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Women Dealing with Health Problems in Desert: A Case Study of Cholistan

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Abstract

Being a desert, Cholistan has nomadic and semi-nomadic culture with life threatening climatic and geographic conditions. In fact, life in Cholistan revolves around search for water, food and fodder. Health problems are also acute among these desert dwellers. The area is deprived of healthcare services. The existing literature on Cholistan desert contains no scholarship on the ways of dealing with health problems particularly of women. This article is the first of its kind to explore this aspect. Using ethno-methodology, primary data were collected from 50 elderly women through protracted qualitative interviews and participants observation. Thematic analysis technique was used for analyzing the data. The findings of the study reveal that several intertwined factors such as lack of road and transportation facilities, lack of healthcare infrastructure and qualified medical staff, adverse weather conditions, mass illiteracy, ignorance and existence of massive poverty are main factors responsible for poor health of women in the Cholistan. Also, women's health problems are given little importance because of male dominance and male support and approval is sought by women before getting medical treatment. In addition to this, lack of access and poor awareness about modern healthcare services, make women in Cholistan rely mainly on self-medication and local remedies such as ethno-medication and spiritual healing.

Key words: Cholistan, Nomads, Ethno-medication, Health problems of women, Healthcare

Introduction

Cholistan, a famous desert of Pakistan, is located in Southern Punjab, approximately 30 kilometres away from the city of Bahawalpur. Cholistan desert is located between latitudes 27 42' and 29 North and

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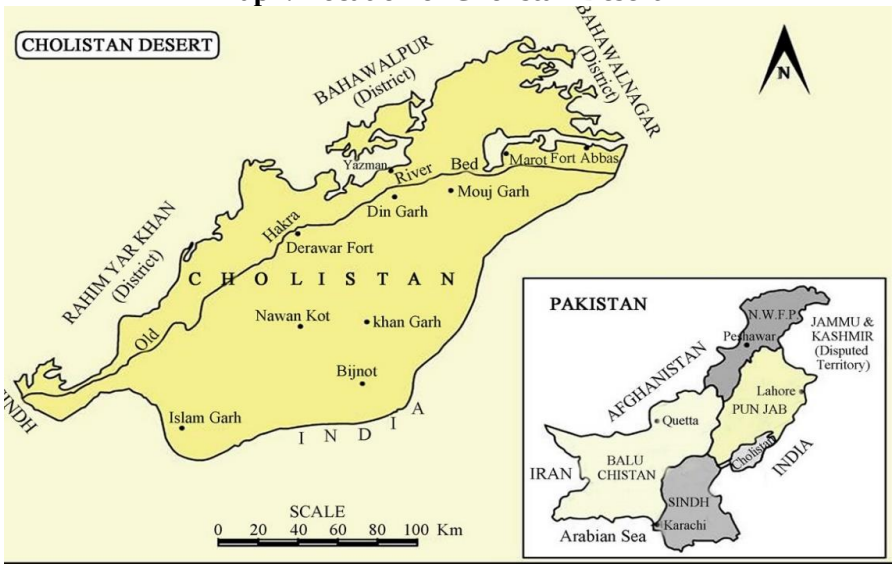
longitudes 65 57' 30" and 72 52' 30"[1] (see the map). Cholistan desert is subtropical area with extreme seasonal variation. Human population of the area consists of 110,000 pastoral nomads and semi-nomads who were originally Buddhist and Sikh but now are predominantly Muslims (95%) and Hindus as a minority (5%). Economy of Cholistan is mainly pastoral and people are living under nomadic and semi-nomadic cultures since ages. The language spoken and understood in Cholistan area is Saraiki[2].

Map1: Location of Cholistan Desert



Source: Wariss et al (2013)[3]

Cholistan is hottest desert of Pakistan with an average yearly rainfall of 100-200 millimeters.[4] Weather is severe in summer as in the month of June, sometimes temperature goes above 50 degree Celsius.[5]

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1 Ghulam Akbar, Taj Naseeb Khan, and Mohammad Arshad. Cholistan desert, Pakistan', *Rangelands* (1996), 124-128.

2 Sadia Malik, et al. 'A comparative ethno-botanical study of Cholistan (an arid area) and Pothwar (a semi-arid area) of Pakistan for traditional medicines', *Journal of Ethnobiology and Ethnomedicine,* 11.1 (2015), 31.

3 Wariss, et al. 'Floristic composition of the plants of the Cholistan Desert, Pakistan', *American Journal of Plant Sciences,* 4 (2013), 58-65.

