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# **Forced Displacement and its Socio-Economic Impact on Masood Tribe of South Waziristan Agency**

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## **Dedication**

This thesis is dedicated to my parents (Baba O Adhay), whose love and prayer made me to accomplish this Research work.

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# Chapter -1

## 1.1 Introduction

Human societies are not static and have generally been subject to disasters, wars, and traumas which have caused migration, eviction and the search for refuge. Societies in any case are varied in their stability or mobility. In some instances extremely sedentary economic and social relations have ensured situation where people could predictably expect to die under the same roof.<sup>1</sup>

This research was conducted on internally displaced persons of South Waziristan Agency FATA\* . The displaced persons settled in District Dera Ismail Khan of the Khyber Pakhtunkhwa. First of all a brief introduction of the displaced person's area of region is necessary for understanding their social and cultural background. "Geographically FATA is a vast stretch of rugged mountains starting from Bajaur Agency in the northwest and terminating in South Waziristan Agency in the south. Of the size of Belgium, it is approximately 27,220 sq kms, with a porous border of 450 kms with Afghanistan. Besides being one of the most important areas of the country mainly owing to its strategic location, it is also one of "the most sensitive areas in Pakistan and indeed in South Asia."<sup>2</sup>

"Administratively, FATA is divided into seven political agencies viz Bajaur, Mohmand, Khyber, Orakzai, Kurram, North and South Waziristan, and six "Frontier Regions": Peshawar, Kohat, Bannu, D I Khan, Tank and Lakki Marwat"<sup>3</sup>. Political agent office bears the sole authority of administering each political agency; his office is located in the Agency headquarter. FATA is considered as the most neglected area by the government in terms of economy basic human needs and infrastructure. "FATA is the most economically backward region of Pakistan where majority of the population lives in rural areas. According to a WHO report of 2001 nearly 50 per cent

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<sup>1</sup> Jackson, J. A. (1986), *Migration*. New York: Longman Publisher.

\* Federally administrated tribal areas

<sup>2</sup> Wazir, M. M. (2011). Geopolitics of FATA AFTER 9/11. *IPRI Journal XI, NO.1* - 59-76.

<sup>3</sup> Ibid: 60

of tribesmen are living in abject poverty, 75 per cent have no access to clean drinking water. The population growth rate is 3.9 per cent as compared to nationally cited figures of 1.9 per cent. The literacy rate is 17 per cent against the national average of 56 per cent while female literacy is less than one per cent”<sup>4</sup>.

This strip of tribal areas along the Durand line is a burning spot between Al-Qaeda and America. “The Afghan Jihad against the USSR from 1979 to 1992 provided US, Pakistan, and Saudi Arabia an opportunity to conduct a war of liberation, based on Islam and conducted by the Mujahideen. The Tribal Areas, therefore, continued to be the home of millions of Afghan refugees; as well as the commanders and fighters belonging to various groups of Afghan Mujahideen. Al-Qaeda’s retreat from Afghanistan in winter 2001, some tribal areas became a small-scale copy of Taliban-controlled Afghanistan. Here Islamist militants can recover and plan fresh operations while gradually imposing their will on the secluded region. By January 2007 the militants had grown into such a force that they began to expand their field of operation to the adjoining districts of Tank, D.I Khan, Bannu, Lakki. Kohat, Peshawar, Nowshera, Charsadda, Mardan, Swat, Dir and Kohistan. Local clerics inspired by local militants and the Taliban tried to emulate Taliban-style rule”<sup>5</sup>.

After 2001, Pakistan Army entered the tribal areas and thereafter conducted many operations both in North and South Waziristan. These operations wrought tremendous changes which not only rocked the region rather affected the life of the people at large scale. Hundreds and thousands of families left their homes in search of safe heaven. The socio-economic and health consequences of these military operations were quite severe. Though the root cause of the problem is still a mystery yet the government put the responsibility on *Ahmedzai Wazir*\* supporting Al Qaeda and Taliban. However, consequently the Pakistan army and the paramilitary forces got deeply entrenched and permanently deployed in South Waziristan in 2002. “In July 2002, the central government dispatched 80,000 troops to the area along the Pak-Afghan border, in search of Taliban and Al-Qaeda members. Almost immediately a violent resistance grew against the perceived incursion.”<sup>6</sup> The Pakistan military in

<sup>4</sup> Ibid: Wazir, M. M. (2011). Geopolitics of FATA AFTER 9/11. *IPRI Journal XI, NO.1*, 59-76.

