

REVIEW ARTICLE

SIGHING HEIGHTS: AN ETHNOGRAPHIC REPORT ON SUSUM VALLEY IN NORTHERN PAKISTAN

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This ethnographic report is about the social condition of a deprived population struggling in the Susum Valley in the Northern Areas of Pakistan. These people belong to the Shia Imami Ismaili Muslim community. Though few initiatives have been taken to rule out and minimize the environmental, social, and health care problems with the collaboration of Aga Khan Rural Support Programs along with other Governmental bodies, however, a lot has to be done yet. This report highlights certain alarming health care needs which require immediate social and environmental planning to fulfil them.

Approximately 9,500 feet high, surrounded by snowy mountainous chain of Turch-Meer with its connecting borders to Afghanistan, and Tajikistan, Susum Valley is situated in the Chitral region of Northern Pakistan. Due to high altitude, a tough geographical makeup, and highly adverse climatic conditions, the local community is faced with some major life threatening concerns. Being a nurse and as a social scientist, I believe that it is important to bring these issues to the attention of concerned authorities such as Government of Islamic Republic of Pakistan and The Aga Khan Foundation so that together a difference could be created in those deprived human lives.

Let me begin with the basic existential need. No body can deny the fact that oxygen is the vital need for

human survival. However, for the inmates of these mountainous areas like Susum even breathing is a major concern. At this height hypoxia (oxygen deficiency) is a key problem. It is causing other physiological ailments like: cardio-vascular diseases including hypertension, cardio-megaly, cerebro-vascular accident (stroke) and angina; musculo-skeletal malformation, e.g., arthritis; and respiratory disorders like asthma. Respiratory infections, especially tuberculosis, are some common health problems identified. Due to snowfall and high cold (-0°C) poor families consisting of 7-10 members per household are left with no option than to protect themselves by burning wood and get heated, and remain confined in the same room. Cooking, breeding hens, infant care and whole livelihood is carried out within four walls with slightly opened roof. A typical feature of their traditional houses is shown in Figure 1.

It is important, therefore, to identify the consequences of such environmental factors on the lives of

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Figure 1*A Traditional House of Chitral*

people living in Susum Valley. Not only the burning wood, ash and smoke adversely affect their respiratory system but also they affect eye-sight which is a leading factor in causing blindness. Twenty seven years old Afza Bibi developed aging signs and her features were as if she was 35 years old. She mentioned with great sorrow while coughing in between so many times, “I have to run this household by cutting wood and burning it for cooking in this typical set up. This is our traditional house, no ventilation, just heat and smoke with tears and

cough and we are used to it.”

In addition, deterioration of hand dexterity is commonly found especially in females since early age, as they have multiple roles to perform including the labour outside the home like cattle caring and harvesting along with the household management to support their families. This deformation becomes increasingly painful with aging and becomes unbearable as reported by some elderly women. A 60 years old, Bibi Ara said, “For a woman there is very challenging life in these mountains. We just have to

survive in these critical conditions for our family and have to bear all the miseries. We don't have any choice left. My fingers and wrists are aching since I was 14 years old. But it is a common thing here, who bothers!" (Figure 2)

Figure 2

Deteriorated Hand Dexterity



Women also get victimized when they do not find local health facilities for maternity and neonatal adversities. At present high mortality rate has been identified due to limited care giving measures and professional health care providers. When Ashraf, a community health worker, was asked about the services provided, she mentioned, "We do have a dispensary with maternity ward now in Susum Karimabad but just one midwife is there, and no registered nurse or a doctor is available here. In the trainings we are taught that according to the community needs, we should provide them primary care to take preventive measures as well but, unfortunately, we

don't have resources for all this and even for curative purposes just limited facilities are available here. Hence, for critical conditions one has to go downtown which has often worsened the case. Qualified health professionals don't want to be here because from communication to transportation, every thing is challenging. Who wants to be here and work for us? This is our fate, how we can prevent the community from T.B. or cardiomegaly when oxygen is a major problem".

Realizing all these hardships, one of the local inmates Mubarak Khan working as a local teacher said, "Living with these chronic health maladjustments has given us nothing but suffering and a life full of agony. In the past, just to practice our faith, our ancestors had to protect themselves, hence, they decided to seek shelter in these mountainous peaks, but now we need some help and consideration to live with dignity and honour as humans".

As the United Nation Universal Declaration of Human Rights (10 December, 1948), Articles 1 and 25 say,

