



TRADITIONAL MEDICINES AND HEALTH SEEKING BEHAVIOR AMONG GUJJAR AND BAKKERWAL WOMEN IN POST-PARTUM PERIOD OF JAMMU REGION.

Author name: NUSRAT FIRDOS

Institutional Affiliation: Nusrat Firdos

Research Scholar at the Department of Sociology, A.M.U Aligarh

ABSTRACT: Health seeking behaviour is a significant concern in tribal health. Health seeking behaviour are those activities commenced by individual in response to a symptoms experienced. In this paper, the researcher discussed the Traditional Medicines and health-seeking behaviour among Gujjar and Bakkerwal in the post-partum period of Jammu region. Mostly tribal people still use home remedies and their Traditional medicines especially in post-partum period. The study also explores the major reliance on home deliveries. The main objective of this paper is the Traditional medicines and health seeking behaviour and to find out the health care practices in Post-partum period. The study based on Qualitative research with In-depth interviews of Gujjar and Bakkerwal women .The study shows that the Home delivery remains the first preference of pregnant women. Major reason behind that the traditional views, religious beliefs and social constraints .They have also feared of chance of having caesarian at hospital than normal delivery.

Key words: *Tribal Health, Traditional Medicines, Health seeking behaviour, Postpartum Period Gujjar and Bakkerwal*

Introduction: Depending on the cultural or ethnic groups engaging with traditional health practices. The WHO defines traditional medicine as the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being. Traditional Medicines developed over centuries in society across the world much before the era of Modern Medicines. Medical Globalization accepts and endorses alternative reality in the form of conventional, Complementary and alternative medicines. From the confines of the Indigenous, tribals and



the Marginalized sections of the society, it is now flourishing in the world's urban and post-industrial canvas. The traditional healing systems are indigenously rooted arrangements of social relationships and cultural patterns which are used in the management of illness. (Joshi, 2013)

According to World Health Organization, "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity". Health seeking behaviour may be defined as those activities commenced by individuals in response to a symptom experience. Understanding the health seeking behavior can be helpful to prevent delay in diagnosis, improve patient compliance and promote health improvement strategies. (Jayaprakash and Savanna 2015). Health seeking behaviour is a major concern in tribal health. A significant number of tribal people still use home remedies and approach traditional medicine practitioner /healers.

India is home to largest concentration of tribal population in the world. In India, mostly among tribal, there are still large sections of the people who subsist on pastoralism. Tribals are geographically and culturally isolated and depict varied social as well as economic development. Gujjars and Bakerwals declared as tribal in some states also continue with pastoral life and inhabit the states of Jammu and Kashmir, U.P, Rajasthan, Haryana and Himachal Pradesh. Tribal population in India has been one of the major concerns of the government of our country since the attainment of Independence. At the time of British rule, the policy of uniform administration affected the tribal people to some extent but they mainly remained aloof from the mainstream of the Indian society. The British administration adopted a policy of isolation was to maintain the status quo in the tribal society. This attitude could not facilitate the development of the tribal people. It increased the state of aloofness and positivism among the tribal people in India. Government of India took serious step after Independence regarding the backwardness and other problems of the tribal people. In post independent era, there was a considerable awakening of public conscience about the welfare of the tribal people. The constitution includes provisions for the preservation and progress of the scheduled tribes. Their interests have been safeguarded by providing them with a quota of reservation for entrance to educational institutions and government jobs. Article 244 of the Indian constitution is the most significant of these articles. It provides for the administration of scheduled areas and tribal areas in accordance



with the fifth and sixth schedule of the constitution respectively. These areas are now administered as part of the state in which they are situated. In the North-Western part of India, the western Himalayas consist of Jammu and Kashmir. In Jammu and Kashmir, Gujjars, Bakerwals and Gaddis constitute the nomadic and semi-nomadic tribes.

