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Research Paper

Health and Well-Being of Gujjar Women: Access, Challenges, and Solutions

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ABSTRACT	Manuscript Info.
<p>This paper examines the well-being and health of Gujjar women in Himachal Pradesh based on secondary data; national surveys, state health reports and other scholarly literature. There are various challenges in accessing healthcare to Gujjar women who are predominantly pastoral and tribal in nature. These involve physical remoteness, illiteracy, conservative gender roles, and lack of governmental penetration. This study defines such significant health problems as maternal health, malnutrition, and reproductive health problems. It also identifies the weaknesses in the application of the policies and suggests particular interventions. The research will facilitate gender-sensitive, community-based, and inclusive healthcare solutions.</p>	<ul style="list-style-type: none"> ✓ ISSN No: 2584- 184X ✓ Received: 10-09-2025 ✓ Accepted: 26-10-2025 ✓ Published: 30-11-2025 ✓ MRR:3(11):2025;125-130 ✓ ©2025, All Rights Reserved. ✓ Peer Review Process: Yes ✓ Plagiarism Checked: Yes <p style="text-align: center;">How To Cite this Article</p> <p>Pranjal, Chowdhary S. Health and Well-Being of Gujjar Women: Access, Challenges, and Solutions. Indian J Mod Res Rev. 2025;3(11):125-130.</p>

KEYWORDS: Gujjar women, healthcare access, Himachal Pradesh, tribal health, gender inequality, secondary data, public health policy.

1. INTRODUCTION

It is usually recognised that health is a key determinant of the development, and it is a basic human right. Nevertheless, certain disparities, such as access to healthcare remain high in India, particularly when it comes to tribal populations that have to face a variety of social, economic, and geographic barriers (Patel et al., 2021). Due to their specific set of gender, tribal identity, economic marginalization, and nomadic way of life, Gujjar women in Himachal Pradesh are one of the most vulnerable ones in this category.

The Gujjars are a nomadic pastoral community residing in a number of states in the North such as Himachal Pradesh. They

are included in the lists of Scheduled Tribe in the Indian Constitution. This part of the country has many Gujjars who seasonally migrate among lower and higher levels to seek pasture to feed their cattle (Ministry of Tribal Affairs, 2021). This traditional lifestyle sustains their economy and culture, yet often makes them lose their connection with the reliable infrastructure (especially healthcare), which is usually designed with sedentary groups in mind (Sharma and Singh, 2020).

The challenges are especially harsh on Gujjar women. The issues that are considered chronic are poor nutrition, maternal and infant mortality rates, widespread anaemia, restricted

prenatal and postnatal care and reproductive health services (International Institute for Population Sciences [IIPS], 2021). Low literacy and gender norms also impair their ability to be independent in seeking healthcare. Although Himachal Pradesh has relatively very good health indicators, tribal subgroups such as the Gujjars often remain out of this progress due to the inaccessibility of the region as well as their social invisibility (Census of India, 2011; MoTA, 2021).

The national health programs such as Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and Janani Suraksha Yojana (JSY) still have gaps in their implementation. These programs often ignore the mobility, documents, as well as the cultural needs of nomadic tribes (World Bank, 2019). Moreover, the mainstream health interventions tend to be one-size and fail to consider the specifics of smaller tribal groups such as the Gujjars.

To bridge such a gap, the present study will assess the health conditions of Gujjar women in Himachal Pradesh based on secondary data gathered through the National Family Health Survey (NFHS-5), Census 2011, academic literature and governmental publications. The aims of the study are to learn the barriers to accessing healthcare, the primary health problems experienced by these women, the effectiveness of current policies, and the need to propose culturally aware solutions specific to the context.

The research helps India to achieve the Sustainable Development Goals (SDGs) and SDG 3 (Good Health and Well-Being) and SDG 5 (Gender Equality) in particular and contributes to a more comprehensive view of tribal health (United Nations Development Programme [UNDP], 2020).

2. OBJECTIVES OF THE STUDY

1. To examine the health status of gujjar women of Himachal Pradesh.
2. To identify the social, economic, geographical and institutional barriers that hinders the access of healthcare services of gujjar women.
3. To analyse government policies and programmes.
4. To suggest policy level recommendation for the improvement of healthcare services for the gujjar women.

