



**Comprehensive Health Survey of Kashmiri Communities**  
Burzahama and Indrahama

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## **PURPOSE**

The goal of this project was to create a comprehensive health portrait of the Indrahama and Burzahama communities in order to uniquely tailor future health care efforts designed to address these communities' health care needs.

## **METHODS**

To better understand the types of illnesses affecting the Indrahama and Burzahama communities, KashmirCorps conducted numerous health surveys in these communities where the voluntary participants were questioned about the nature of the illnesses affecting them and their families as well as the challenges/difficulties encountered in obtaining adequate health care.

## **RESULTS / ANALYSIS OF DATA**

After conducting almost 60 surveys and interviewing many more residents, we were able to characterize the health of the Indrahama and Burzahama community in a manner that is unprecedented for these two towns. The data has been compiled and analyzed in a spreadsheet and many graphs have been created to represent the collective health of the Indrahama and Burzahama community in pictorial format. Some of these graphs are displayed below, and all the graphs and pie charts are in the spreadsheet accompanying this report.



**What was the cause of your departure from Indrahama for medical services?**

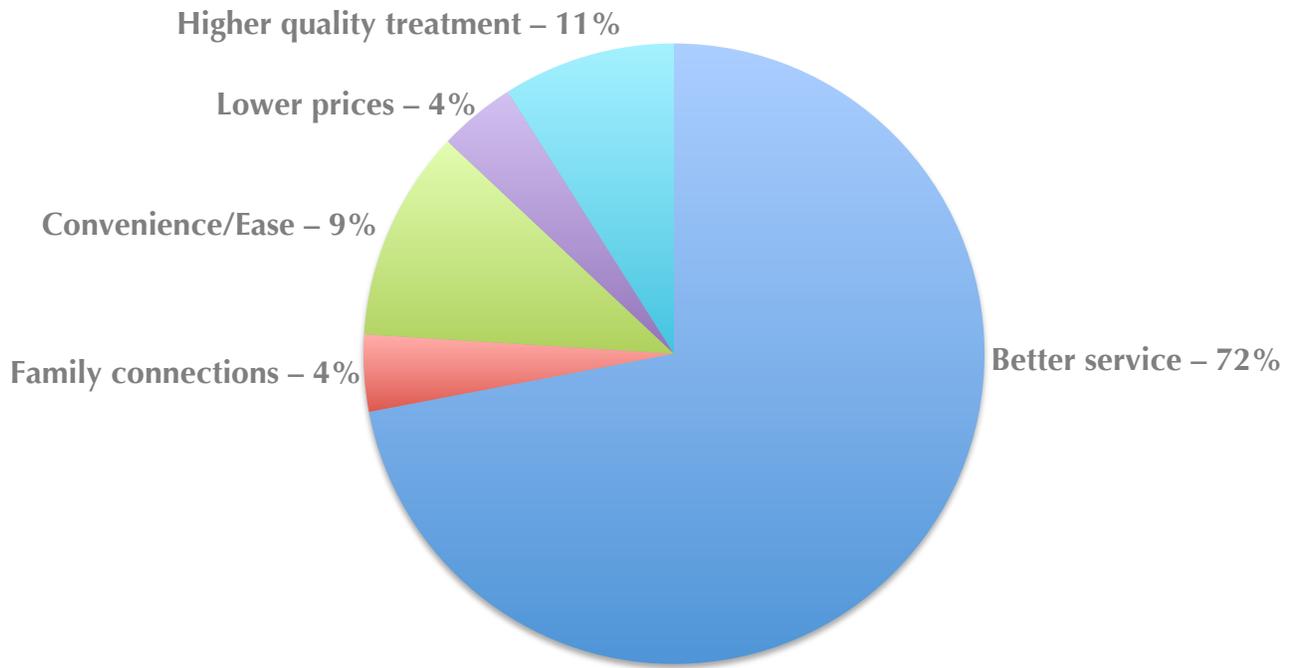


FIGURE 1. When asked why they leave Indrahama for medical services, the overwhelming majority of Indrahama residents respond by saying that they leave for better service. This indicates there is a perceived lack of adequate health care in the Indrahama and Burzhama community.