<sup>5</sup> Ibid: 66,67

\* The chief tribe of Wazir's settled in Wana, the Headquarter of South Waziristan Agency

<sup>6</sup> IDMC. (2008, May 15). *Internal displacement Monitoring centre*. Retrieved January 5, 2012, from

2003 and then in March 2004 conducted operation “*Almizan*”<sup>\*</sup> to eliminate the foreign elements in South Waziristan. “Army operations in March 2004 around *Wana*, the capital of South Waziristan and in the *Shakai* area north-west of *Wana* in June 2004, led to civilian deaths and the demolition of hundreds of houses, and forced thousands to flee from their homes”.<sup>7</sup>

In May 2004 the government made a peace agreement with *Ahmadzai Wazir* at *Shakai*<sup>\*</sup>. According to this agreement the foreigners would have to register their names but on June 18, 2004, *Nek Muhammad*, the popular local Taliban commander in South Waziristan along with his close friends was killed in a missile attack and the *Shakai* peace agreement came to an end. This was the completion of operation; “*Al Mizzan*” first part. The fire of militancy also spread to the Mehsud tribe<sup>\*</sup> occupied parts of South Waziristan. “By 2006, fighting had led to civilian casualties and the displacement of tens of thousands of people in Waziristan”<sup>8</sup>. Again to avoid more human and economic loss both to movable and immovable property the local tribes came to a peace deal with the government. “In the attempt to contain the conflict in North Waziristan, on 4 September 2006, the government and the tribes and militants agreed to the terms of the Waziristan Accord.”<sup>9</sup>

The *Jihadi* culture became stronger under the command of *Baith Ullah Mehsud* and spread to the settled areas of Pakistan’s Northern Province Khyber Pakhtunkhwa. To curtail the power of Taliban the Pakistan army again conducted a military operation in January 2008 in the Mehsud tribe inhabited region of South Waziristan. “Hundreds of displaced families, mostly women, children and the elderly, fled to the neighboring Tank district and North Waziristan. Some had to walk for two

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www.unhcr.org: <http://www.unhcr.org/refworld/docid/482d32972.html>

<sup>\*</sup> Military Operation Al-Mizan was the first operation conducted by Pakistan army in South Waziristan Agency in 2003.

<sup>7</sup> IDMC. (2008, May 15). *Internal displacement Monitoring centre*. Retrieved January 5, 2012, from www.unhcr.org: <http://www.unhcr.org/refworld/docid/482d32972.html>

<sup>\*</sup> Name of area in South Waziristan Agency

<sup>\*</sup> Major Mehsud Tribe in South Waziristan in terms of population

<sup>8</sup> IDMC. (2008, May 15). *Internal displacement Monitoring centre*. Retrieved January 5, 2012, from www.unhcr.org: <http://www.unhcr.org/refworld/docid/482d32972.html>

<sup>9</sup> IDMC. (2008, May 15). *Internal displacement Monitoring centre*. Retrieved January 5, 2012, from www.unhcr.org: <http://www.unhcr.org/refworld/docid/482d32972.html>

days to reach Tank over rough terrain, with little food and water along the way. There were unconfirmed reports of children dying due to the cold weather.”<sup>10</sup>