The most acceptable definition in the Indian context is profounded by Majumdar, D.N. (1958) as “A tribe is a collection of families or groups of families bearing a common name, members of which occupy the same territory, speak the same language and observe certain taboos regarding marriage, profession or occupation and have developed a well assessed system of reciprocity and mutuality of obligations”. Hence study of traditional Medicines and Health seeking behaviour of Gujjar and Bakkerwal women of Jammu and Kashmir may lead to the improvement in the health Status of Tribal People.

Gujjar Bakarwals live throughout Jammu and Kashmir. All of these herders are carrying on a long-standing custom of travelling up to the high Himalayan alpine pastures in the summer and down to the low-lying Himalayan foothills in the winter. Since India's independence, Himalayan pastoralists have been subjected to a number of important shifts as a result of foreign political and economic upheavals. Many features of the old pastoral system, including their migratory cycle, local economy, and social organisation, have been modify as a result of these structural changes. (Bhasin, 2013) Marginalized communities in India have Low human development Index and high relative deprivation Index and they are often under-represented in Government (Zinsstag et al. 2006).

Gujjar and Bakkerwal women used Traditional Medicines especially in Post-partum Period. Post-partum Phase in Tribal society is characterized strongly by the Traditional food and Health care practices that are collectively called “*Tamaan*” the word mean the care of Nursing women. While on one hand the growing trend in the number of Institutional Deliveries but our finding of this study prime focusing on Traditional Medicines and health seeking behaviour of Gujjar and Bakkerwal women .In Post –partum Phase people adhere strictly to the Traditional medicines ,food and health care practices. The period of Post-partum is marked by the following practices such as confinement and Diet regime.

Confinement

The nursing phase is distinguished by the confinement of both the mother and the infant. This has also been documented in many other Asian cultures for improved management and



prevention of infections. (Kim-Godwin, 2003) This confinement is more of a series of activities designed to help women recuperate from pregnancy and delivery. Some of these techniques may entail extended periods of relaxation. (Dennis et al.2007), a special diet (Bareness, 2009 and Chaudhary, 1997) and actions to heighten personal hygiene. Confinement practices have been connected to subsequent maternal health issues such as postpartum depression. (Grigoriadis, 2009and Bao, 2010). The importance of this 40-day restricted period after delivery is that it is considered a resting phase, which can run up to 60 days. As in other non-western cultures, the period is marked by significant social care for the mother, mainly given by female relatives and midwives who severely restrict her activities tending to her requirements. (Kim-Godwin, 2003) The need of keeping the mother and infant warm is also emphasized. During this stage, ladies are encouraged to dress in loose, long-sleeved, body-covering garments that will keep them warm. Both the mother and the baby are dressed appropriately. Socks are required, as is a hat or headgear to keep the head warm. Cold water should not be used for cleaning or drinking by a nursing woman. Regardless of the season, the infant is always well-layered in woolen clothing and a hat. These are typically knitted by relatives and friends to avoid allergies in newborns while also providing comfort and warmth. If the mother gives birth during the winter, heating plans are made well in advance. Thin blankets are frequently used as window and door curtains to keep the cold out.

Diet regime

Women's diets during the postpartum period are given special consideration. It is crucial since her nutrition has a direct impact on her own health and, indirectly, the baby's health. In the region, there is a popular belief that a woman's diet at this period influences the quality of milk produced.. The "hotness" and "coldness" of dishes dictate the foods that will be featured in the daily menu. Cold items, such as fresh fruits and vegetables, cold meals, and simple water, are virtually universally avoided. (12) After delivering the baby, a woman is fed light diet of *Kawa* and *letti* after that light "*Methi karda*" Keep mother warm. When the hunger returns after two days, the focus is placed on a balanced diet, which includes Desi Chicken Soup, Desi Ghee Mutton soup, and roti or rice at meal times. Herbs that are frequently offered to nursing women, such as "Masloon," "Goggle," and "Methi," as well as many others, have medicinal characteristics that help to strengthen the back. Homemade