**Do you have health insurance?**

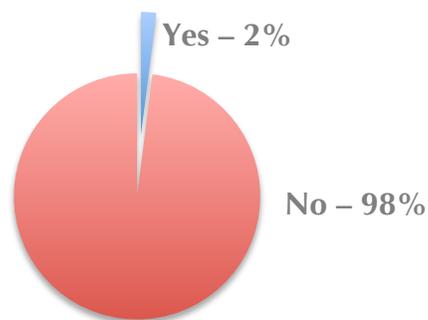


FIGURE 2. Every resident of Indrahama and Burzahama except one responded that they do not have health insurance.

## What illnesses do you currently suffer from? Based on percentage of population

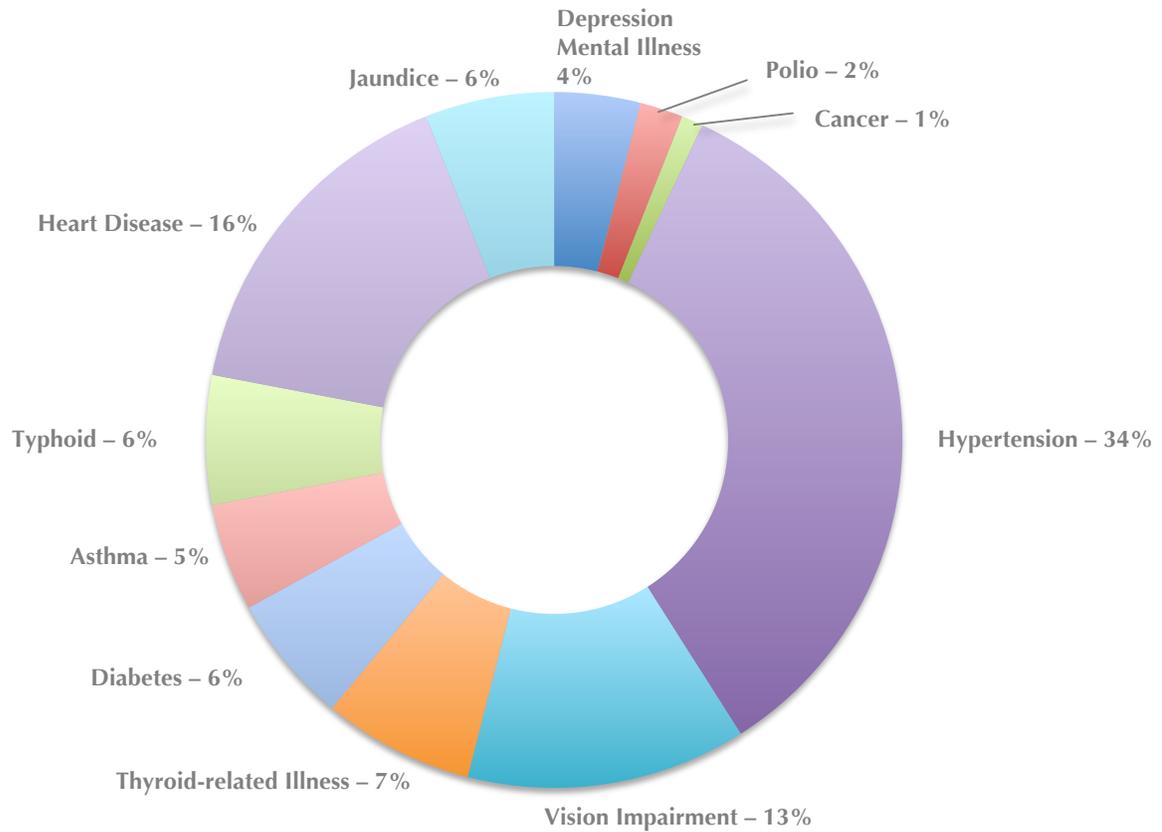
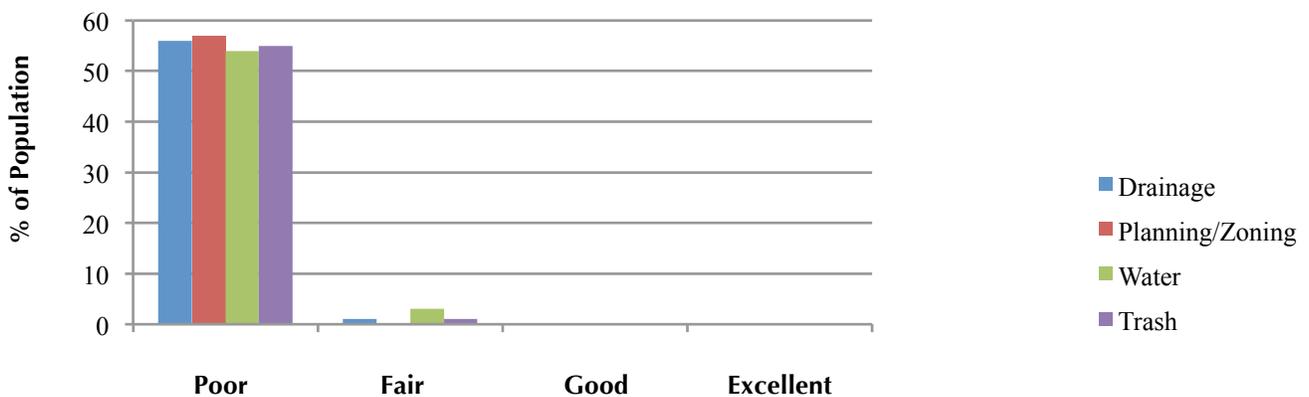
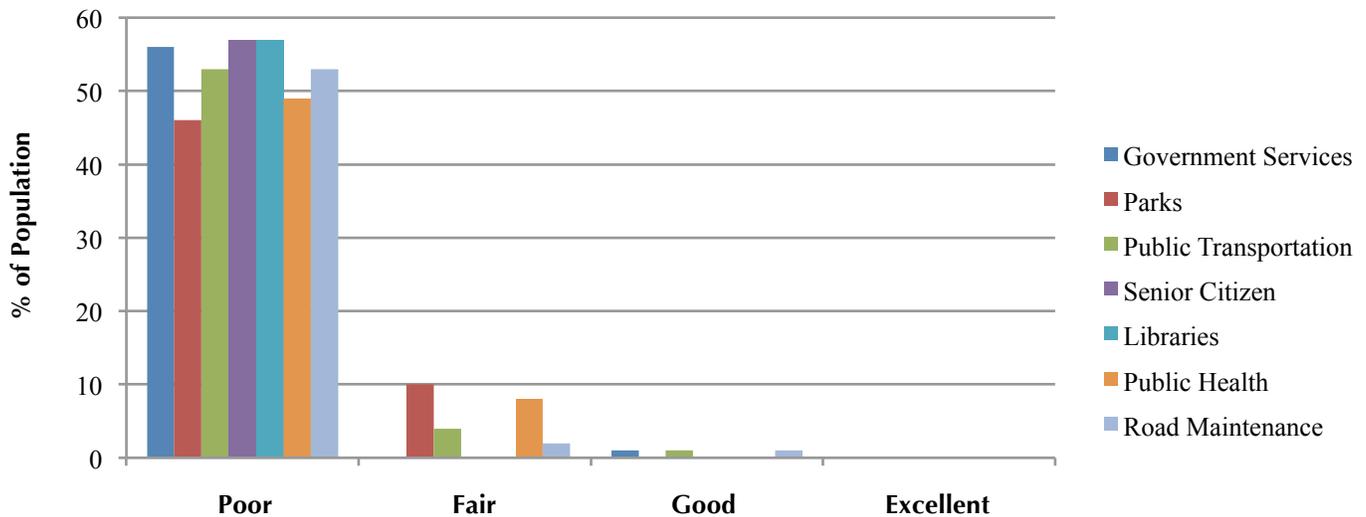