3. METHODOLOGY

This study uses a descriptive and analytical research design that is solely dependent on secondary data sources. The research relies on a critical review and synthesis of existing quantitative and qualitative data, as primary fieldwork was not undertaken due to the community's nomadic and underserved nature. The National Family Health Survey (NFHS-5, 2019–21), the Census of India (2011), the Ministry of Tribal Affairs' Annual Reports, and publications from organizations like the United Nations Development Programme (UNDP), the World Bank, and the Planning Department of Himachal Pradesh are important sources. Peer-reviewed research and scholarly journal articles about nomadic communities, gender inequality, and tribal health were also examined. Literature and datasets particularly related

to Scheduled Tribes, tribal women, and health initiatives carried out in Himachal Pradesh between 2010 and 2024 were the main focus of the inclusion criteria. Major issues like social exclusion, geographic inaccessibility, a lack of documentation, and gaps in policy implementation were identified through a thematic analysis of the data. Disparities between tribal and non-tribal populations were highlighted through comparative analysis, particularly in areas like disease prevalence, nutrition, and maternal healthcare. The study offers a useful macro-level understanding of the systemic and structural factors influencing the health and well-being of Gujjar women in the area, even though its reliance on secondary data may limit its capacity to capture lived experiences in real time.

Gujjar Tribe in Himachal Pradesh

Under the Indian constitution the Gujjars are a Scheduled Tribe (ST) and hence considered to be one of the largest tribal groups in Himachal Pradesh. Traditionally, Gujjars live in nomadic pastoral herds, whose primary income is earned by cattle and buffalo breeding, which force the seasonal movement of the herds across the foothills of Himalayas (MoTA, 2021). They can be found primarily in the Chamba, Kangra, Sirmaur, and Mandi districts of Himachal Pradesh, and they are often inheriting remote woody areas (Singh, 2014).

Demographic and Cultural Features:

Gujjars in the state are majorly Muslim, which differentiates them culturally with the rest of the tribal communities in Himachal like the Gaddis and Kinnauras who are mostly Hindu or Buddhist (Sharma and Singh, 2020). They originally speak Gojri but most Gujjars are bilingual and speak local languages such as Hindi or Pahari. The people are transhumants, taking their herds into the mountains on summer pastures and down into the valleys on winter pastures. They also reside in shanty settlements (deras), which is why using government infrastructure is a significant problem (World Bank, 2019).

Women play a vital role in the Gujjar family economy since they tend to the farms, collect fodder, and give care to them, yet due to patriarchal rules, they often lack the power to make decisions (IIPS, 2021). Moving seasonally deprives families of the benefits of staying in one place such as school education or ration cards and limits education, especially to girls (Singh, 2014).

Social and Economic Challenges:

Tribal welfare programs and constitutional protection of the Gujjars make them one of the most socioeconomically disadvantaged tribal groups in Himachal Pradesh (MoTA, 2021). Of particular concern are the health variables of Gujjar women. According to NFHS-5 data, tribal women, such as Gujjars, more poorly fed, less likely to get institutional births, with more anaemia, etc (IIPS, 2021). They often cannot afford to use the services of the public health programs such as Ayushman Bharat or Janani Suraksha Yojana because of such reasons as the

absence of permanent identification documents, the language barrier, and the lack of awareness (World Bank, 2019).

Considering that their campsites and grazing paths often cover or border the conserved forests, Gujjar families often face land-related disputes, in particular, with the Forest Department (Sharma and Singh, 2020). Their nomadic identity also means that they are not well-represented in mainstream datasets, which affects their visibility on the agenda during the development of policies (Singh, 2014).

Policy Implications:

Government programs such as the Mobile Medical Units of the National Health Mission, the Tribal Sub-Plan and Van Gujjar Rehabilitation Programme have tried to fill some of these gaps. Nonetheless, the implementation remains patchy and fragmented (MoTA, 2021). Experts should use culturally sensitive programs to deliver welfare to nomadic groups, including the Gujjars, by means of gender-specific literacy, mobile clinics, and seasonal numerous documentation drives (World Bank, 2019; IIPS, 2021).

Inclusion of policies will only be developed after understanding the intersection of gender, mobility and tribal identity. Unless specific focus is paid to this problem, Gujjar women will remain unequal members of society and lack access to healthcare (Sharma & Singh, 2020).

4. KEY FINDINGS AND ANALYSIS

Key findings from secondary sources, including NFHS-5 (2019–21), government reports, scholarly studies, and policy documents, are presented in this section. Three main areas are the focus of the analysis: health indicators, healthcare access, and systemic issues that Gujjar women in Himachal Pradesh face.

Health Status of Gujjar Women:

- Gujjar women's health outcomes fall well short of the state average. Indicators of maternal and child health have generally improved in Himachal Pradesh, per NFHS-5 (IIPS, 2021). However, Gujjars and other tribal women continue to be disproportionately impacted by:
 1. High prevalence of anaemia: Compared to the state average of 53%, over 60% of tribal women between the ages of 15 and 49 have anemia.
 2. Low BMI: Food insecurity and a lack of dietary diversity during seasonal migration are associated with nutritional deficiencies, which are prevalent.
 3. Maternal health issues: Gujjar women continue to have low rates of institutional delivery and antenatal care (ANC) because of cultural reservations, lack of transportation, and distance from facilities (MoTA, 2021).