4 Cholistan Development Authority, Brief on Cholistan, unpublished document (2009).

5 I. Ali, M. Shafiq Chaudhry, and U. Farooq, 'Camel Rearing in Cholistan Desert of Pakistan', *Pakistan Veterinary Journal,* 29:2 (2009).

Based on its topographical characteristics, the area is divided into two parts, Lesser Cholistan, and the southern larger part known as Greater Cholistan. The former constitutes 30% whereas the latter covers 70% of total area of Cholistan.[6] Its boundaries are adjacent with all three districts of Bahawalpur Division namely Bahawalpur, Bahawalnagar and Rahim Yar Khan.

In the Cholistan desert, there is shortage of water due to low precipitation, higher evaporation rate (due to severe hot climate), lower water table from ground and absence of perennial streams.[7] That is why life in Cholistan revolves around search of water and pasture especially when there are no rains and water sources get dry. Underground water can be found at the depth of around 20 meters from the ground level, but it is not potable for both human beings and animals due to salinity.[8] Water sources such as low-lying temporary ponds, locally called *tobas* and *kunds* when filled with rainwater serve as source of water stored for future use for both humans and livestock.[9] There is alarmingly poor awareness regarding health and hygiene in the Cholistan desert due to a host of socio- cultural factors. It has been found that lack of education and awareness, non-availability of clean water, lack of modern communication sources, poor access to and availability of healthcare services and semi-nomadic culture are the major factors responsible for poor health of Cholistani people.[10]

Due to harsh topographical (shifting sand dunes) and weather conditions (extremely hot), this area has been ignored in socioeconomic development process by government departments and NGOs alike. Cholistan desert is literally difficult to visit without specialized vehicles meant for travelling in desert areas. Lack of roads, transportation service, extremely scattered human population and hard-hitting weather has made Cholistani people to lead their lives in isolation and aloofness in a barren

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6 G. Akbar, T. N. Khan & M. Arshad, 'Cholistan desert, Pakistan', *Rangelands* (1996), 124-128.

7 Muhammad Akram Kahlown, et al., 'Prospectus of growing barley and mustard with saline groundwater irrigation in fine-and coarse-textured soils of Cholistan desert.' *Irrigation and Drainage: The Journal of the International Commission on Irrigation and Drainage*, 58.4 (2009), 469-481.

8 Muhammad Akram, 'Rainwater Harvesting in Cholistan–A Success Story'. *Pakistan Journal of Water Resources (Pakistan)* (2009).

9 The italic terminologies are culturally and linguistically used in this region for which suitable alternative words could not be found in English lexicon.

10 Ghulam Akbar, Ghulam, 124-128.

desert.[11] Under these condition, availability and accessibility of healthcare services is hardly possible. Inaccessibility of healthcare services by nomadic population has been reported by Karim, Mohamed and Velema in these words, 'Health services are usually in the hands of settled populations which do not relate well to nomads'. [12] This is also true in the case of Cholistan where local people are deprived of healthcare facilities available to people living in the surrounding settled areas.

The paper has been divided into four sections. After introduction, second section is based on review of relevant literature; section three presents findings and analysis whereas section four consists of discussions and conclusion.

Literature review

Due to nomadic and semi-nomadic culture of Cholistan, there is dearth of comprehensive scientific literature on health problems and their solutions particularly about women. As reported by Imperato, 'Given their lifestyle, systematic surveillance and data on the health status of nomads are practically nonexistent. Most information is based on specific, often small-scale studies, each providing a small part of the overall picture to us'.[13]

Nomads can be categorized into three types: hunters, collectors and pastoralists. First two types of nomads are small in number and found in few areas such as equatorial rainforests. Pastoralists are further divided into three types:[14] first are transhumant who migrate annually on same defined route between two grazing areas. Second are those pastoralists who solely depend upon animal rearing and keep on migrating throughout the year. Their migration route is not fixed and defined, one year they may adopt one route and next year another. Their main attraction for moving from one place includes water sources and pasture. Third type of pastoralists are those semi-nomads who have started sedentary living and are engaged in small scale agri-farming. Livestock is still their main livelihood activity and part of family moves with animal herds whereas elderly and children stay at village/settled

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11 Ibid.

12 Abdikarim Sheik-Mohamed & Johan P. Velema, 'Where health care has no access: the nomadic populations of sub-Saharan Africa.' *Tropical Medicine & International Health,* 4:10 (1999), 695-707.

13 Pascal James Imperato, 'Problems in Providing Health Services to Desert Nomads in West Africa', *Tropical Doctor* 5:3 (1975), 116-123.