FIGURE 3. Indrahama and Burzahama residents suffer from a variety of illnesses, but the most prolific illness affecting them is hypertension.



## How do public services in your community currently rank?

(1) Poor (2) Fair (3) Good (4) Excellent



FIGURES 4 & 5. When asked to rank various public services as either being (1) poor, (2) fair, (3) good, or (4) excellent, the majority of respondents consider basic services like road maintenance and drainage to be poor.

**What would be the most helpful resource in allowing you to take better care of your health?**

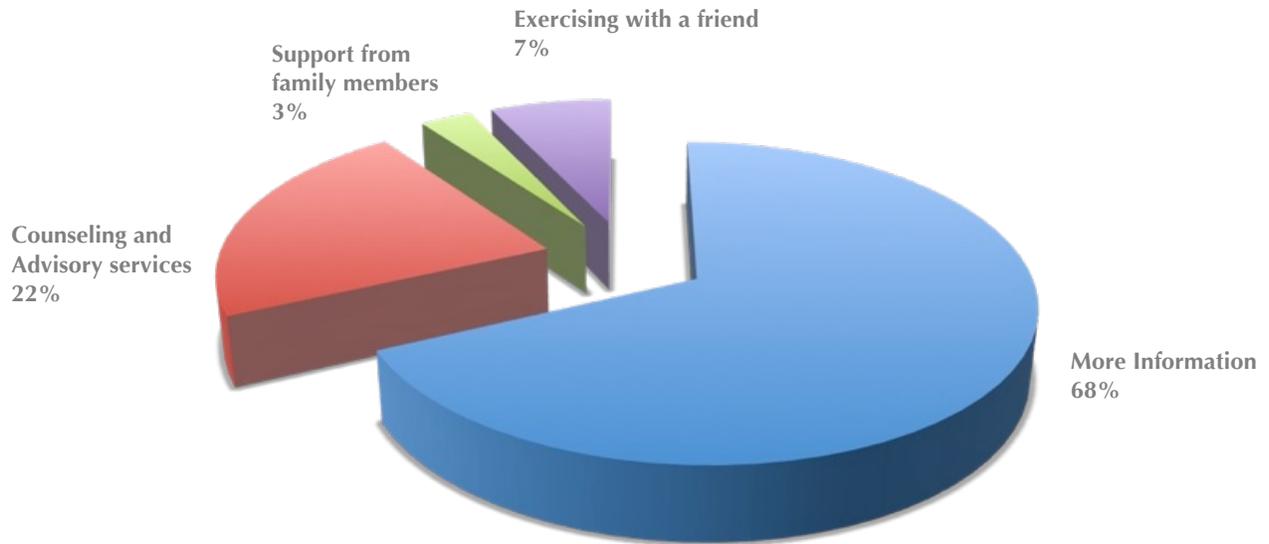


FIGURE 7. When asked what would help improve their health, more than a majority of residents of Burzham and Indrahama say that more information would be helpful in taking better care of their health. It seems the residents perceive they are not aware of their illnesses and health care needed to treat such illnesses.

**Which of the following activities and habits do you currently follow? Based on percentage of population.**

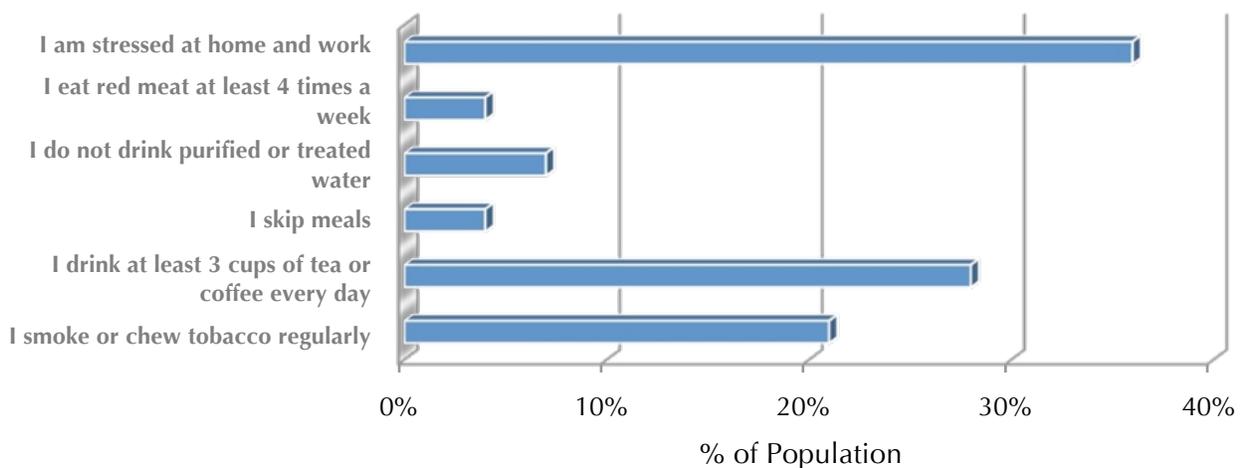


FIGURE 8. Burzahama and Indrahama engage in a multitude of self-destructive behaviors that wittingly or unwittingly endanger their health like smoking or drinking multiple cups of tea, which is often the salt-rich—and consequently hypertension-causing—noon chai.

