



Social impact of mass migration on health status of non-migrant Kashmiri-Pandits

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Abstract

Based on a sample of 150 respondents selected from Srinagar and Budgam districts of Kashmir valley, the study examines the impact of mass migration on the health status of non-migrant Kashmiri Pandits. A stratified random sampling technique was used to collect information from non-migrant Kashmiri Pandits. Besides, community members and socially notable persons were approached to identify the respondents. For the present study, an explorative research design was used. This paper provides useful insights into the health status of non-migrant Kashmiri Pandits. The trauma of migration has badly affected the physical and mental health of this community. Majority of the people of this community are having either hypertension or depression which has surfaced because of their separation from relatives, friends and near and dear ones. Women had been the worst sufferer vis-a-vis health as they have suffered both physically and emotionally.

Keywords: Health status, mass migration, mental health, non-migrant Kashmiri Pandits, social impact.

1. Introduction

The word 'Health' refers to a state of complete emotional and physical well-being. Health care exists to help people maintain this optimal state of health. Health is a resource to support an individual's function in wider society. A healthful life style provides the means to lead a full life. More recently researchers have defined health as the ability of a body to adapt to new threats and infirmities. They base this on the idea that modern science has dramatically increased human awareness of diseases and how they work in the last few decades.¹ In order to make the nation progress in socio-economic, scientific, literacy and cultural spheres health is the most primary and basic need of an individual. Health is both an output and input and is linked with development. Patel highlighted that good health is one of the man's precious assets. It affects several aspects of life and personal well-being. Health is valuable in its own right as it directly affects the well-being of an individual.² Poor health reduces the productivity of the individuals, leading to highest number of absent days from work both working to reduce the life time earnings of the households.

The best known definition of health is that estimated by World Health Organization (WHO) in 1946. *First*, health is defined as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". *Secondly*, health is viewed as "a state of optimum capacity for effective performance of valued tasks". *Thirdly*, health is visualized as "the expression of the extent to which individual and the social body maintain in readiness the resources required to meet the exigencies of the future". *Lastly*, health is visualized as "a relative state that represents the degree to which an individual can operate effectively within the circumstances of his/her heredity and his/her physical and cultural environment". Over the years, these definitions have been developed to include the ability to lead a socially and economically productive and healthy life. World Health Organization definition had the merit of laying the foundation more than half a century ago for an integral approach to health care which takes into consideration the different dimensions of human.³

The health status of the people is an important indicator of human development. Healthy population will have a high efficiency and a bearing on country's economic status. Practices of good health for an individual include physical activity, healthy eating, social interaction and support from others. Healthy citizens make for a more successful and prosperous social order. To look for signs of good health we must examine all the three aspects: physical, social and mental health. Physical health: a person who enjoys good health is energetic, has a good posture, has bright eye sight and has a good appetite. A person is physically healthy if he or she looks alert and responsive. Similarly, a person with good social health gets along well with people around, has pleasant manners, helps others and fulfills responsibility towards others. A person is socially healthy if he or she can move in the society confidently with others. Other aspect of health i.e. mental health implies control on emotions, sensitive to the needs of others, confidence in one's own abilities and free from unnecessary tensions, anxieties and worries. A person is mentally healthy if he or she is relaxed and free from any kind of worries.⁴

Many factors combine together to affect the health of individuals and communities whether people are healthy or not are determined by their circumstances and environment. To a large extend, factors such as where we live, the state of our environment, genetics, our income and education level,

and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact. The determinants of health include:

- a) The social and economic environment
- b) The physical environment, and
- c) The person's individual characteristics

The context of people's lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of the health. www.who.in Even in the most affluent countries, people who are less well-off have substantially shorter life expectancies and more illness than the rich. Not only are these differences in health an important social injustice, they have also drawn scientific attention to some of the most powerful determinants of health standards in modern societies. They have led in particular to a growing understanding of the remarkable sensitivity of health to the social environment and to what have become known as the social determinants of health. People's lifestyles and the conditions in which they live and work strongly influences their health.⁵