butter, Desi Ghee with Rice, Brown Sugar and Dry fruits with milk good for nursing women. Most significantly, methi seed and Desi chawal are cooked in Desi ghee to increase the production of breast milk in nursing mothers. For the first forty days, the eating regimen outlined above is closely adhered to. The eating plan outlined above is a flexible schedule that is followed for as long as the mother's body is capable of transitioning to regular meals. Before delivery also traditional practices follow and herbs are also used for pregnant women. Soonth oil massage given to women which helps to delivery easily. Many health care practices used and traditional herbs of Gujjar and Bakkerwal women of Jammu region. However, along with the herbs they have beliefs and myths for rare herbs which is not easily available in *Dhok* (Pasture field) "*Jogi flower*" (*Saussurea gossypiphora*) it grows the high altitude of Grazing Pastures. It has a lot of perception to bring good luck and cure diseases, and there are many myths associated with the herb. Few people have strong belief that if somebody have this flower the gradually wealth accumulates in their house and evil spirit not attacked. In interview with respondents and have focused group discussion they have belief that this flower is good for infertility also.

Food is carefully selected in terms of diversity (pure cow milk, desi eggs, desi rice, desi ghee) and hygiene. In order to maintain hygiene, the diet is simple and mostly prepared. According to the respondents, "Desi" food products are arranged by family, friends, and acquaintances who arrange for these foods because of their traditional health advantages in post-partum. (Shakeel et al, 2018)

Since ages, the nomadic Gujjars have been practicing the cattle rearing and are always eager to add more to their livestock but now many of Gujjars have left their nomadic profession because their economy is determined by the availability and utilization of natural pastures. It was noticed that at the upper hills, number of Gujjars traditional *Dhok* as (grazing areas) in Keran, Kupwara, Bandipore, Karna, Zojila, Poonch, Rajouri, Doda and many other places are restricted for grazing by the security forces. And the other reason is that due to reservation benefit they got sedantised and migrated to urban areas where they buy land for cultivation and adopted other means to earn their livelihood. (Bhat, 2018)

Despite the fact that improvements in science and technology have had a significant impact on modern times, our findings indicated that traditional Medicines and Health seeking behaviour throughout the sensitive period of pregnancy and breastfeeding remain rather



conventional. Due to literacy and awareness related to modern medicines increases in Gujjar and Bakkerwal women but especially in Post-partum period or related to pregnancy tribal women still have faith on Traditional health practices. There is a great emphasis on a healthy, nutritious, and home-cooked cuisine. However, traditional remedies and food-related Hot and Cold are still popular. There is evidence of considerable socio-cultural support for post-partum among the tribals of Gujjar and Bakkerwal who provide assistance by knitting wool outfits for newborns or offering food items such as desi chicken, eggs, dried veggies, and so on.

People from tribes Because of increased literacy and knowledge, forest degradation, which results in a lack of herbal and medicinal plants, the efficacy, availability, and cost of health care service provision, and the excellent behavior of service providers, there is a growing reliance on modern medicine. (Singh 2008; Islary 2014). Appreciation on modern medicine was found to be higher in young and educated tribal people (Nelson 2011; Albert et al. 2015). Income and occupation was also observed to influence the type of approach for their ailments among tribal people. People with low education opted for government hospitals, whereas higher educated preferred private clinics. Agriculture labourers and farmers chose government hospitals, whereas government employees and non-farm workers opted private clinics. Indian system of medicine (Ayurveda and Siddha) was more popular among agriculture labourers and farmers. High income people gave preference to private clinics and low-income people opted government hospitals (Jayaprakash and Saravanan 2015)

OBJECTIVE

To Study the Traditional medicines and health seeking behaviour and to find out the health care practices in Post-partum period.