This study is about internal displacement which took place in October 2009. The military operation was started in *Speankairagzai\**, *Chagmali\**, *Sarvaki\**, *Barwand\**, *Kotkai\**, *Makeen\**, *Kanigrum\**, *Ladha\**, *Sararogha\** and several other parts of South Waziristan resulted in massive human displacement. There are mix statistics of displaced persons of 2009 military operation, “according to an IRIN Pakistan report which quoted UN Refugee Agency (UNHCR) says that some, 350,000 have now been registered in those areas (host areas district Dera Ismail Khan & Tank of the Khyber Pakhtunkhwa).<sup>11</sup>” Health Cluster Pakistan, 2010 report says “In Dera Ismail Khan (21 464 families, 171 712 individuals), Tank (117 44 families, 93 952 individuals) have come from South Waziristan”.<sup>12</sup> The IDMC profile on internal displacement 2009 gives OCHA figures of internally displaced persons in two host cities of Khyber Pakhtunkhwa, “From October to November 2009, up to 428.000 civilians fled a second government offensive in South Waziristan, over half of that Agency’s population, and most registered in Dera Ismail Khan (D.I .Khan) and Tank”.<sup>13</sup>

The displaced families had covered hundreds of mile rugged mountainous terrain on foot. First these families had settled in Tank city and its adjoining areas but as army moved forward the number of these families increased and the displaced families moved further ahead to other cities like Dera Ismail Khan, Peshawar, Abbotabad, Dera Ghazi Khan, Zohab and Karachi. It has been almost two year since these displaced persons are living in exile. Most of the displaced persons had moved

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<sup>10</sup> DAWN. (2008, January 29). Mass exodus as clashes continue in South waziristan. Tank, KPK, Pakistan.

<sup>11</sup> [http://www.internaldisplacement.org/8025708F004BE3B1/\(httpInfoFiles\)/824D103A25A742E4C1257680005872C3/\\$file/Pakistan%20-%20December%202009.pdf](http://www.internaldisplacement.org/8025708F004BE3B1/(httpInfoFiles)/824D103A25A742E4C1257680005872C3/$file/Pakistan%20-%20December%202009.pdf)

\* Names of places in South Waziristan where the military operation was carried out.

<sup>12</sup> [http://www.internaldisplacement.org/8025708F004BE3B1/\(httpInfoFiles\)/824D103A25A742E4C1257680005872C3/\\$file/Pakistan%20-%20December%202009.pdf](http://www.internaldisplacement.org/8025708F004BE3B1/(httpInfoFiles)/824D103A25A742E4C1257680005872C3/$file/Pakistan%20-%20December%202009.pdf)

<sup>13</sup> [http://www.internaldisplacement.org/8025708F004BE3B1/\(httpInfoFiles\)/824D103A25A742E4C1257680005872C3/\\$file/Pakistan%20-%20December%202009.pdf](http://www.internaldisplacement.org/8025708F004BE3B1/(httpInfoFiles)/824D103A25A742E4C1257680005872C3/$file/Pakistan%20-%20December%202009.pdf)



to the urban centers in search of shelter, subsistence opportunities and government and other national and international humanitarian organization's support.

This study deals with the socio-economic and health issues caused by internal displacement. The research was conducted in District Dera Ismail Khan of the Khyber Pakhtunkhwa. The forced displacement of *Mehsud tribe* has affected the displaced people socio-economically. The study investigates both the pre displacement and post displacement scenario of internally displaced persons, the damage done to economy, education and health. In the military operation both movable and immovable property of the displaced persons has been destroyed. After their settlement in the host area the displaced families faced various problems like lack of access to health care, lack of female reproductive health services, malnutrition, difficulty in getting subsistence, increase in family expenditures in urban setting, break up in education, disturbance in family organization, adjustment problems in the new environment and cultural differences.

## 1.2 Statement of the problem

Migration is not a new phenomenon it had started with the very existence of human beings. In the prehistoric times human beings lived in caves and under open sky migration was there. The prehistoric people wandered from one place to another place in search of food and shelter. Migration is a continuous process and takes place in each phase of history only its form and purpose keep changing.

