking behaviour-perspectives of Indian tribal populations. The social, cultural and environmental factors of tribal health are dealt with aspects of disease and health-seeking behaviour in relation with tribal environment. The tribal perspectives by P.D. Khera is remarkable, discussing in detail the total socio-cultural network of relationships, its relation -with the local environment and how it affects concepts of disease and health-behaviour among the Baigas, the Gonds and the Ahirs in Central India.

Ramaiah, P. (1988)¹⁴ has carried out a study on the "*Issues in tribal development.*" Tribals who have contributed to richness of our culture and heritage have suffered with neglect and isolation all through the centuries. The most important problems that affect the tribal community are land alienation, exploitation by money lenders and contractors, problem of credit and marketing of their products etc. With the attainment of independence, and adoption of democratic constitution, the government has taken upon itself the responsibility of developing the tribal area in such a way that they are nearly equal to other parts of the country. Some schemes had to be abandoned, some had to be drastically changed, and some had to be enlarged to suit the requirements of the situation in the tribal areas.

Bhasin, (2003)¹⁵ in his work "*Ecology and Health*" has conducted a study among tribal of Ladakh to assess the ecology and health. Analysing the health problems among the tribes in Ladakh the author has grouped health problem in to five main categories. (1.) A high rate of infectious and water borne diseases (2) poor environmental sanitation and hygiene. (3) Unsatisfactory nutritional status. (4) Ignorance about health. (5) An unsatisfactory health care delivery system. Infant mortality is considered to be fairly sensitive index of the health conditions of a region. The environmental causes like nutrition, prenatal care, sanitary conditions, incidence of diseases to which infant are highly prone can be controlled and reflects the health measures taken by

the community, government and other agencies.

Tribal Annual Report (2016-17)¹⁶. Socio-Economic activities for Tribal development annual reports shows that as per National Family Health Survey (NFHS)-4, conducted by Ministry of Health & Family Welfare during 2015-16, status of Infant Mortality Rate (IMR), Under Five Mortality Rate (U5MR) and anemia in women for STs as well as All categories are shown in based on NFHS-3 (2005-06) and NFHS-4 (2015-16), Infant Mortality Rate and Under Five Mortality Rate for All category and Scheduled Tribes, have significantly improved from 2005-06 to 2015-16.

Tribal health in India Report (2017)¹⁷. The report is based on the committee meeting, expert consultations in depth situation through field visits, consultation with stakeholders and secondary data and studies analyzing and interpreting and constructing the first comprehensive picture of tribal health and health care in India. The report showed that the tribal people suffer from a triple burden of disease. Their health status has significantly improved over last 25 years and yet, it is worst as compared to other social groups. The report stated that the health care services in tribal areas, apart from being deficient in number, quality and resources suffering from design problems of inappropriateness to tribal society and lack of participation.

Negi, D.P & Singh, M.M. (2018)¹⁸ showed that tribal health is a matter of grave concern not only because of its severity or poor condition, but also due to traditional health care system which is only present and practiced among the tribes in India. Their close relationship with the environment probably makes them believe in the supernatural power or God or Goddesses. Hence they do believe in the certain super natural power and physical forces about health and illness. They used to visit the local medicine men or traditional healers for any sort of minor or major health problems The most of traditional knowledge of health lies with the indigenous population of the country; hence amidst of globalization and rapid change of society, it becomes necessary for us to save this traditional pool of knowledge by preserving and documenting them for the future course of action.