14 Imperato, 'Nomads of the West African……., 443-457.

area.[15] Based on this categorization of nomads and pastoralists are living in Cholistan; former are found mostly in Greater Cholistan whereas latter are living in Lesser Cholistan.

Unlike settled population, nomadic people face discrimination in many fields of life; health is one such area where nomads are deeply discriminated. In most of the cases, state does not realize and fulfil its obligations to respect, protect and fulfil human rights of nomads as human being and legal citizen.[16] Nomads keep on migrating periodically along with their herds for making optimal use of pastures and water which is needed both for animals and human being. The pastures and water is found at scattered places in different times. Based on periodic and seasonal migration, it can be stated that it is one of the determinants factors for health of nomadic people. However, due to unavailability of scientific data, patterns of common diseases among nomadic population are not exactly known.[17]

As elsewhere in deserts, people of Cholistan are nomads and semi-nomads having herd rearing as their major livelihood source. As desert dwellers, Cholistani people face shortage of resources in every sphere of life particularly food and water for survival.[18] Here, people have poor faith in effectiveness of modern medical treatment methods. They prefer to take home made remedies and spiritual healing for addressing health problems. During pregnancy and child delivery, need for medical care is generally ignored. Mostly, expecting women are given locally grown herbs along with amulet and sooth saying. Ailing women are taken to physician only in very serious medical conditions.[19]

Human societies either modern or primitive, adopt different approaches and material resources for keeping their members healthy because human life has been considered the most valuable attribute, in need of safety at all cost. Due to a number of factors like poor interest of the government agencies, constant mobility of nomads in search of water and fodder, linguistic barriers and political differences, nomadic

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15 Abdikarim Sheik-Mohamed and Johan P. Velema, 695-707.

16 Paolo Marchi, 'The Right to Health of Nomadic Groups', *Nomadic Peoples* 14.1 (2010), 31-50.

17 Abdikarim and Velema. 'Where health care …., 695-707.

18 Chaudhary, Imran Sharif. 'An empirical analysis of the determinants of rural poverty in Pakistan: A case study of Bahawalpur district with special reference to Cholistan.' PhD dissertation, Islamia University, Bahawalpur, 2003.

19 Uited Nations Organization, *Food Insecurity and Vulnerability Profile of Rajhistan* (New York: World Food Programme, 2001).

population remains out of coverage of healthcare facilities.[20] It is next to impossible to provide them permanent and quality healthcare services. Consequently, little data is available on their health problems and preventive measures.[21]

A combination of socioeconomic factors such as male dominance, poor social status of women, lack of awareness about health and hygiene, scorching heat, early marriage, high fertility rate, poor diet, staunch beliefs in superstitions, lack of clean water, and gender-based discrimination, makes it nearly impossible for a woman to visit a doctor unless a male family member allows it. In addition, poverty, illiteracy, malnutrition, insufficient healthcare facilities in the surroundings are some allied factors responsible for health problems of nomadic population.[22]

Health of nomadic women is greatly influenced by their living conditions. As aforesaid, animal rearing is major livelihood activity in the Cholistan that is why desert people have to stay in proximity to their animals. During this closeness, communicable diseases may get transferred from animals to human being. Thus, nomadic lifestyle itself has major role in adding to health problems.[23] Desert people get exposed with different viral and bacterial diseases, but prevalence of less common infections such as pneumonia and diarrhea and other water borne diseases unlike people living in settlements.[24] The most common diseases include dehydration (especially in children caused by extreme heat in summer), tuberculosis, premature and underweight babies, and malnourishment among children. There is no routine vaccination of children against preventable diseases. Women mostly suffer from gynecological problems due to early marriage, frequent and unplanned pregnancies and related complications, high fertility rate (due to high prevalence of child mortality), maternal mortality and obstetric fistula (due to early marriages, and this disease leaves its victims with urine or fecal incontinence that causes lifelong complications with infection and

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20 E. Schelling, et al., 'Morbidity and nutrition patterns of three nomadic pastoralist communities of Chad.' *Acta Tropica*, 95:1 (2005), 16-25.

21 Imperato, 'Problems in providing …', 116-123.

22 Bandana Sachdev, 'Perspectives on Health, Health Needs and Health Care Services among Select Nomad Tribal Populations of Rajasthan, India.' *Medical Anthropology* 73 (2012): 81.

23 Esther Schelling, 'Human and Animal Health in Nomadic Pastoralist Communities of Chad: Zoonoses, Morbidity and Health Services', Diss. Verlag Nicht Ermittelbar, 2002.