"Migrations are not an isolated phenomenon; movements of commodities and capital almost always give rise to movements of people. Global cultural interchange, facilitated improved transport and the proliferation of print and electronic media, also leads to migration".<sup>14</sup> In Pakistan different types of migrations takes place i.e international migration, rural urban migration, seasonal migration and forced migration and internal displacement due to manmade disasters and natural disasters. The international migration is done when someone crossed the national borders and entered in to another country. Rural urban migration is done within the national borders these two types of migration takes place in search of better economic

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<sup>14</sup> Stephen Castles, M. J. (2003). *The age of migration: international population movements in the modern world*. New York: Palgrave Macmillan.



opportunities, white collar jobs and education. Seasonal migration is mostly done in the mountainous regions of Pakistan; this type of migration is adopted by the nomads having huge cattle herds. Internal displacement is due to manmade disasters (Sectarian violence, political violence and armed forces action against the militants) developmental projects (dams, highways etc) and natural disasters (earthquake, floods, volcanoes etc).

This displacement was as a result of the military operation against militants. Internal displacement is a burning issue at present. Many third world countries are suffering from internal displacement. Pakistan is also encountering internal displacement for the past few years; the earthquake of October 8<sup>th</sup> 2005 where millions of people had been displaced similarly the Army operations against the militants in the tribal area (FATA) also caused massive human displacement.

This research has explored the impacts of displacement upon the displaced persons. The consequences of this forced displacement were severe, when there occurred a forced displacement the economic loss is obvious. Affected people left all their belongings, their homes destroyed, the household things stolen, their livestock became dead and all their occupational activities have stopped. The economic suffering of people continues even after their settlement in the recipient area. In the host environment they have started their subsistence from beginning. Those displaced persons who prior to the displacement were shopkeepers, drivers or have some other skilled labor, adopted different means of subsistence after displacement. For instance the masons started to work as wage laborers, shopkeepers started to run auto rickshaws on daily basis and even students left their study to contribute in their family subsistence.

This study evaluated the health problems faced by the displaced persons. Special focus is given to female reproductive health. During emergency time women and young girls are the most vulnerable and neglected population. The researcher assessed the pre and post displacement female reproductive health condition. A comparison among various female reproductive health practices like family planning, contraceptives use and preferred delivery practices in pre displacement and post displacement scenario. This forced displacement caused serious health problems; the displaced persons faced many diseases during and after the displacement in the new

environment which either caused the death of mother or the new born. The changed weather conditions caused many displaced persons ill health especially the infants, young children, mothers, pregnant women and the aged ones.

This research focused on the educational losses, as a result of the war like situation in the area. Initially the militants in South Waziristan banned private English medium schools as it was promoting English (un Islamic) culture and then stopped girls from attending schools and finally they blew up school buildings. It has been also witnessed that they captured many schools and used it as training centers. After the displacement in the host area the poor economic conditions of the displaced persons, incomplete credentials, a gap (1-2 years) in their study due to continuous displacement and lack of access to schools and psychological trauma of the displacement proved a hurdle in continuing their education in the host area.

### **1.3 Significance of the study**

The present study has both academic and applied implications. Forced migration is a global phenomenon. Internal displacement through human induced intervention in federally administrated tribal areas of Pakistan has started in the last decade. The significance of this present study is that, this research will contribute academically and in applied manner. The research work done on the displaced persons will facilitate the future researchers and they can use it as reference in their research work. The researchers can use it as a guideline to further work on other aspects and dimensions of internal displacement. This study will help to highlight the problems of displaced persons on national and international forum. This research will also draw attention to some key issues like female reproductive health which has been mostly neglected in research work on internally displaced persons. Finally this study will help the government to make sustainable policies regarding the displaced persons.

## **1.4 Objectives of the problem**

The main objectives of the study were as under;

1. To find out the impact of displacement on female reproductive health. (Pre displacement & post displacement female reproductive health)
2. To study the economic losses as a result of displacement and changed subsistence pattern after the displacement.
3. To know the effects of displacement upon the education of displaced persons.

## **1.5 Research Methodology**

Methodology is an important aspect of any research. It is the combination of tools and techniques, which are used to collect information for the research purpose in Anthropology. For the purpose of my research and data collection, I used the following anthropological tools and methods which will make me capable to get reliable and valid data.