Research Methodology

Universe of the Study

The universe of the present study constitutes the Dard tribe of Jammu and Kashmir. The Dard tribe is located in all the 22 districts of J&K (10 districts of Jammu region, 10 districts of Kashmir region and two districts of Ladakh region). The state of Jammu and Kashmir consists of three regions: Jammu, Kashmir valley and Ladakh. As per Census 2011¹⁹, Jammu and Kashmir has population of 1.25 crore and the total population of Dard tribe in Jammu and Kashmir was 48,440. The male population was 53 percent and female population 47 percent, respectively. The total number of households of Dard was not available as no information is recorded in censuses of Jammu and Kashmir or other official documented sources

Research Design and Sampling Plan of the Study

The present study has a descriptive research

design and is based on a sample of 300 respondents using an intensive approach through the case study method. The study has been carried out in all the three regions of Jammu and Kashmir State with aimed to understand the health status of Dard tribe. The tools which have been utilized for collecting data were interview schedule and observation method. For enhancing objective of the research both open ended and closed ended interview were framed along with above these two research tool. Simple random sampling was used to collect information from respondents and it sought description of the status of Dard tribe women in rural area of district Kargil. Besides, community members and socially notable persons were approached to identify and facilitate interaction with the respondents. For secondary source various books, journals articles were used.

Hypothesis of the study

The Dard tribe health is comparatively lower to that of the general population in Jammu and Kashmir. The majority of the people do not feel

healthy and lack medical facilities and do not practice modern family planning.

Objectives of the Study

The main objectives of this paper are:

1. To assess the health status of Dard tribe of Jammu and Kashmir
2. To examine the health check-ups and medical facilities available in Dard tribe.
3. To know the adoption of family planning practices in Dard tribe and understand the reasons for its acceptance/non-acceptance.

Health status of the Dard tribe

Health is defined as a state of complete physical, mental and spiritual well-being. An individual is said to be fit when his state of psychological balance is sound. Health is one of the most important aspects of our life impacting every aspect of society, specifically its demography economy and polity. Besides it has serious implications for a community's human resource developmental potential. The health condition of the Dard is depicted in the table given below:-

Table 1: Feeling Healthy

Theme	Response	Number	Percentage
Do you feel healthy?	Yes	192	64.00
	No	108	36.00
Total		300	100.00
Theme	Response	Number	Percentage
If no	Burden of work	63	58.33
	Unbalanced diet	27	25.00
	Lack of medical facilities	18	16.67
Total		108	100.00

Source: Field work carried out in Dard tribal areas of J&K, 2015

Table 2: Health Check –Up and Medical Facilities Available

Theme	Response	Number	Percentage
How often do you visit for health check-up	Weekly	87	29.00
	Monthly	189	63.00
	Quarterly	24	8.00
	Annually	00	0.00
	Never	00	0.00
Total		300	100.00
Theme	Response	Number	Percentage
Medical facilities	Yes	300	100.00
	No	00	00.00
Total		300	100.00
Theme	Response	Number	Percentage
Types of medical facilities	Primary health centre	228	76
	Sub district hospital	72	24
	Any other	00	0.00
Total		300	100.00
Theme	Response	Number	Percentage
Average distance of health centres	Below 1 km	128	42.67
	1 km to 3 km	98	32.66
	3km to 5 km	74	24.67
	5km and above	00	0.00
Total		300	100.00

Source: Field work carried out in Dard tribal areas of J&K, 2015

The above table 1 and 2 reveals that out of 300 respondents; majority of the respondents i.e. 192 respondents (64 percent) revealed that they feel

healthy; whereas 108 respondents (36 percent) affirmed that they do not feel healthy. In response to the question of reasons for not feeling, healthy the

above table shows that out of 108 respondents; 63 respondents (58.33 percent) stated that it is due the burden of work they are getting weak. Similarly, 27 respondents (25 percent) said that due to unavailability of proper and balanced diet their bodies are deficient of nutrients responsible for proper growth and strength of immune system. As they remain cut off for 5 to 6 months from rest of the country due to heavy snow fall and hence do not get fruits and vegetables especially green vegetables to get the essential nutrients. Remaining 18 respondents (16.67 percent) gave the reasons of not having proper medical facilities in their areas for their poor health status.