24 A. G. Hill. *Population, Health and Nutrition in the Sahil* (London: Routledge and Kegan Paul, 1985).

pain). Likewise, anemia, heat strokes, and skin diseases, trachoma and guinea worm disease are other common health problems faced by the desert population.[25]

Nomads are left helpless hence they depend on quacks for their health-related problems because qualified healthcare providers are not available in desert areas. Besides, cost of visiting a doctor is high for desert people already living in poverty. Health problems of women are not considered important, that is why women are not allowed to visit a doctor until a male member feels that medical attention is inevitable.[26]

Taking care of ailing family members in Cholistan desert is considered as sole responsibility of women only along with their routine domestic chores. The care includes cooking food, preparation of herbal medicines and also replacing responsibilities of unwell family members. However, when a woman needs medical treatment from outside, her visit to a physician is conditional to the permission of male family members such as father, husband or elder son. Common health concerns such as pregnancy are preferred to be dealt at home, but if having any other serious health problems, a wife is not supposed to share her it with husband because it is considered a matter of shame and immodesty.[27]

Material and methodology

Major aim of this study was exploring women's health problems in the Cholistan Desert. For achieving study objectives, 50 elderly women (more than 50 years old), 25 from each part of Cholistan were selected through purposive sampling method. Based on settlement pattern of population, *tobas* and villages were taken as geographical unit for this study located in Greater and Lesser Cholistan respectively. See Map 2, showing the sample localities.

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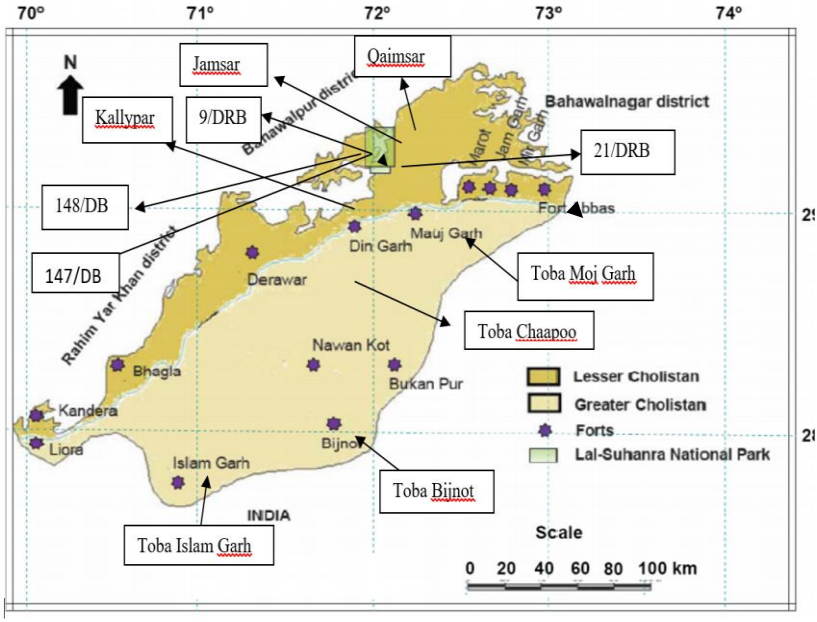
25 Abdikarim, and Velema, 695-707.

26 Alok Chauhan Singh, 'High Dependency on Quacks–Is There a Gap in the Public Health Care Delivery System? Reflections from a District Located in the Thar Desert (India).' *Consilience* 8 (2012), 128-143.

27 Kate Hampshire, 'Networks of Nomads: Negotiating Access to Health Resources among Pastoralist Women in Chad.' *Social Science & Medicine* 54.7 (2002), 1025-1037.

Map 2: Sample Localities in Cholistan Desert (Lesser and Greater)



Tobas included were Qaimsar, Jamsar, Chaapoo, Bijnot, Kheersar, Kallypaar, Moj Garh, Dauloo and Islam Garh. Similarly, settled village included in sample were 148/DB, 147/DB, 145/DB, 9/DRB, 21/DRB and 83/DB. In order to maintain ethical standard, the 50 sample women were given choice to be willing participants as they were informed about the topic and need for the survey. The study participants were well versed about women related problems including health. The reason for selecting this age group of women was their liberty to talk about health-related problems because in Cholistan younger women are not supposed to talk about health-related issues and pregnancy. That is why study participants were recruited keeping in view the experience of previous surveys of the Cholistan area. Protracted qualitative interviews and participant observation were used as tools for data collection. Data were recorded through audio device and note-taking. The data were analyzed through thematic analysis technique. The study participants were informed about study objectives and their entirely volunteer participation in the interview session was ensured. Anonymity of the study participants was guaranteed by keeping their identity strictly confidential.