Access to Healthcare Services:

- Both structural and sociocultural factors hinder Gujjar women's access to healthcare. Because of their transhumant lifestyle, they are frequently on the go and are not registered with a permanent medical facility (Sharma & Singh, 2020). This results in:
 1. Low use of programs such as the Integrated Child Development Services (ICDS), Ayushman Bharat (AB-PMJAY), and Janani Suraksha Yojana (JSY).
 2. Ignorance of entitlements, immunizations, and preventive health services.
 3. Barriers related to language and literacy that hinder meaningful communication with official healthcare providers

Only 29.5% of Scheduled Tribe women in Himachal Pradesh received four or more ANC visits, according to NFHS-5 data, while over 70% of non-tribal populations did so (IIPS, 2021).

Infrastructure and Administrative Challenges:

- One important discovery is that the state's health system is incompatible with the Gujjars' nomadic way of life. They frequently lack access to fixed-location services (such as PHCs and sub-centers), particularly in the summer when they move to pastures in the upper Himalayas.
 1. In certain tribal districts, mobile health units (MHUs) have been implemented; however, their reach is uneven and restricted.
 2. Gujjars are often excluded from government databases and health programs because they do not have permanent addresses, ration cards, or Aadhaar cards (World Bank, 2019).
 3. Laws related to forest conservation place further limitations on Gujjars' ability to settle or use land-based services in forested areas.

Gendered Vulnerabilities:

In Gujjar households, women are responsible for both caring for the home and the Animals. Because of patriarchal norms, they are frequently left out of health decision-making. High fertility and a lack of knowledge about family planning are two common reproductive health problems. Research indicates that poor health outcomes are caused by early marriage, a high reliance on traditional healers, and limited reproductive agency (Singh, 2014).

Challenges Faced by Gujjar Women in Himachal Pradesh

Gujjar women in Himachal Pradesh face a lot of challenges. These issues are not just personal or cultural; they are rooted in systemic and structural injustices that restrict their access to welfare, livelihood, education, and health care.

- **Geographic Isolation and Seasonal Migration:** Because Gujjar communities migrate between highland and lowland areas for grazing, they lead a transhumant lifestyle that makes it challenging for women to access static health infrastructure such as Community Health Centres (CHCs) or Primary Health Centres (PHCs). Families frequently live in remote forest areas during migration, far from institutional facilities and motorized roads (Sharma & Singh, 2020). Delays in getting medical care are frequently caused by this geographic isolation, especially during emergencies or childbirth.
- **Lack of Permanent Identification and Address Proof:** Many Gujjar families lack ration cards, Aadhaar cards, or other types of residential documentation because they lead a nomadic lifestyle. As a result, they are excluded from important government programs such as the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and the Janani Suraksha Yojana (JSY) (World Bank, 2019). They are unable to register for or use services that need proof of residency or identity without the appropriate paperwork.
- **Low Health Literacy and Awareness:** Gujjar women continue to have very low levels of education. Compared to non-tribal women, tribal women in Himachal Pradesh are significantly less knowledgeable about maternal care, nutrition, immunizations, and reproductive health, according to NFHS-5 (IIPS, 2021). Due to cultural familiarity, many people prefer local faith-based remedies or traditional healing methods and are unaware of government facilities.
- **Gender Norms and Cultural Beliefs:** Since Gujjar society is mainly patriarchal, women frequently lack autonomy

when it comes to making decisions about their health (Singh, 2014). Particularly when it comes to reproductive concerns, there is a cultural hesitancy to approach male healthcare professionals or go to hospitals. Due to sociocultural resistance, home deliveries are still preferred, and the use of contraceptives is still low.

- **Inadequate and Inaccessible Mobile Healthcare:** The National Health Mission (NHM) has tribal outreach programs and mobile health units (MHUs), but these are not well suited to nomadic communities. Remote grazing areas are not covered by services, which are frequently erratic. Furthermore, because of the logistical challenges of Gujjar women's migration routes, ASHAs (Accredited Social Health Activists) hardly ever accompany or follow them (MoTA, 2021).
- **Administrative and Policy Neglect:** For subgroups like the Gujjars, national health surveys do not provide enough tribe-disaggregated data, making them invisible in the formulation and application of policies. Their marginalization is maintained by this omission from official records, which also jeopardizes attempts to customize healthcare to meet their individual needs. (Sharma & Singh, 2020; World Bank, 2019)

Government Schemes and Policy Gaps

At the federal and state levels, a number of welfare programs have been implemented to enhance the health and welfare of India's tribal communities. However, because of their nomadic lifestyle, implementation problems, and flaws in the policy design, Gujjar women in Himachal Pradesh still experience systemic exclusion despite the existence of these initiatives.