Regarding the question of maintain good hygiene; it was found that all the 300 respondents (100 percent) unanimously agreed that they maintain proper hygiene by keeping themselves clean and clean environment to prevent illness and disease. They always take a regular bath; clean their clothes and above all keeping surroundings clean. However, it was observed that despite attempts made by Dard (Shin) to maintain proper hygiene and keep surroundings clean, a remarkable degree of pollution and unhygienic condition exist which effect their health and they suffer from health-related problems.

In response to health check-ups and their frequency; the 300 respondents responded that they visit health professionals for health check-up occasionally. The majority of the respondents i.e. 189 respondents (63 percent) said that they visit health care provider monthly; 87 respondents (29 percent) stated that they visit on weekly basis; and 24

respondents (8 percent) affirmed that they visit for health check up on quarterly basis. It is clear from the statics that majority of the Dard (Shin) are fully health conscious and perform regular check-up to maintain a proper healthy life style.

Regarding, the question of medical facilities in your areas the above table reveals that all 300 respondents (100 percent) said they have medical facilities in their areas. In response to the question regarding the types of medical facilities, Out of 300 respondents; 228 respondents (76 percent) said that they have primary health centres in their area, whereas 72 respondents (24 percent) said that they have sub district hospitals in their areas. In response to another question average distance of health centre, it is evident from the table that majority of the respondents i.e. 128 respondents (42.67 percent) replied that they have less than one kilometre distance from their home, similarly 98 households (32.66) said that they have 1 to 3 kilometres' distance, whereas 74 respondents (24.67 percent) revealed that they have 3 to 5 kilo metres distance away from their residence.

Family planning means limiting the final size of their family by men and women who are directly responsible for the birth of their children. In the changing society, family planning has assumed an important role and people limit their family size by adopting different family planning practices.⁸ In order to live a sustainable life, people prefer to follow one or two chid norms. In this respect, the respondents were asked whether they practise family planning or not. The responses given are shown in the table below

Table 3: Adoption of Family planning practices

Theme	Response	Number	Percentage
Family planning practises	Yes	55	18.33
	No	245	81.67
Total		300	100.00
Theme	Response	Number	Percentage
If yes why so?	Better caring and rearing of children	23	41.81
	Good standard of life	21	38.19
	Provide quality education	11	20.00
	Any other	00	0.00
Total		55	100
Theme	Response	Number	Percentage
If no, what are the reasons?	Religious obligation	150	61.22
	Children as a property	95	38.78
	Any other	00	0.00
Total		245	100.00
Theme	Response	Number	Percentage
Rearing of children	Father	00	0.00
	Mother	232	77.33
	Both	63	21.00
	Servant	5	1.67
Total		300	100.00

Source: Field work carried out in Dard tribal areas of J&K, 2015

The above table 3 shows that in response to the question of whether the respondents practise

family planning or not, majority of the respondents i.e. 245 respondents (81.67 percent) affirmed that they

abstain from family planning; whereas 55 respondents (18.33 percent) accepted that they practised family planning. In response to another question the cause of positive response, out of 55 respondents; 23 respondents (41.81 percent) replied that it provided a better caring and rearing of children; similarly, 21 respondents (38.19 percent) revealed the reason that it provides good standard of life; whereas 11 respondents (20 percent) affirmed that it also helped in providing quality education to children. Out of 245 respondents who refrain from the practices; 150 respondents (61.22 percent) revealed that it is because of religious obligation that they abstain from it as Islam does not permit it. Whereas 95 respondents (38.78 percent) said that children are their property. The study clearly shows that among Dard tribe family planning practices are insignificant.

In response to the question of rearing children; the above table shows that out of 300 respondents, 232 respondents (77.33 percent) said that only mothers reared the children; whereas 63 respondents (21 percent) said that both parents are responsible for rearing the children. Whereas 5 respondents (1.67 percent) said that they hired servant for the rearing of their children. This percentage belongs to the well-off families of the sample. These statistics show that in the Dard tribe even today mothers are primarily responsible to look after young ones. But the trend is increasing where both parents show interest in the rearing, care and welfare of their children.