Findings

The findings of study have been placed under five main themes namely health awareness, availability of healthcare services, modes of treatment, emerging trend for medical treatment and discussion.

Health and hygiene awareness

In both parts of Cholistan, specifically in Greater part, water scarcity for basic needs such as taking bath, washing clothes and utensils blurs the concept of hygienic living. In Lesser Cholistan, people are somehow aware about the benefits of living neat and clean. But in Greater Cholistan, taking bath and changing dress is only need based as people are unaware about the importance of being neat and clean. Local people strongly believe that hygienic conditions have little to do with the health of an individual rather it is just about pure and energetic food. In their words: '*Jey khorak changi hoey taan kaprayan jotteyan nal kya theenda aey*'. (If you are taking good food, dress and shoes have nothing to do with your health). Furthermore, it is believed that increasing diseases are due to less intake of butter and milk as a part of daily food. Women in Cholistan are comparatively more ignorant about hygienic condition.

Male members of the family have frequent interaction with people of settled areas, so they are relatively more aware and conscious about living in hygienic conditions. That is why tendency of cleanliness is more visible among males in Lesser Cholistan. There is no toilet facility for Cholistani people living in Greater Cholistan, so there is open air defecation and hardly availability of water for making oneself clean. These unhygienic practices impact poorly on health of local people.

Availability of health care services

As aforementioned, Cholistan is divided into Greater and Lesser part. In Greater Cholistan, there are no public healthcare services such as Basic Health Unit (BHU), Rural Health Centers (RHCs) or dispensaries.[28] In this part, sometimes local people request for lift from official vehicles of Pakistan Rangers for transporting their patients to cities. Pakistan Rangers also randomly arrange free mobile medical camps for Cholistani people but that is only few times in a year. In Lesser part, there are BHUs for provision of some basic health services to local people as shown in Table 1. It is worth-mentioning that these healthcare centers are not well equipped for provision of proper medical care to the people. Life threatening climatic conditions (especially in summer), lack of roads and transportation services and absence of monitoring system of the

[28] Cholistan Development Authority (2012).

health staff have worsened healthcare services. At these healthcare centers, patients with minor health problems are treated whereas in case of serious health problems, rarely patients are taken to Bahawal Victoria Hospital (located 40 miles away) for their treatment.

Table 1: Healthcare Services in Cholistan

Name of District	Rural Health Center(s)	Basic Health Unit(s)	Dispen-saries	Status
Bahawalpur	01	04	01	1 BHU not functional
Bahawalnagar	Nil	01	01	Functional
Rahim Yar Khan	Nil	04	Nil	Functional

Source: Cholistan Development Authority (2012).

Doctor and paramedical staff visit these healthcare centers only once a month and people of the Lesser Cholistan know their schedule. In absence of doctor, lower staff like orderlies or *chowkidars*/guards run the center and give some pain-killer medicines for immediate relief. In most emergency situations, no doctor is available for taking care of patients. In such situation, healthcare buildings are good shades and shelters for the livestock. This is why, local people mainly rely on self-medication for curing the common diseases. Analgesic tablets are, mostly kept at homes and are used indiscriminately. In the case of sickness timely visit of doctor is considered as the blessing in disguise. The situation gets worsen if the scheduled monthly visits are not performed by doctors. Only in case of severe health problems, local people visit *hakeem* (a person who has knowledge of herbs, not formally qualified but by family they have adopted the trade). In their words: *'Angrezi dawayaan tey jeewen zeher hoey, desiyan wich shifa aey*'. (Allopathic medicines are like poison, however use of herbal medicines makes one healthy).

The trend of visiting healthcare centers is gaining momentum after the construction of roads and change in communication sources in the Lesser part (presently, some households have got motor bikes in Lesser Cholistan, which is a quick source of transportation than using pack animals or going by foot). Cabs are also available on phone for carrying out patients to doctor. However, such arrangements are only utilized by relatively economically well-off households. Making such

arrangements for women takes a great deal because of their lesser social status in the nomadic culture of Greater Cholistan.

Women and healthcare services

In Cholistan, local people do not desperately look for allopathic medical treatment as they have developed some sort of contentment which prevails after experiencing deprivation and helplessness for decades and centuries. In the first place, women never gain preference in receiving medical treatment over men. It is because taking them to healthcare center is considered as a matter of physical fatigue and shame. Male members avoid getting their women examined by a male doctor. Sometimes, they face criticism for taking their female to doctors. They narrate it in these words: *zalan chai phirdy aen* (You are carrying wife/women). In case, a husband is providing such care for his wife, it becomes matter of additional criticism.