2. Health status of non-migrant Kashmiri Pandits

The constitution of India makes health in India the responsibility of the state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the parliament of India in 1983 and updated in 2002⁶. The total fertility rate of the state is 2.2. The infant mortality rate is 49 and the maternal mortality ratio is NA (SRS 2004-06)⁷. The sex ratio in the state is 892 (as compared with 933 for the country). The health status of the people in Kashmir has not been able to keep pace with the national level of achievements. The conflict situation of the last few decades has also worsened the condition. Consequently, a considerable segment of population is living below the poverty line, with poor infrastructure. The main complaints of health are headache, blurring of vision, backache, abdominal pain, limb pains and respiratory tract infection⁸.

The major impact of migration was on health of the people of non-migrant Kashmiri Pandits. Majority of the people of this community are having either hypertension or depression which is because of the separation of their relatives, friends and near and dear ones. The trauma of migration has badly affected the mental health of this community. The community is facing common, uncommon diseases, mental and physical diseases. Comparing the health status of this community before migration and after migration, it was found that the mass migration has given rise to other array of diseases like depression, hypertension, heart diseases, stress etc.

3. Literature review

The mass migration has a disastrous effect on the health of all migrants, especially children, aged and women. Most common diseases prevailing among the migrants were cardiac and heart related issues, neurological diseases, hypertension and other related diseases, blood pressure and related diseases, depression and related diseases and other physical and mental disabilities.⁹ Multiple disease syndromes have overtaken most of them. Epidemics have broken out from time to time. Many have died prematurely, others are languishing and in throes of death, waiting for deliverance. The population is shrinking, common and uncommon diseases, as well as new syndromes have surfaced, giving rise to a wide array of diseases. There was the 'acute phase', soon after exodus from the valley, when almost every refugee suffered from one or more of the syndromes. Depression was rampant, skin diseases afflicted everyone, heart related diseases caught up with the advancing first summer of the exile and heart strokes killed more than a thousand in the first year alone. This was followed by a 'phase of transition' as the coping mechanisms came into play, and while some of the acute problems started subsiding others took over-stress, diabetes, allergic syndrome, bronchial asthma, hyper tension and coronary heart diseases etc. Presently the exiled people are in the third 'phase of consolidation' with the establishment of disease entities that come with stress and prolonged residence in an alien place. While, diabetes and hypertension continue to rise, the parasitic bacterial and viral diseases prevalent in the area have also taken hold in the population.¹⁰ Dabla argues that just after migration from Kashmir to Jammu, many Kashmiri Pandit migrants especially children and women and elders were exposed to extremely different environment. This had damaging effect on their health. The migrants living in the camps face extreme difficulties in the performance of normal behavior. The migration and its implications had directly affected mental health of Kashmiri Pandits. Prominent among these psychological disorders were stress, strain, tension, trauma, phobia, schizophrenia, depression and PTSD.¹¹ In the conflict-ridden society of Kashmir some dreaded diseases with dangerous implications emerged recently. There was a surge in neurological, cardiology, oncological, hypertension and cancer related issues.

4. Research methodology

4.1. Universe of the study

The universe of the present study constitutes non-migrant Pandit community of district Srinagar and Budgam of Kashmir valley. As per the census of Jammu and Kashmir, 2011 the total population of Srinagar district was 12, 36,829 and the literacy rate as 71 percent and the total number of households in Srinagar district as 191,678. The same census of 2011 reveals the total population of Budgam district as 753,745 and the literacy rate as 57.98 percent. The total number of non-migrant Kashmiri Pandit households is not available as no information is recorded in censuses of Jammu and Kashmir. However, as per the President of Kashmiri Pandit Sangharsh Samiti (KPSS, 2015), the estimated number of non-migrant Kashmiri Pandit households in Kashmir is 651 residing at 192 places, out of which 171 households are residing in Srinagar and 47 in Budgam, respectively. The total population of Kashmiri Pandits living in Kashmir valley is approximately as 2,765 persons.