METHODOLOGY

This paper is based on qualitative study on health seeking behaviour of two tribe i.e. Gujjar and Bakkerwal women of poonch district in Jammu region. In-depth interview were held in those villages of poonch District where high Concentration of Gujjar and Bakkerwal population reside. The study included 250 respondents, 100 from Gujjar and 150 from Bakkerwal tribe. Purposive Sampling was utilized to pick the villages. The researcher employed snowball sampling for the selection of final sample of the research participants.



The reason for selecting snowball sampling in the present study was that, the researcher does not have prior knowledge about the actual residency of research participants. The Rationale for selecting villages where the scheduled tribe population has been claimed highest percentage. Disaggregated data on indigenous people's health status and access are hard to find. These schedules incorporated both sedentary and migratory population with sample has selected 100 Gujjars and 150 bakerwals from selected villages. The researcher has to take different research strategies for selecting the respondents, who are scattered in every part of the district chosen for study, mostly in far-flung areas. In order to investigate the Traditional Medicines and Health seeking behaviour among tribes. The contents of all interview transcripts and the field notes were read a number of times and then analyzed to discover patterns, themes, and categories in the data.

DATA ANALYSIS

The study addressed significant issues such as traditional diet practices, Beliefs on traditional herbs, religious beliefs related to delivery at home. After discussion, the data from the in-depth interviews and key informant interviews provide a comprehensive picture of mothers' behaviours and beliefs. While conducting interviews researcher also took notes. All the interviews and field notes. To give reasons for the findings, the data were methodically catalogued, synthesized, and analyzed.

RESULTS

The results are presented in broad themes where significant issues as traditional practices beliefs on traditional herbs and religious beliefs related to delivery at home also some sub-themes comes under the broad themes to understand the practices related to health .

Why Gujjar and Bakkerwal women still prefer the home delivery with a TBA (Traditional birth attendant)

Several common characteristics emerged from the data study, providing insights on why women in this remote and difficult-to-reach area chose home birth and a TBA.

Gujjar and Bakkerwal women chose home delivery by TBA the reason behind is cultural practices Elderly women or Mother –in law have good relationship with TBA so they make decision within the family for delivery. Many of the respondent interviewed that giving birth



at home was a tradition. This was especially older respondents. A women respondent following quote related to home delivery.

“Giving birth at home is considered good compared to delivering at hospital. People would not be able to learn about it if the birth took place at home. By the grace of Allah, the delivery took place successfully, which is also a positive thing. There is belief that I would rather die at home than travel to a hospital for delivery in the community. Furthermore, women believe that if they go to the hospital for birth and have a caesarean section instead of a normal delivery, the community would not accept it and will instead ridicule the woman.”(Female, Age 50)

An important issue raised that need to focus on the social constraints of taking treatment from male doctors. Respondent mentioned the fact that most of the doctors at hospital are female .Still, the respondent has a problem for deliveries because female doctors also have male workers in the delivery room. Respodents said that they said that women feel ashamed of taking treatment from male doctors hey think that their self-respect will be diminished. women are ashamed of taking treatment from male doctors because they think that their social status and prestige will be diminished as a result. For example, a woman has the chance to have her reproductive organs exposed to a male provider which is a major barrier.

“Firstly we try at home delivery by Traditional Birth attendant if case is not handled with Dai then by the recommendation of Dai at last moment we go to hospital .But our first preference is to do at home .Women have fear of caesarian delivery if they go to hospital for delivery, their delivery will happen caesarian instead of normal” (Female, Age 35)

Women have fear of caesarian delivery, so they prefer delivery at home. They also have faith in Traditional Birth attendant (Dai) that Dai is good at conducting delivery because they give birth naturally and in a familiar surroundings, which is a source of comfort for women.

Religious Faith Almost every older respondent believe in religious restriction and their conservative environment restrict them and maintaining Islamic principle Purdah that actually limit them inside their home.



