

SOCIO-CULTURAL FACTORS AFFECTING THE REPRODUCTIVE BEHAVIOR OF NOMADS

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ABSTRACT

This research is carried out among nomadic societies. The objectives of this research were to study socio economic characteristics of nomads, with main focus on explaining the socio cultural factors and their effects on the reproductive behaviors of nomadic communities. Researchers interviewed 150 nomads who were selected as sample by using Purposive sampling technique. "Life history theory" and "Malthus theory of population" are used as theoretical framework. Results showed that nomadic reproductive behavior is highly affected by socio cultural factors like illiteracy, son preference, early marriages, forced marriages, tribal customs, and lack of health care facilities. It is concluded that socio cultural factors are responsible for the poor reproductive behavior of nomads in Pakistan. Findings also indicated that number of reproductive complications occurred among pregnant nomadic women due to inadequate health facilities, socio-cultural and demographic barriers which restricted them to use maternity services

Keywords Nomads, reproductive behavior, socio cultural factors, health, women.

INTRODUCTION

A nomad is a community member that does not have a fixed home, is always on the travel, and lives in a variety of locations. The style of living differs greatly based on how individuals interact with their environment. Basically "The word "nomad" derived from Greek word "Nomo's" means Pasture. "In this way, nomadism refers to grazing (Akhtar & Maheen, 2013). Nomads/nomadism has always been regarded as a byproduct of the cultural evolution of sedentary farmers and as a constant threat throughout history. They are thought to be primitive, backward, and incapable of bettering their living conditions (Scholz, 2001).

The creation of mating systems, wooing, sexual conduct, parturition, and the care of young are all examples of behavior associated to the production of offspring (Dewsbury, 2019). There are several factors that impact nomadic reproductive behavior, including the nomads' highly mobile lifestyle, their lack of education and information, gender conventions, beliefs, values and attitudes, and their geographical location. Nomads have difficulty accessing current health-care services since they are not designed for mobile populations. The lack of health facilities and health workers at the community level is a significant barrier to health care for nomadic women (Shiekh & Van, 2015).

Due to numerous potential variables such as geographic isolation and societal inequality, nomads have historically had low use of healthcare treatments. It is critical to concentrate on the health and well-being of nomadic peoples, who have far less access to healthcare, especially reproductive health services, than the general population. Nomadic populations in numerous nations use reproductive health services at a much lower rate than the overall population (Ali *et al.*, 2019).

There are still a lot of large families in the indigenous communities. It seems that the migrating tribes are unaware of the value and relevance of modest families, as well as the concept of family planning. Since they have a big family size, they have more children to honor their tribe and provide a greater source of revenue (Koundal, 2012).

Nomadic communities have limited access to information and services, and this isn't solely due to their mobility. They tend to live in very traditional settings, adhering strictly to cultural norms. There's no doubt that some of these beliefs contribute to poor sexual and reproductive health. When it comes to sexuality, the role of women within the community, and the sexual education of their children, nomadic communities have their own customs (Van et al.,2012).

It has been suggested that nomadic groups are an outlier in civilization. Most nomads in the district of Faisalabad live in deplorable conditions. They don't have access to health care, sanitation, or other basic requirements of existence. Their reproductive behavior is influenced by their nomadic lifestyle's socio-cultural influences. The conventional and customary attitude of nomads regarding their reproductive activity must be changed. There is also a pressing need to assist and educate people who engage in procreative activity. Government should pay special attention to these remote settlements in Faisalabad district so that they can live happier lives with their families.

Need of the study

Youth sexuality is a major driver of reproductive health. Providing impoverished people with access to family planning services will enhance their lives. It appears that nomadic populations are deprived of vital information and reproductive health treatments because of their way of life, which involves travelling from place to place to survive. Professional midwives and other reproductive health care providers do not appear to be frequently used by these women. This leads to an excessive number of pregnancy problems. So that this is very burning issue in developing countries like Pakistan which is the in the list of most populous so there is a need to improve the reproductive health of such marginalized communities because these communities decrease the economic and financial level of Pakistan in the world.