Childbirth is not considered as important as to qualify for consulting a doctor. Local people consider it responsibility of elderly women of the locality. However, in Lesser Cholistan, availing services of midwives is also a common practice. Childbirth at home is still ordinary and common practice in both parts of Cholistan. Interestingly women themselves make more criticism on other women for seeking special healthcare during pregnancy. Elderly women (especially mother-in law) translates such call for medical care as 'acting' and make fun of young pregnant women. Balanced diet or physical rest for pregnant women is not given due attention. Elderly women of family/clan put themselves as a living example of not seeking any medical consultancy during pregnancy. An elderly woman said like this: '*Assan vee bal jaey henn, na koi dawayaan na koi khorakan'* (we have also given birth to many children without medical care or any special food).

That is why, most of the women with gynecological problems are unable to consult a doctor. They remain dependent on advice of elderly women. Especially unmarried women have to wait to get marry if they have any gynecological issue. It is believed that childbirth is natural and needs no special care even presence of an experienced woman. Regarding care for the expecting women, they are only advised by mothers-in-law or any other elderly woman to avoid carrying too heavy goods/weight such as women often have to carry more than one pitcher full of water from far-off places.

Modes of medical treatment

There were different modes of treatment found in Cholistan; here is detail of each of the method adopted by local people.

a. Ethno-medication

Ethno-medication is usually prescribed by those who have acquired ancestral knowledge about herbs since their early years. Elderly people (mostly men, also fewer women) possess wealth of knowledge about medicinal effects of plants and weeds found in the area. This knowledge is transferred from one generation to another in an informal way. A study found that there are 67 plant species found useful in curing 123 human diseases in Cholistan area.[29] In the Greater Cholistan, use of ethno-medicines is more common for curing common diseases at the community level. Basic knowledge about medicinal properties of many herbs has been essential part of the indigenous culture. Traditionally, in case of any health problem, people look for ethno-medicines for relief from disease. Having no other choice, Cholistani people use wild herbs as a readily available source for relief. Use of home-made herbal remedies is an outcome of years of experiences of using them for curing common health problems. It is truly observed that:

> In many rural areas of developing countries, the use of medicinal plants is the mainstay of primary health care. Reasons for the still important use of traditional plant-based remedies by rural communities are (i) the strong relation of communities with local flora, (ii) the easy accessibility of local plants and (iii) their lack of side effects, (iv) the simple mode of their use, and (v) poor access of rural dwellers to allopathic drugs and their high costs[30].

Cholistani people feel comfortable with symptomatic treatment than proper diagnosis and modern treatment of the disease. Woman have significant role in provision of ethno-medicines to ailing family members. They have to crush herbs or prepare their syrup and give it to patient. Here are few examples of how people in Cholistan cure their health problems.

Venomous snakes and other poisonous insects are common in the desert and incidence of snake biting keep occurring occasionally. In such cases, instead of formal medication, the victims are mostly taken to the spiritual healer *(pir)* for sooth saying who uses traditional mythological methods of treatment. In Cholistan, there is a widespread practice of sniffing *naswar*[31] (a compound made of tobacco) in case of

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29 Sadia Malik, 31.

30 Muhammad Asif Raza, et al., 'Ethno-botanical Remedies used by Pastoralists for the Treatment of Livestock Diseases in Cholistan Desert, Pakistan.' *Journal of Ethnopharmacology* 151:1 (2014), 333-342.

31 Powdered tobacco sniffed and inhaled instead of smoking.

flu and headache which in itself has become an addiction for many. Women were found more addictive to *naswar* than men. In Lesser Cholistan, women also smoke not only by *huqqa* (traditional instrument to inhale tobacco, smoking pipe) but also cigarettes. Local people consider it as a solution of gastric problems. Similarly, powdered black pepper was taken as a medicine for curing different diseases especially ones related to stomach and liver. In both parts of Cholistan, boiled milk was given as a remedy for headache and body pains. However, in Lesser Cholistan, some over the counter medicines are given in case of common health problems. Occasionally, men brought medicines for common diseases like headache, fever, cough and diarrhea etc. from shops and use whenever they feel need.

a. Spiritual healing

In case of a health problem, opting for spiritual healing is very common practice in both parts of Cholistan. Spiritual healing is done by two ways: taking an amulet and sooth saying (locally called *dum*[32]). From past till date, there is prevalence of superstitions in length and breadth of Cholistan. Every ill happening is attributed to bad omen and a spiritual healer is approached as soon as possible. The spiritual healer would give amulet which is believed to be an authentic source of curing a disease. It was found that women were more superstitious than men as they keep on wearing amulet even without any health problem. It was believed that wearing an amulet keeps them protected from any potential trouble and turmoil. Women ask in these words, '*Taweez cha ghida ee*', (Have you taken amulet?)