Conclusions

Health is defined as a state of complete physical, mental and spiritual well-being. An individual is said to be fit when his state of psychological balance is sound. Health is one of the most important aspects of our life impacting every aspect of society, specifically its demography economy and polity. The Dard tribe health is lower compared to that of the general population in Jammu and Kashmir. Malnutrition is a common health issue in Dard tribal areas and has greatly affected the general physique of the population. Malnutrition lowers the ability to resist infection, leading to chronic illness and in the post-weaning period leads to permanent brain impairment. The majority of Dard tribal do not practice the modern family planning for the reasons that it is religiously prohibited and children are also considered as a property. However, the majority of Dards feel healthy despite living in difficult and hilly areas which is mainly due to clean environment surrounding them. They also show a positive modernist attitude and believe that effective cure of diseases lies with modern doctors and allopathic medicine only. They were however, unanimous in complaints that local dispensation is ill equipped, both in specialized technical staff and supply of medicine, forcing to go for practitioners at urban centres of Kargil, Jammu, Srinagar and Bandipora. The fact is that the Dards tribe inhabit in rugged terrain of Drass and Gurez

blocks are still facing severe problems of medical facilities particularly due to hazardous climatic conditions and blockade during winters.

References

1. Suri, K. & Raina, P. (2016). A study of educational status of tribal Bakarwal children of Kalakote Block in Rajouri District of Jammu and Kashmir. *Asian Journal of Multidisciplinary Studies*, Vol.4, Retrieved on 14-02-2019 from www.ajms.co.in
2. *The Constitution (Jammu and Kashmir) Schedule Tribe Order, 1989*. Retrieved on 26-12-2017 from [w.w.cp.in](http://www.w.cp.in)
3. Singh, K. (2001) *Anthropological survey of India: People of Jammu and Kashmir*, New Delhi: Marwah Books Publisher.
4. *Op. cit.*, Suri, K. & Raina, P. (2016), p.73
5. Hussain, M. & Hussain, A. (2018). Profile of marriage in Dard Tribe. *International Journal of Research in Social Sciences*, Vol. 8, Issue 12, pp.155-169.
6. Das, k, (2012). Health as an economic indicator. *Kurukshetra*, Volume 60 (10), p.6
7. Balgir, R.S. (2004). Genetic diversity and epidemiology of the major scheduled tribes of Orissa. In: Hema, P. M and Reddy, P. (Eds). *Health and Environment*. Hyderabad: Institute of Genetics. pp. 67-91
8. Balgir, R.S. (2004). Genetic diversity and epidemiology of the major scheduled tribes of Orissa. In: Hema, P. M and Reddy, P. (Eds). *Health and Environment*. Hyderabad: Institute of Genetics. p.163
9. *Tribal health in India*. Retrieved on 12-02-2019 from <https://www.shodhganga.inflibnet.ac.in>
10. *Op. cit.*, Balgir, R.S. (2004). p.163
11. *Tribal Health Bulletin*. (2014). Regional Medical Research Centre for Tribal, (vol.20), p.78-80,
12. *Ibid*. p. 83
13. Basu, Salil (1994). *Tribal Health in India*. Delhi: Manak Publication, pp.349
14. Ramaiah, P. (1988). *Issues in Tribal Development*, Allahabad: Chungh Publications, pp.104.
15. Bhasin, V. (2003). *Ecology and Health: A Study among Tribal of Ladakh*. Delhi: Kamla-Raj Enterprises.
16. *Socio-Economic activities for Tribal development Annual Report (2016-17)*. Ministry of Tribal Affairs Govt of India New Delhi.
17. *Tribal Health in India Report (2017)*. Ministry of Health and Family Welfare govt. of India & ministry of Tribal Affairs New Delhi.
18. Negi, D.P & Singh, M.M. (2018). Tribal Health and Health Care Beliefs in India: A Systematic Review *International Journal of Research in Social Sciences* Vol. 8 Issue 5(1), retrieved from <https://www.researchgate.net> on 7-3-2019.
19. *Census of J&K, 2011*.