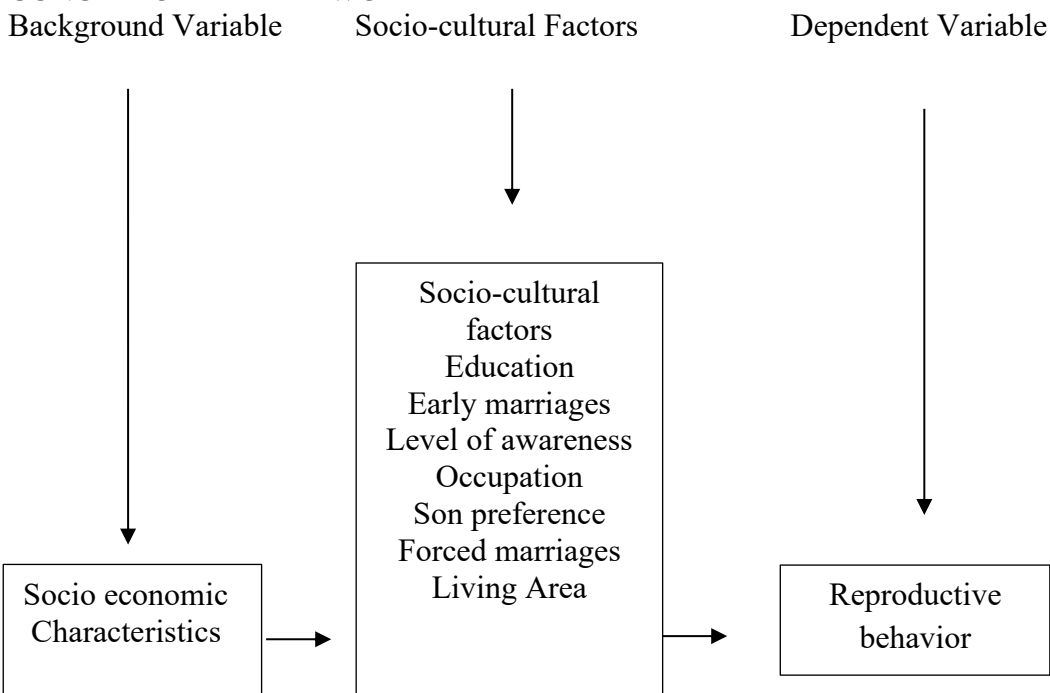
Problem statement

In Pakistan, nomad settlements are severely lacking in fundamental requirements of existence, such as health facilities maternal health center and other necessities of life. Nomads continue to practice ancient beliefs and practices in their daily life for a variety of social and cultural reasons. They typically have big families because of such views.

Study Objectives

The main objectives of this study were socio economic characteristics and reproductive behavior of nomads. And also suggest some possible measure to enhance the socio economic status of nomads. Through, this study we also can try to overcome the major challenges faced the by nomadic community.

CONCEPTUAL FRAMEWORK



REVIEW OF LITERATURE

Ghazi (2017) demonstrates that in his study that life in the hustle and bustle of towns and cities can make it very difficult to assume that there are still humans in Pakistan who live life on the relocation, with a various camp site out under the stars every night during their twice-yearly migrations. Baughn(2018)describes nomads as "people primarily dependent on livestock herding and for whom spatial mobility is often adopted as a survival strategy. Shaheen (2011) states that nomads are found in all over Pakistan. Pakistan, too, has a substantial nomadic population, or people who travel from place to location and province to province on a regular basis. They can be found in the Himalayas, Karakoram, and Hindu Kush, as well as in remote valleys and passes. (Lowe et al., 2021) Cultural factors influence nomad reproductive behavior, child marriage is common amongst nomadic and semi-nomadic women, and clarified some predominant themes such as gender norms, craving for large family size, poverty, outdated pastoral routines, and limited formal education opportunities for girls, and maintained their findings.

WHO (2016) study explains girls from nomadic and herder households who marry at a young age are more exposed to sexual and reproductive health issues, which can be fatal. Several traditional beliefs and behaviors affect reproductive behavior and health of nomadic pastoralists and contribute to high maternal mortality and rising fertility. Nomads are unaware of the harmful consequences of a high reproductive rate and other associated concerns (Schelling et al., 2005). According to (Maharatna, 2000) traditional beliefs of non-nomadic tribes are stronger among nomadic women than in non-nomadic tribes. Non-nomadic women also have a more positive attitude toward children and family planning, men's participation in family planning, girls' marriage age, and education than nomadic tribes. Furthermore, argues that because of such cultural variables, nomadic tribes had considerably higher reproduction rates than native tribes.

Kenny (2021) asserted that husbands made reproductive health choices and did not enable wives to mediate. The opinions of women in making decisions regarding child reproduction are worthless. Different types of social and cultural considerations, such as conventional ideas that more children are the dignity of manpower and feeling of honor, play an important part in these decisions. (Ali et al., 2019) look at sexual and reproductive health care for marginalized groups, such as nomadic peoples, and find that nomads have the least access to contemporary reproductive health care. The reproductive behavior of nomads is influenced by both exterior (geographic isolation, socio-cultural dynamics, logistical and political difficulties) and internal (lifestyle, norms and practices, perceptions)

METHODOLOGY

Present study focused on the socio cultural affecting the reproductive behavior of nomads in Faisalabad district. Purposive sampling technique was used for data collection. The data was collected through a well-designed interview schedule.150 nomads were selected for getting desired information. Descriptive and inferential statistical techniques were used for data analysis. Data was analyzed by using statistical package for social sciences (SPSS)