From these graphs and those found in the accompanying spreadsheet, it is evident that almost all the residents of Indrahama and Burzahama do not have health insurance and consider the state of services (public transportation, drainage, water, etc.) to be poor. Moreover, the residents of Indrahama and Burzahama do not venture far to receive their care—most of their care occurs within their community or in Srinagar. Hypertension and vision impairment, though surprisingly not diabetes given the expectations created by discussions with health professionals, affect vast swaths of these communities.

## **POTENTIAL SOURCES OF ERROR**

Surveying lay individuals comes with intrinsic deficiencies, including the desire for such individuals to exaggerate or distort their grievances with the expectation that doing so will increase the likelihood that the government will remedy perceived failings in services. Also, the individuals surveyed are not health professionals and may misdiagnose or misunderstand the nature of the illnesses affecting them. For example, the number of cases of hypertension may be underreported if persons affected with the illness erringly believe the illness is treated once the symptoms are no longer present, e.g., if blood pressure has returned to normal.

## **PERSONAL EXPERIENCES AND OBSERVATIONS**

In terms of the surveys, we found the people in the Indrahama and Burzahama communities to be very receptive to the idea of participating in a survey. In our combined experience, we did not encounter any household that was unwilling to complete a survey. Moreover, many of the residents of Indrahama and Burzahama were eager to express their opinions on health issues affecting their communities; many used the survey interview as an opportunity to vent their frustrations and grievances. In Indrahama and Burzahama, the households are usually nuclear families. A handful of the families (5-8) migrated to Indrahama from Srinagar city proper for various reasons.

The Indrahama community is a small village consisting of about 30 or so houses. From our interactions we learned most of the people living in the Indrahama community are engaged in shawl work. Also, from our surveys and our interactions with the Indrahama people, we learned 20-30% of the children do not attend schools. In addition, we hypothesize, based on the conditions of the houses we visited, the people are very poor and that most of the men smoke and/or chew tobacco.

A repeated motif in the grievances the residents of Indrahama and Burzahama expressed to us was the inadequacy of government support. Whether it be the roads or it be the quality of the water, there seemed to be no shortage of complaints directed at the local government. Many families were concerned about the quality of the water they were drinking, and many believed the water they drank led to a whole host of illnesses. One family recounted how the water that springs from her tap is muddy in nature and seemingly unsafe to drink. Many residents also complained of the quality of the roads—claiming that it is often difficult to walk on the roads, let alone drive. Some of the women interviewed claimed that the nonexistence of ambulatory services directly led to the premature death of their babies as they struggled to reach a hospital in time.

From our interviews and our survey work, a comprehensive portrait of the Indrahama and Burzahama community began to emerge. The vast majority of the people living in these two communities were uneducated and often thus forced to work with their hands—usually pashmina and shawl work. Entire families, women and children included, are often forced to work to support the family as a whole. A substantial, but difficult to precisely determine, portion of the populations in these communities are engaged in substance abuse of some kind—marijuana plants flourish in the shrubbery throughout the two towns. Many young kids, some even as young as 12, smoke.

The residents of the Indrahama and Burzahama community are dissatisfied with the state of their health—a significant portion suffer from hypertension. In addition to the widely reported and cited illnesses routinely tracked by medical personnel like diabetes and hypertension, the residents of Burzahama and Indrahama claim they suffer from a general malaise, which includes back aches and physical pains of that sort.

## **RECOMMENDATIONS**

After speaking with many health professionals at a range of health institutions in Kashmir, there seems to be a consensus among them that the easiest and most effective way to improve the health of the Indrahama and Burzahama communities is to create awareness of some deleterious Kashmiri customs, e.g., drinking noon chai multiple times in a day. Our survey results seem to corroborate the conclusion that the Kashmiris in these poor towns engage in destructive behaviors with regards to their health—many of the people surveyed smoke and drink tea/coffee multiple times in a day.



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