Key Government Schemes Relevant to Tribal and Women's Health:

Scheme	Objective	Relevance of Gujjar Women
Janani Suraksha Yojna (JSY)	Encourages impoverished pregnant women to give birth in an institution.	Gujjar women's low uptake because of migration and lack of documentation (MoHFW, 2020)
Ayushman Bharat (PM-JAY)	offers vulnerable families cashless health insurance.	Gujjar families are frequently left out because they do not have ration cards or Aadhaar (World Bank, 2019).
National Health Mission (NHM)	uses mobile units and ASHAs to improve primary healthcare	Gujjars and other mobile populations are frequently unreached by services (MoTA, 2021).
Integrated Child Development Services (ICDS)	provides mothers and children with health, nutrition, and preschool education.	Outreach in migrant camps is irregular (IIPS, 2021).
Vanbandhu Kalyan Yojana	Tribal development plan with a focus on livelihood, education, and health	Poorly executed in the tribal belt of Himachal (MoTA, 2021).
Tribal Sub-Plan (TSP)	Funds are set aside especially for tribal areas.	ignores populations that are dispersed or mobile, such as the Gujjars (Planning Dept., HP, 2020).

Policy Gaps Affecting Gujjar Women

Despite the availability of schemes, **ground-level implementation is weak**, particularly for semi-nomadic tribes:

- **Lack of documentation:** Due to their lack of birth certificates, Aadhaar cards, or evidence of domicile, Gujjars are often excluded from the bulk of targeted benefits (World Bank, 2019).
- **Lifestyle and design mismatch:** Most plans assume that people are established, which makes them unsuitable for transhumant societies like the Gujjars, who move between states and districts on a regular basis (Sharma & Singh, 2020).
- **Poor outreach and monitoring:** Gujjar families rarely have health professionals (ASHA, ANM) with them during migration, which leads to gaps in prenatal care, vaccinations, and follow-up (MoTA, 2021).
- **Gender insensitivity:** Most programs overlook the special needs of tribal women, such as family planning education,

dietary assistance during migration, and reproductive health counselling (Singh, 2014).

- **Data invisibility:** Because state and national health data sets occasionally fail to separate tribal data by subgroup, the needs of Gujjar women are not considered when developing policy (IIPS, 2021).

Recommendations and Solutions

To address the complex barriers Gujjar women in Himachal Pradesh face when attempting to access healthcare, policy

initiatives must go beyond general tribal welfare to address the unique needs of nomadic and transhumant tribes. The following recommendations are made in light of the study's findings:

- **Medical Services That Are Seasonal and Mobile:** Healthcare delivery must adapt to the seasonal migration patterns of Gujjar families. Strengthening Mobile Medical Units (MMUs) with GPS-based tracking, frequent outreach schedules, and trained staff can guarantee continuity of care, particularly for pregnant women and children (MoTA, 2021). Seasonal vaccination campaigns and prenatal care must align with migration routes and schedules (IIPS, 2021).
- **Modifiable Documentation and Entitlement Frameworks:** The government should put in place mobility-sensitive documentation systems, such as temporary health cards, biometric monitoring that doesn't require a fixed address, and seasonal registration booths in grazing areas. By linking health benefits to family or community IDs rather than fixed residences, programs like JSY and Ayushman Bharat can include nomadic communities (World Bank, 2019).
- **Culturally Sensitive Health Communication:** Programs for health education should be offered using culturally appropriate materials and local languages, like Gojri. Tribal women can be employed as interpreters, health educators, or peer mentors to foster trust and increase Gujjar women's utilization of services (Singh, 2014). Audio-visual IEC materials, storytelling, and folk-based outreach techniques may help overcome literacy-related barriers.
- **Gender-Informed Interventions:** Specialized maternal and reproductive health programs that emphasize early marriage, family planning, menstruation health, and fertility awareness must be implemented in tribal areas. These must include safe spaces where women can freely discuss health concerns and get private help (Sharma & Singh, 2020). Hiring from within the community and training ASHA and ANM staff in tribal contexts will increase the relevance of the program.
- **Data Disaggregation and Policy Inclusion:** To improve planning, the government should mandate that health data be categorized by tribe, mobility status, and gender. In surveys like the NFHS and the Health

Management Information System (HMIS), this would increase the visibility of subgroups like the Gujjars, enabling services and budgetary allocations to be tailored appropriately (IIPS, 2021).

- **Integrating Livelihood and Health Policies:** To address the socioeconomic determinants of health, health interventions should be coupled with livelihood assistance programs for Gujjar communities, such as dairy cooperatives, market connections, and forest rights. Under the Vanbandhu Kalyan Yojana and Tribal Sub-Plan policies, funds should be allocated specifically for the health of mobile tribal women (MoTA, 2021; Planning Dept., 2020).

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