4.2. Sampling plan of the study

The present study is based on sample of 150 respondents, 110 from Srinagar and 40 from Budgam district. A stratified random sampling technique was used to collect information from the respondents as shown in the table below:

Table 1: Sampling plan of the study

Total Sample: 150

R (40)		U (110)	
M (20)	F (20)	M (55)	F (55)

R = Rural, U = Urban, M = Male, F = Female

4.3. Techniques of data collection

To carry out this study, the technique of interview schedule and observation were used to get objective and reliable findings. The relevant literature was reviewed and analysed to provide some direction in drafting schedule. Several questions were framed on the basis of themes. Direct questions were put in a very simple language so that they could be well understood by the respondents. However, some questions which could be answered with a 'Yes or No' were considered to be easier to answer and therefore more suitable for the respondents. The questions were arranged in a sequence from easier and general questions to more pointed ones. Care was also taken to avoid any influence by the contents of the preceding questions upon the answers of the questions following them. The use of body language such as facial expression, gestures were given due importance. If the answers to the questions were ambiguous and confusing, supplementary questions were asked. Both fixed choice and open ended questions were put in the interview schedule. In order to give a practical shape to the research, the researcher went for a pilot study and collected the data so that the researcher may arrive at an empirical conclusion about the study. The research was not merely a data collection exercise all along but also interview schedule and observation as techniques were used to assess the overall impact of mass migration on the identity of non-migrant Kashmiri Pandits. All possible efforts have been made to maintain the validity and reliability of the facts required for the analysis.

4.4. Hypotheses of the study

1. The mass migration of Kashmiri Pandits from the valley has a serious impact on the health status of non-migrant Kashmiri Pandits,
2. The trauma of mass migration has badly affected not only the physical but also mental health of this community and they are suffering from hypertension, depression as well as cardiac related diseases,
3. The health status of non-migrant Kashmiri Pandits has shown a downfall as compared to pre mass-migration period.

4.5. Objectives of the study

1. To understand the nature and dimensions of health status of non-migrant Kashmiri Pandits,
2. To explore the impact of mass migration on health status of non-migrant Kashmiri Pandits visa-vies physical and mental health,
3. To trace the social factors responsible for the downfall of health among the non-migrant Kashmiri Pandits.

5. Data analysis and discussion

5.1. Impact of mass migration on health of non-migrant Kashmiri Pandits

Migrants often have challenges regarding access to health care and also face the additional barriers of mobility, language and cultural differences, lack of familiarity with local health care services and limited eligibility too publicly and privately funded health care programs. In order to find out whether there was any impact of migration on the health of non-migrant Kashmiri Pandits certain questions were asked to the respondents. The responses provided by them are given in the table below:

Table 2: Impact of mass migration on health of non-migrant Kashmiri Pandits

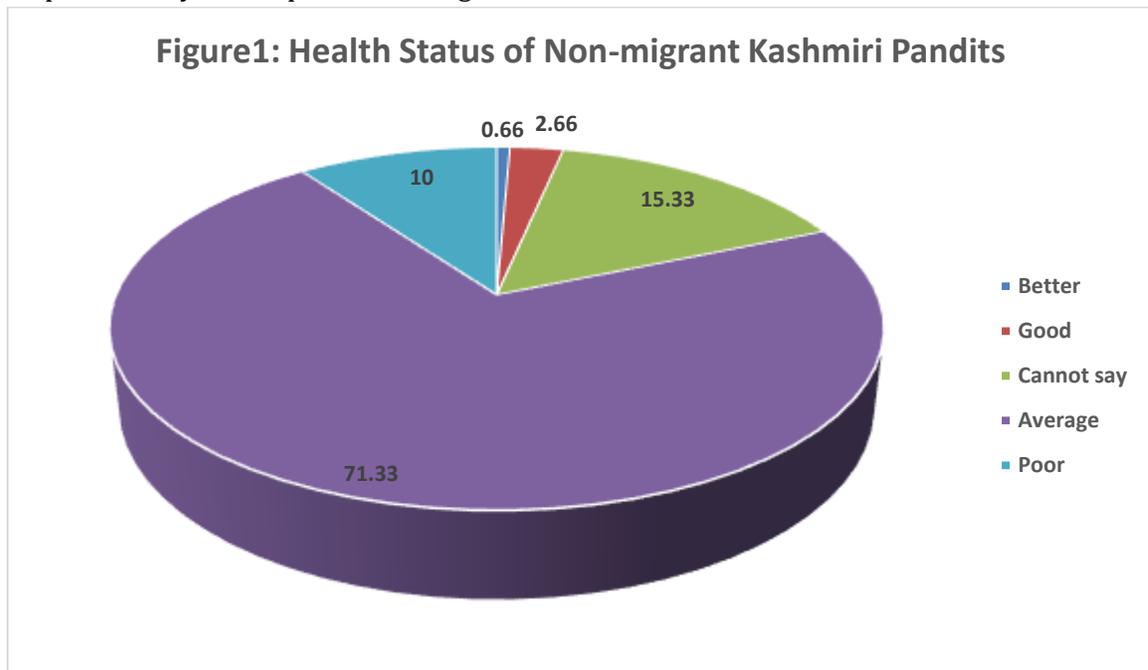
Theme	Response	Number	Percent
Impact of migration on the health of non-migrant Kashmir Pandits	Hypertension	37	24.66
	Mental depression	27	18.00
	Psychiatric disorders	3	2.00
	Heart diseases	7	4.66
	All of the above	76	50.66
Total		150	100.00