THEORETICAL FRAMEWORK

Researchers used the “Life history theory” and “Malthus theory of population” as theoretical framework in this study. Life history theory was proposed by MacArthur and Wilson in 1950. The basic assumption of the theory is that natural selection, stress, and social environment expectations adapt organisms to maximize their survival and reproduction. Human life history strategies can be passed down through generations. Some groups believe that increasing fertility, postponing marriage, and having fewer children will result in relative economic ease and an increase or maintenance of one's social status. On the other hand, in 1798,

Malthus proposed his population hypothesis. The primary premise of this concept is that if the population of a country is not controlled, it will outgrow its means of production, causing society to suffer. Early marriages and high fertility, according to Malthus, are a major source of concern, in an imbalance between resources and population increase. Malthus suggested that delaying weddings, utilizing birth control methods, and limiting other social and cultural activities could be a solution to the overpopulation problem.

Nomads have traditions of teenage marriages and high fecundity for honors, as well as several other factors that contribute to their poor living conditions and a number of social and cultural factors

affect their reproductive behavior. So, both above mentioned theories are relevant to the study and can provide a suitable theoretical framework.

RESULTS AND DISCUSSIONS

Table 1. Distribution of the respondents according to their opinion about female in your group practice unsafe abortion

| Unsafe abortion | Frequency | Percent |
|-------------------|-----------|---------|
| Strongly Disagree | 78 | 52.0 |
| Disagree | 35 | 23.3 |
| Neutral | 6 | 4.0 |
| Agree | 26 | 17.3 |
| Strongly Agree | 5 | 3.3 |
| Total | 150 | 100.0 |

Data indicated in the table 1 stated that the frequency distribution of the statement "female in your group practice unsafe abortion" Tabulated data presented that 17.3% of the applicant were agree and 3.30% of the defendants were strongly agree with given dialog. Still 52.0% of the pretenders were strongly disagrees and 23.3% of the candidate were disagree with avowal that female in your group practice unsafe abortion. Furthermore smaller proportion of the answering selected the category of neutral.

Table 2. Distributions of the respondents according to their opinion about you are aware regarding your reproductive health

| After care services information | Frequency | Percent |
|---------------------------------|-----------|---------|
| Strongly Disagree | 12 | 8.0 |
| Disagree | 28 | 18.7 |
| Neutral | 5 | 3.3 |
| Agree | 63 | 42.0 |
| Strongly Agree | 42 | 28.0 |
| Total | 150 | 100.0 |

Data indicated in the table No.2 stated that the frequency distribution of the statement "you are well aware regarding your reproductive health" Tabulated data presented that 42.0% of the candidates were agree and 28.0% of the partners were strongly agree with given recommendation. Yet 8.0% of the defendants were strongly disagrees and 18.7% of the petitioners were disagree with statement that you are aware regarding your reproductive health. Furthermore, smaller proportion of the respondents selected the category of neutral.

Table 3. Distribution of the respondents according to their income

| Income | Frequency | Percent |
|-----------------|-----------|---------|
| Up to 10000 | 36 | 24.0 |
| 10001-15000 | 74 | 49.3 |
| 15001-20000 | 13 | 8.7 |
| More than 20000 | 27 | 18.0 |
| Total | 150 | 100.0 |

Table 3 reveals that the majority of respondents 49.3 percent had a monthly income of 10001 to 15000 rupees. Around 24.0 percent of those polled reported a monthly income of up to up to 10000. And 18.0 percent of them had a monthly salary of 20000. However, only 8.1 percent of them in the research fell into the group 15000 to 20000.

Table 4. Distribution of the respondents according to their opinion about female of your group faced unplanned pregnancy

| Unplanned pregnancy | Frequency | Percent |
|---------------------|-----------|---------|
| Strongly Disagree | 24 | 16.0 |
| Disagree | 24 | 16.0 |
| Neutral | 4 | 2.7 |
| Agree | 55 | 36.7 |
| Strongly Agree | 43 | 28.7 |
| Total | 150 | 100.0 |

Data indicated in the table 4 stated that the frequency distribution of the statement “female of your group faced unplanned pregnancy” Tabulated data presented that 36.7% of the answerer erected agree and 28.7% of the informers were strongly agree with given affirmation. Anyhow 16.0 % of the respondents were strongly disagrees and 16.0% of the respondents were disagree with affirmation that female of your group faced unplanned pregnancy. Furthermore, smaller proportion of the responders selected the category of neutral.