It is a common practice that a person visiting a patient asks and insists on taking and using amulet. In response to such queries, the family members of the patient show amulet as an expression of proper care being taken. In Lesser Cholistan, although social awareness level is increasing, but still belief in supernatural powers exist. That is why, in case of any health problem, spiritual healer is preferred over physicians. Infertility, for example is purely a medical problem but it is considered as a curse, bad omen and evil effect of black magic. Therefore, instead of getting proper medical treatment, issueless couple would prefer visiting spiritual healer or shrines for taking amulet and making vows. As found by Aisha and Pulla, strong belief in spirituality has strengthened and enhanced resilience of Cholistani people for coping against the adversities of their life in a rather hostile environment of the desert.[33]

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32 Sooth sayings by a spiritual healer.

33 Shoukat and Pulla, 'Desert Dwellers', 32-46.

Women, being more vulnerable and living with poor social status, experience spirituality in a numerous way. They visit spiritual healers or shrines for seeking total solution regarding their financial, physical or social concerns. They make verbal vows or tie up cloth strip with trees located near the shrine as a vow which makes them satisfied and contented.[34] A woman suffering from psychological disorder is simply denied any psychiatric treatment by just calling her *wahmi* (illusionist, superstitious).

b. Self-medication

Awareness about modern treatment methods has increased among Cholistani people because of their more interaction with people from settled areas and nearby villages. Their forefathers were not aware about alternative methods of treatment except ethno-medication and sooth saying. Relative improvement in transportation facilities has paved way for easy access to the area. This improvement has facilitated visits of doctors and healthcare workers to Cholistan which has created awareness among the Cholistani people about allopathic method of treatment. As mentioned before, there are no modern healthcare facilities for people in Greater Cholistan coupled with arduous geographic conditions which hinder their access to qualified doctor. If doctor has given one medicine to a patient with some specific symptoms, rest of the people would use same medicine for same or similar/resembling physical symptoms. Some over the counter medicines are purchased from the nearby settled areas and are kept for using in critical time. They also ask for medicines from any visitors like this. '*Koi goli ay ty dy jao jahri vee ay tap ay' (*If you have any tablet, just give us for relief from fever). It is because of their misunderstanding about medicines; they think that all the medicines are same and can be used to cure any disease. It is common practice in Cholistan that a person who visits nearby settled area or city for shopping household goods, s/he also brings common medicines for fever, flu, cough, pain and spasm. These medicines are consumed without any proper prescription of doctor particularly when patients are going through critical medical conditions.

Changing trend about medical treatment

Better access through roads and cell phones have played a very significant role in connecting Cholistani people with settled areas. As a result, awareness level about formal medical treatment method has gradually increased. Another important contributing factor towards

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34 Ibid.

changing the attitude of people in Lesser Cholistan is increase in income due to better selling dairy products and grains. However, so far there were few healthcare centers in Lesser Cholistan, not enough to address health needs of local population. Currently, there is only 1 RHC, 9 BHUs and 2 dispensaries for providing health services to a population of 110,000 persons. In Cholistan region, physical mobility from one place to another is difficult specifically in its Greater part where physical movement is done through camels or ony foot. Distant location of healthcare centers from *toba*/settlement has also compelled people of Cholistan to think alternatives for curing a health problem. This can be observed in the Lesser Cholistan, where transportation facilities are better than the Greater Cholistan and there is growing tendency of consulting a doctor in case of health problems. In the past, people in Lesser Cholistan cured diseases through ethno-medicines, homemade remedies or sooth saying, but recently there is seen a shift in these practices which now have been replaced more dependency on allopathic treatment. Self-medication still exists in one or other form but now people in Lesser Cholistan have got little awareness about side effects of self-medication. That is why local people usually wait for visit of doctor/healthcare workers instead of totally depending upon ethno-medication or self-medication.

Another major shift regarding change in attitude towards women health problems has been noticed. In the past, Cholistan people did not take their women to settled area/cities for medical treatment. Only male patients were taken to doctor if access was possible. Looking into past, taking women to doctor was deemed as a matter of insult in Lesser Cholistan. However, now women are taken to doctors and can be checked-up by male doctors. Particularly, elderly women are easily taken to doctor in severe conditions. Such trends are definitely supporting women's rights to seek proper healthcare.