Source: - Field work 2015, carried out in Budgam and Srinagar

The above table reveals that out of 150 respondents, 76 respondents (50.66 percent) said hypertension/mental depression/psychiatric disorders/heart diseases, 37 respondents (24.66 percent) hypertension, 27 respondents (18.00 percent) mental depression, 7 respondents (4.66 percent) heart diseases, and 3 respondents (2.00 percent) psychiatric disorders. It was found that in general the major target of migration was health of the people of this community. Majority of the people of this community are having either hypertension or depression which is because of the separation of their relatives, friends and near and dear ones. The trauma of migration has badly affected the mental health of this community.

5.2. Health status

Since health is treated as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” and viewed as “a state of optimum capacity for effective performance of valued tasks; the mass migration has a disastrous effect on the health of all migrants, especially children, aged and women. Most common diseases prevailing among the migrants were cardiac and heart related issues, neurological diseases, hypertension and other related diseases, blood pressure and related diseases, depression and related diseases and other physical and mental disabilities. The health status of non-migrant Kashmiri Pandits was compared during pre and post-mass-migration period. In order to find out what changes took place a five point scale was used. The responses provided by the respondents are given below:



Source: - Field work 2015, carried out in Budgam and Srinagar

Responding to the question how they feel about their health as compared to pre mass-migration period out of 150 respondents, 107 respondents (71.33 percent) said it is average, 23 respondents (15.33 percent) cannot say, 15 respondents (10.00 percent) poor, 4 respondents (2.66 percent) good, and 1 respondent (0.66 percent) better. It was observed that the whole non-migrant Kashmiri Pandit community has got aged prematurely. The community is facing common, uncommon diseases, mental and physical diseases. Comparing the health status of this community before migration and after migration, the health status of this community at present is average.

5.3. Presence of chronic diseases

A chronic disease is a disease that persists for a long period of time or whose effects are long lasting. If a disease lasts for more than three months it is termed as a chronic disease. In order to find out whether the non-migrant ever suffered from any chronic disease they were asked certain questions the responses provided by them are presented in the table given below:

Table 3: Chronic diseases among the non-migrant Kashmiri Pandits

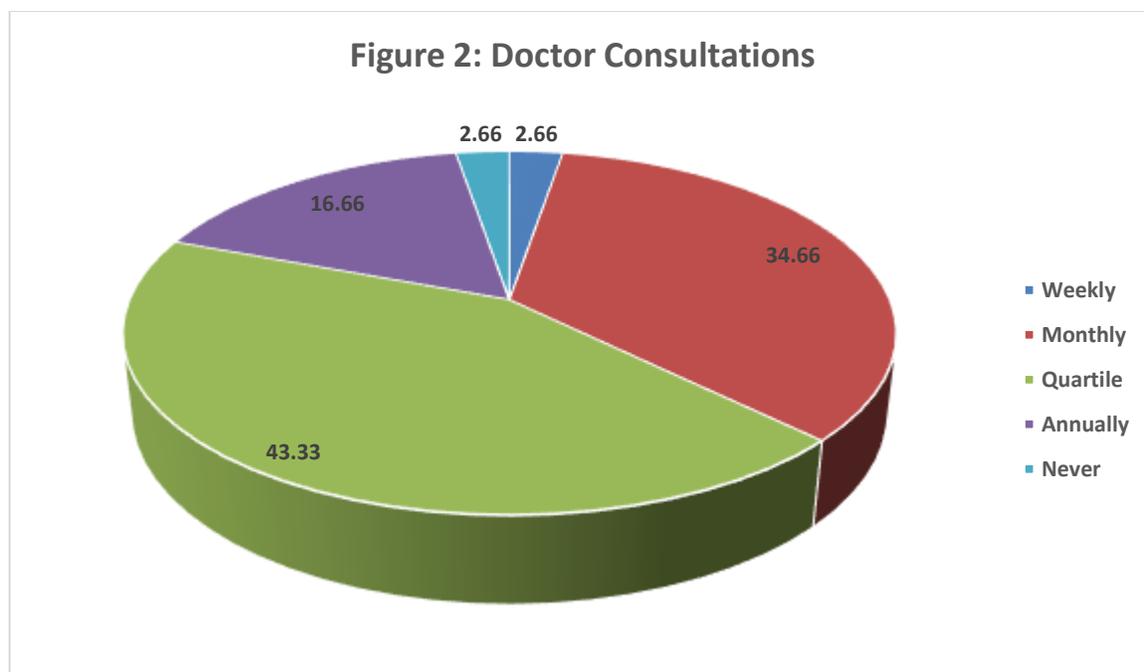
Theme	Response	Number	Percent
Has any member of your family ever suffered from any chronic disease	Yes	32	21.33
	No	118	78.66
Total		150	100.00
If yes, what was the disease	Cancer	9	28.12
	Asthma	10	31.25
	Kidney failure	9	28.12
	Tuber closes	3	9.37
	Any other	1	3.12
Total		32	100.00

Source: - Field work 2015, carried out in Budgam and Srinagar

Further, out of 150 respondents, 118 respondents (78.66 percent) revealed that none of their family has ever suffered from any chronic disease, and 32 respondents (21.33 percent) said yes. The various diseases were like 10 respondents (31.25 percent) asthma, 9 respondents (28.12 percent) cancer, 9 respondents (28.12 percent) kidney failure, 3 respondents (9.37 percent) tuber closes, and 1 respondent any other. It was found that the mass migration has given rise to other array of diseases like depression, hypertension, heart diseases, stress etc. The physical, moral, mental functioning of the people of this community is out of order.

5.4. Doctor consultations

Regular medical checkups are good for a healthy life style. Visiting a doctor is a good change of updating one's personal medical record. In order to find out how health conscious this community is when it comes for doctor consultation they were asked a question. The response provided by them is shown in the given table below:



Source: - Field work 2015, carried out in Budgam and Srinagar

Responding to the question how often they visit doctor for checkup out of 150 respondents, 65 respondents (43.33 percent) said quartile, 52 respondents (34.66 percent) monthly, 25 respondents (16.66 percent) annually, 4 respondents (2.66 percent) weekly, and 4 respondents (2.66 percent) never. It was found that whenever a doctor was needed they do visit a doctor. It depends upon the nature of the disease they were suffering from.

6. Conclusions

The mass migration of Kashmiri Pandits has badly affected the physical and mental health of non-migrant Kashmiri Pandits. Majority of the people of this community were having either hypertension or depression which is because of the separation of their relatives, friends and near and dear ones. The community was facing common, uncommon diseases, mental and physical diseases. Comparing the health status of this community before migration and after migration, it was found that the mass migration had given rise to other diseases like depression, hypertension, heart diseases, stress etc. It was found that non-migrant Pandits visited a doctor was per need that depended upon the nature of the disease they were suffering from.

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