Table 5. Distribution of the respondents according to their opinion about spend time with spouse

| Spend time with spouse | Frequency | Percent |
|-------------------------------|------------------|----------------|
| Strongly Disagree | 12 | 8.0 |
| Disagree | 29 | 19.3 |
| Neutral | 7 | 4.7 |
| Agree | 79 | 52.7 |
| Strongly Agree | 23 | 15.3 |
| Total | 150 | 100.0 |

Data indicated in the table 5 stated that the frequency distribution of the statement “you love to spend time with your spouse ” Tabulated data presented that 52.7% of the responders were agree and 15.3% of the responders were strongly agree with given statement. However, 8.00% of the members were strongly disagrees and 19.3% of the contributors were disagree with declaration that you love to spend time with your spouse. Furthermore, smaller proportion of the plaintiffs selected the category of neutral.

Table 6. Distribution of the respondents according to their number of children

| Number of children | Frequency | Percent |
|---------------------------|------------------|----------------|
| 0-3 | 58 | 38.7 |
| 4-6 | 60 | 40.0 |
| 7-9 | 18 | 12.0 |
| Above 9 | 14 | 9.3 |
| Total | 150 | 100.0 |

Table 6 demo explains the number of children of the respondents. According to data, 40% of respondents have children aged 4 to 6. And 38.7 percent of them have children aged 0 to 3, 12.0 percent have children aged 7 to 9, and just 9.3 percent have children aged 10 or older. Nomads are people who belong to a specific race or who do not have a fixed address and wander about to meet their fundamental needs. They are one of society's most underserved groups. They have their own way of life and culture. They were in very miserable conditions the poor and very impoverished make up the great bulk of the population. At the same time, they are infected with a range of ailments.

In general, the findings indicated that, several sociocultural elements such as ancient traditions, conventions, and the authority of male heads in deciding the family size have an impact on nomad reproductive behavior. Various researches are in lining with the present study conclusions. Such as (Ahmad et al.,2018) some nomadic people acknowledged the benefits of assisted delivery but chose to give birth at home.

They revealed that sociocultural factors connected to their representations and physiological experiences, as well as the dangers and feelings (fear, stress, and anxiety) associated with pregnancy, labor and delivery, and their lack of autonomy in terms of mobility, decision-making, and economic agency. Nomadic women are not free in their social mobility; they need the approval and assistance of a male (husband, brother, or father) to seek medical help. Furthermore, the females are housewives, and males are in charge of the family's finances and make all financial choices. So economic factors also an effect in this regard.

As current study hypothesizes that the interrelation between awareness regarding reproductive health and Unsafe Abortion. These conclusions are consistent with (Ali et al., 2019) that nomadic people suffer a variety of external (geographic isolation, and socio-cultural dynamics, issues) and internal (lifestyle, norms and practices, perceptions) impediments to healthcare access. RH services must be available, accessible, and acceptable to nomadic people through personalized and culturally appropriate ways in order to successfully serve their needs. A key weakness to usage is a lack of understanding of current RH services and their advantages due to customary factors.

Similarly, a study of (Lan, 2011) supports current study results indicating nomads' traditional living practices have harmful consequences on their reproductive behavior, such as Socio-cultural

variables have a substantial impact on female migrants' risk behaviors and access to reproductive health treatments. The link between socio-cultural factors and sexual and reproductive health has received little attention to far. For the government and other service providers to better understand and meet the needs of internal migrant women, more research on these aspects is required. To better understand and meet the needs of nomadic population, more research on these aspects is required.

In this regard (Gipson et al., 2021), wondering, that in contrast to the existing strategy, claims that male-dominated nomadic females have become increasingly helpless women. Due different social and cultural factors they appear to be the most vulnerable category among travelers since they are often directed into a small number of occupations where they are especially prone to different forms of exploitation and abuse. Their experiences differed, with female migrants being shown to be more sensitive to poor health than non-migrant females. These factors have a major influence on their reproductive health.

The findings of this study, which are like those of (Keygnaert et al., 2014) show that traditional family structures, such as early marriages, have a detrimental impact on migrants' reproductive health, and that unplanned pregnancy, unsafe abortion, and sexual abuse are widespread among these populations. This is especially concerning because migrants are frequently denied access to reproductive health treatments while also being more prone to engage in risky behaviors.

CONCLUSION

Study concludes that huge majority the nomads were agreed that socio cultural factors were responsible for their poor reproductive behavior in Faisalabad. Number of reproductive complications occurred among pregnant nomadic women due to inadequate health facilities, socio-cultural and demographic barriers which restricted them to use maternity services. Lack of education and awareness regarding reproductive behavior prevent the nomadic to accept any measures regarding reducing family size and low fertility like family planning and use of contraceptive methods to improve their reproductive behavior. Nomadic peoples have their own means of coping with issues of sexuality, reproductive behavior, family size decisions, and the position of women in the community. Other factors such as financial problems distance from health care centers, traditional belief and lack of women autonomy these entire have a chief effect on the reproductive behavior of nomads. It was concluded that supportive measures should be adopted to improve the reproductive behavior of the nomadic communities.

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