01. All human beings are born free and equal in dignity and rights.

25. Every one has the right to a standard of living adequate for the health and well being of himself and of his family.

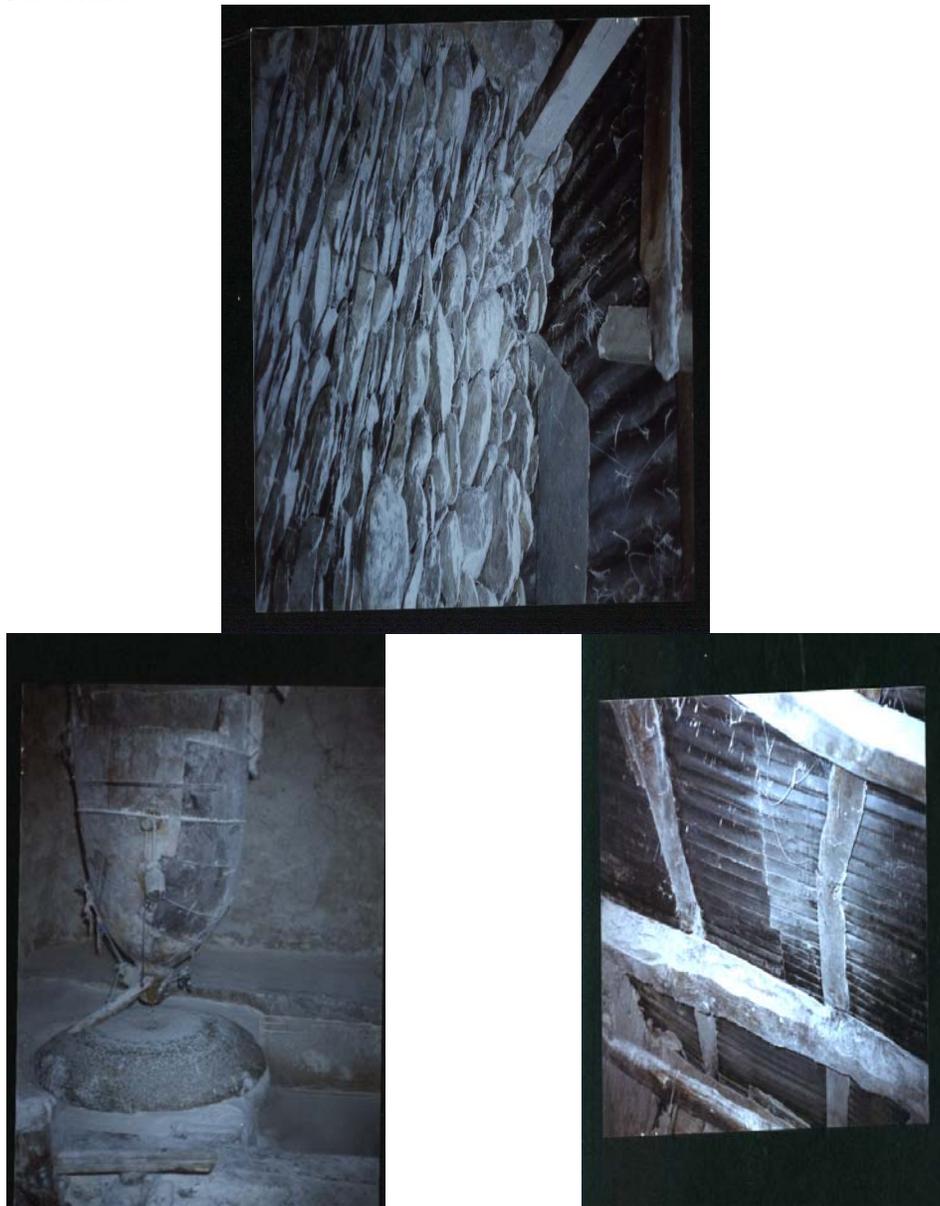
Considering these facts stated above, there is an immediate need to develop some strategic plans and monitor the existing services provided by our health, education, and rural development programs. Although the process of awareness and to bring the desirable changes, a few initial steps have been taken by the mutual col-

laboration of Government of Pakistan and The Aga Khan Developmental Network institutions but certainly a lot more has to be done to appreciate the courage and sacrifice of this deprived

community and help them to live quality life. Since generations they are in a cage of geographical barriers. If all humans are born free then why this freedom of getting the basic survival

Figure 3

Pan Chakki



need is beyond their access. Although there are some irresolvable human paradoxes due to which one has to bear some natural challenges but what about the controllable factors? Can we take some effective measures to mobilize the whole population so that, at least, they can breathe easily?

Although various rural, education and health development programs have helped them to improve their quality of life and to promote their living standards, such as the direct access to a water plant is provided but the question is whether it is still drinkable? One can easily witness in that mountainous area that lakes and rivers are naturally full of stones with algae, other growths and even animal wastes. Therefore, monitoring and education is urgently required to create awareness among local people regarding ways to ensure consumption of safe water. Eventually, it would be a preventive measure for the water-borne disease which has affected this area of Susam Karimabad.

Due to the harsh cold weather, people do not take bath regularly and also do not drink enough water as per their body need, leading to chronic renal problems, hence, some basic health education programs such as importance of personal hygiene and importance of ensuring intake of enough fluids must be organized and conducted.

In addition, educational programs teaching safety measures for food intake are also needed. The locally designed typical *Pan Chakki* for grinding wheat to produce flour is worth observing. It could be observed from

Figure 3 as well that it is full of spider webs. In a nutshell, the sick people seek psychosomatic consultation ranging from the treatment of scorpion venom to the specially paid visits to *Pari Khans* (it's a local belief that those people are possessed with some supernatural powers to heal the sufferers). With regard to the treatment of psychosomatic conditions, this region needs ample attention.

Now the onus is upon the institutional leadership, local authorities, including governmental and non-governmental organizations, to join hands together for implementing the social vision of Islam by promoting physical wellbeing of this deprived and ignorant population. This would not only be the milestone in the history of Chitral but could also be a major step in fostering self actualization by making a difference for the common good in response to God's mercy upon us, those who can sensitize and are ready to CARE!

References

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