Discussions and conclusion

The current study was focused on exploring what are how women in Cholistan are dealing with health problems in life threatening environment and a semi-nomadic culture. Based on current socio-economic conditions, it can be stated that semi-nomadic people of the dried out and thirsty Cholistan have been denied the fruits of overall development of the country and are still living in stone-age. They do not have access to the basic needs of humans such as clean drinking water,

health care and food.[35] Lack of health and conveyance facilities has made Cholistani people fatalists which reflects their helplessness and as a defense mechanism as they have learnt to relate their deprivation with the divine will.

People in the Cholistan were not familiar about names and nature of various diseases. They just knew about fever, cough and pain in most of the cases. Whenever someone fell ill, they mostly call it fever or pain in any body part. Cholistani people are least aware of names of modern-day diseases such as cardiac arrest, diabetes, tuberculosis, cholera and malaria, etc., but they have their own description of all these diseases. Increased education and general awareness in Lesser Cholistan has changed approach of people about healthcare and diseases. If there had been health facilities available in the whole of the Cholistan region, people might have been living a better life. When a patient in Cholistan dies without receiving medical treatment, it is express in this way: *'Jeween Allah di marzee'* (It was just divine will).

This is purely fatalism on the part of local people. These words reflect utter helplessness and contentment of Cholistani people about disease and death. It is not due to their religiosity because religious hold is very tenuous, and it is difficult to find any fully practicing Muslim in the desert. This can be judged from the fact that till this day, no congregation prayer has been held in any mosque. On one side this contentment is due to poor awareness and lack of acquaintance with modern way of medical treatment. On the other hand, this contentment keeps them satisfied with the existing practices for curing health problems.

In Cholistan, poor health and hygiene conditions are found due to inaccessibility of healthcare facilities and lack of awareness of people about use of modern mode of treatment. There are few primary health care centers in Cholistan that too located in Lesser Cholistan whereas Greater Cholistan is entirely deprived. In the absence of any healthcare service in the Greater Cholistan, diseases are cured through local arrangements like ethno-medicines, sooth saying and homemade remedies such as taking hot milk and some other local herbs believed to having medicinal affects. Unavailability of health care services puts health problems as secondary preference for Cholistani people. Self-medication also exists in Cholistan in the form of indiscriminate use of allopathic medicine being bought without prescription. World Health

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[35] Farooq Ahmad, Zulfiqar Ali, and Sameera Farooq, 'Historical and Archaeological Perspectives of Soil Degradation in Cholistan', *Sociedade & Natureza* 1.1 (2005), 864-870.

Organization estimated that '60% of the global population uses traditional medicine for the control and treatment of various diseases'.[36] This percentage is higher in case of Cholistan where majority of local people use herbs for curing their all health related problems.

In case of serious health problem, if conveyance becomes available, a doctor is accessed as an exception but not as a rule. If they could not avail any medical treatment, they accept it as divine will. That is why, they do not get panic if they do not have access to the doctor. As explained by Shoukat and Pulla, the spirituality-induced resilience provides Cholistani people with emotional stability against many of their problems and hardships including in case of severe ailment or death of a near one without medical treatment, they relate death entirely as divine will.[37] The feelings of satisfaction and total contentment, after such a loss, are due to their belief in God that every happening is only with His order and will.' This belief is very profound in Greater Cholistan.

Modern treatment methods are known to Cholistani people, but they are not utilizing them in comfortable manner because of living in desert area. At initial stage of a disease, consideration of consultation with qualified doctor never comes in their mind for most of the times. Their self-medication makes the condition worsened due their acute unfamiliarity with this treatment method. Their demand for any tablet for treatment of fever reflects that they are aware about medicine as source of treatment. But they are not fully aware that every disease has different causative factors and requires different medicine and their dose.

In Greater Cholistan, physical mobility from one place to another is literally difficult because of tough geographical conditions and unavailability of transportation. That is why mostly people depend on homemade herbal remedies or spiritual healing. Poverty is a major hurdle for local people for availing emergency medical care. Visit to hospital or doctor involves expenditure of travelling, medicines, doctor fee, accommodation and food which is mostly beyond their affordability. In addition, gender and age of patient also matters, for example treatment of a young man is preferred over a women or old man.

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36 World Health Organization .Climate Change and Human Health, 2010, http://www.who.int/globalchange/ecosystems/biodiversity/ en/index.html. Accessed 20 March 2013.

37 Shoukat and Pulla, 'Desert Dwellers', 32-46.