“Gujjar and Bakkerwal women think that, Allah don’t take us in the Hospital for delivery, no Purdah has left there. In hospital male health workers in a delivery room women not wanted to exposed their reproductive organs which is major barrier Our older women delivery at home safely and successfully but now a days institutional delivery become trend .But somehow older women were more stronger enough to delivery at home but in these days women have a lot of health issues and not stronger enough to deliver at home then they don’t have option to go to hospital” (Female, Age 50)

Another respondent arise the issue related to Islamic Principle and conservative environment and which is actually a major barrier to not deliver at hospital .and also highlighting the point related the purity of food and their physical strength. Women believe that food is not pure and not having physical work in these days so they prefer go to hospital not to deliver at home.

Traditional Diet practices

The study discussed the Traditional diet practices in Post-partum period .The in-depth interviews gives the clear idea related Diet practices of Gujjar and Bakkerwal women practices and beliefs of traditional diet.

“After delivery the mother loses her strength. If she doesn’t follow the prescribed diet practices and rest during the post-partum period, how will she regain her strength after ward she complains regarding illnesses. After delivery women strictly follow some precautions related diet. So that they will remain problem free in that period”. (Female, age 46)

The narrative supports the traditional practices of diet and entrenched in society's culture. A proper diet and rest helps her afterward for mother and child health.

Avoiding cold food

There is a Strong belief related cold and citrus food like fruits and should be restricted in post-partum period. The reason for restricting this food is that afterward, many illnesses attacked the mother and the baby.

“I did not take any cold food during my “Tamaan” the word mean the care of nursing women. Because my mother-in-law suggests that I take only hot and health food, which



is good for proper healing and gain strengths. Fruits, spicy, and citrus are restricted and not good for the mother and baby. Sab garam aur healthy khatay hain” (Female, Age 27)

After delivery you need to be careful regarding cold and sour food you eat or do not eat. All the sour foods should never be taken in this time otherwise, it will effect badly on the health of mother and the baby afterwards.

CONCLUSION

Information from participants collected through in-depth interviews regarding all practices and beliefs related to that were explored. Women in post-partum period locally called has to follow certain practices regarding diet, herbs, physical activity and rest. The period of 40 days after delivery was regarded as a special time for the mother, has follow diet, traditional practices and rest. Diet is an important factor for pregnant women and after delivery during the post-partum period. Study findings suggest that the mothers in the study area follow a specific diet pattern during the post –partum period. Mostly the mothers take only softly cooked rice ‘moong’ dal can be taken with rice. A light khichdi consume few days after delivery. No cold and spicy preparation was allowed for the mother in the period of post-partum.

The study findings also suggest that holy water (Zam zam) given to the baby after birth and also baby is fed with breast milk within half an hour of delivery. Colostrum is never rejected in the Gujjar and Bakkerwal community of Jammu region. No special neonatal care practices were found.

Regarding education, upliftment of the community, the nomadic Gujjars have been practicing the cattle rearing and are always eager to add more to their livestock but now many of Gujjars have left their nomadic profession because their economy is determined by the availability and utilization of natural pastures. It was noticed that at the upper hills, number of Gujjars traditional dhoks (grazing areas) in Keran, Kupwara, Bandipore, Karna, Zojila, Poonch, Rajouri, Doda and many other places are restricted for grazing by the security forces. And the other reason is that due to reservation benefit they got sedantrised and migrated to urban areas where they buy land for cultivation and adopted other means to earn their livelihood. (Bhat, 2018)

These factors usually affect care during pregnancy in the community. It is found that education among tribal women, the parameters relating to nutritional status, life



expectancy, and antenatal check-up, infant mortality, maternal mortality and fertility rate are slowly better. Non-government organizations (NGOs) and government programmes can help in improving the levels of education among the tribal community by providing mid-day meal schemes, free school uniform, books and scholarships in the study area. There is a need to improve skilled attendance at birth and reduce reliance on Traditional birth attendance. There is an urgent need or critical intervention related to delivery and address culturally and make efforts for facility delivery.

REFERENCES:

1. Jayaprakash J, Saravanan R (2015). Economic analysis of health seeking behaviour of tribal women in Villupuram district, Tamil Nadu. *Asia Pacific Journal of Research*, 1: 26-37.
2. Bhasin, V. (2013). Pastoralists of Himalayas. *Journal of Biodiversity* 4 (2): 83–113.
3. Creswell, J.W., R. Shope, V.L. Plano Clark, and D.O. Green. (2006). How interpretive qualitative research extends mixed methods research. *Research in the Schools* 13 (1): 1–11.
4. Zinsstag, J., M. Ould Taleb, and P. Craig. (2006). Health of nomadic pastoralists: New approaches towards equity effectiveness. *Tropical Medicine & International Health* 11 (5): 565–568.
5. Singh UP (2008). *Tribal Health in North East India: A Study of Socio-cultural Dimension of Health Care Practices*. New Delhi: Serials Publications
6. Islyar J (2014). Health and health seeking behaviour among tribal communities in India: A socio-cultural Perspective. *J Tribal Intellectual Collective India*, 1-16
7. Nelson NJ (2011). Dynamics of health seeking discourses among indigenous population. *The Eastern Anthropologist*, 64: 153-167.
8. Albert S, Nongrum M, Webb EL, Porter JDH, Kharkongor GC (2015). Medical pluralism among indigenous peoples in northeast India - implications for health policy. *Trop Med Int Health*, 7: 952-960.
9. Kim-Godwin YS. (2003) Postpartum Beliefs and Practices among Non-Western Cultures. *MCN, The American Journal of Maternal/Child Nursing*; 28(2): 74–8.



10. Dennis C-L, Fung K, Grigoriadis S, Robinson GE, Romans S, Ross L.(2004) Traditional postpartum practices and rituals: a qualitative systematic review. *Women's health* (London, England); 3(4): 487–502.
11. Barennes H, Simmala C, Odermatt P, Thaybouavone T, Vallee J, Martinez-Aussel B, et al., Postpartum traditions and nutrition practices among urban Lao women and their infants in Vientiane, Lao PDR. *European journal of clinical nutrition*. 2009; 63(3): 323–31.
12. Chaudhary UK. (1997) Traditional practices of women from India: Pregnancy, childbirth, and newborn care. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. ; 26(5): 533–9.
13. Grigoriadis S, Erlick Robinson G, Fung K, Ross LE, Chee CYI, Dennis C-L, et al., (2009) Traditional postpartum practices and rituals: clinical implications. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. ; 54(12): 834.
14. Bao W, Ma A, and Mao L, Lai J, Xiao M, and Sun G, et al., (2010) Diet and lifestyle interventions in postpartum women in China: study design and rationale of a multicenter randomized controlled trial. *BMC public health*. ; 10(1):103.
15. Kim-Godwin YS. (2003) Postpartum beliefs and practices among non-western cultures. *MCN, The American Journal of Maternal/Child Nursing*. ; 28(2): 74–8.

16. Boer H. De. And Lamxay V. (2009). Plants used during pregnancy, childbirth and post-partum health care in Lao PDR: A Comparative Study of the Brou, Saey and Kry ethnic groups. *Journal of Ethnobiology and Ethnomedicine*
17. Shakeel B et al. (2018). Traditional Food and Health Practices during Post-Partum Period: A Study among Tribal Women of Fakir Gujri, District Srinagar, Jammu and Kashmir. *Int.J.Curr.Microbiol.App.Sci*.7(08):10761081.doi:https://doi.org/10.20546/ijcmas.2018.708.122
18. Bhat, javed (2018) A Comparative Study of Socio-economic conditions of Gujjars and Paharis in relation to Caste, occupation and education. *International Journal of Innovative Social Science & Humanities Research* p.6.