### **1.5.1 Rapport Building**

Good rapport building is the most important thing and also the most difficult, as it requires a lot of patience, energy and the time of the researcher. It doesn't mean to have just friendly term; the real thing is to develop confidence to have deep understanding of social setup, behaviors and norms of the people. To establish rapport with natives I remained in the field and tried to act according to their expectations which helped me in gaining their confidence. Thus it made me able to extract the required information. The displaced persons have entered in to a new place and encountered a new cultural set up further at the time of research the locale was under the influence Taliban. In the beginning the displaced persons were not ready to cooperate as I was a stranger to them. Gradually I succeeded to gain their confidence furthermore the key informants also helped me to build good rapport.

### **1.5.2 Participant Observation**

Through the participant observation the researcher becomes able to collect a lot of information about cultural practices of specific locale. For this purpose he has to share the daily routine work with the community members.

*"Participation observation, or ethnographic fieldwork, is the foundation of cultural anthropology. It involves getting closer to people and making them feel comfortable enough with your presence that you can observe and record information about their lives"<sup>15</sup>.*

Through participant observation I collected valid and reliable data. As a participant observer I spent much time among the displaced persons. I fully participate in their activities. Being a participant observer I tried to be present on all the important occasions like marriage ceremony and religious rituals and on other routine activities. I lived among the IDP's (internally displaced persons) for the whole field work time and closely observed all the activities of the displaced persons. I observed how these displaced persons suffered during the process of displacement and their present suffering after the displacement in the new set up. How this new set up proves to be a hurdle in their access to health services, education and subsistence. I fully participated in all the activities of the displaced people. I visited the distribution centers and spent long hours with them. I also took part in the maintenance of local mosque; participate in the weddings ceremonies, barrel rites and the whole village meal *khairyat*.<sup>\*</sup>

### 1.5.3 Key Informant

"These are people who you can talk easily, who understand the information you need and who are glad to give it to you or get it for you."<sup>16</sup> I worked with key informants to get information on the history of community, the instances and rationale of cultural deviance and structure and dynamics of marginalized events in the community under study. Selection of key informants is important so they should be chosen carefully and researcher should take his/her time in doing so. It is essential that we explain the objects of our study to the key informants so they can help us obtain valid and reliable data.

To get detailed information about the culture, community and the information

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<sup>15</sup> Bernard, H. (1994). *Research methods in Anthropology: Qualitative and Quantitative Approaches*. California: Sage publications.

<sup>\*</sup> See the glossary

<sup>16</sup> Bernard, H. (1994). *Research methods in Anthropology: Qualitative and Quantitative Approaches*. California: Sage publications.

about displaced families I chose four key informants two male and two female key informants. Female key informants were demand of my research as one of my research objectives is related to female reproductive health. To get information on female reproductive health the female key informants were very helpful. One female key informant was an LHV and another was a social worker who was working with a local NGO. They provided me the required information on female reproductive health situation in the area furthermore they filled the questionnaire specifically designed for displaced female. The two male key informants also provided me with useful information and made my access possible to the displaced families. Furthermore these key informants helped me in conducting interviews and focused group discussions.

Plat.1



Researcher with key informants in the field

#### 1.5.4 Interviewing

Interview is an important tool use in fieldwork to collect detailed information. Interview is a conversation with purpose specifically to get detailed and in depth information. The anthropological research involves a variety of interviews. Out a vast range of interviews types I used informal/un-structural interviews owing to the



flexibility of this form. It helped me and made the respondent in more relax and polite atmosphere. This positive aspect of the interview helped me to get more detailed information through a freedom of expression by the respondent.

During my field work I conducted fifty informal and un structural interviews. Often respondents see a note book in ones hand they became possessive and not share the inside information. In a locale like mine where the respondents are frighten and reserved, informal and un structural interviews play a vital role.

### 1.5.5 Questionnaire

*"An open-ended question is designed to encourage a full, meaningful answer using the subject's own knowledge and/or feelings. It is the opposite of a closed-ended question, which encourages a short or single-word answer. Open-ended questions also tend to be more objective and less leading than closed-ended questions."*<sup>17</sup>

Questionnaires were also used for the collection of data. The researcher filled fifty questionnaires from the respondents.

### 1.5.6 Sampling

During field work I have used sampling to ensure the maximum presentation of the sample size. I choose samples which gave me maximum representation of larger population. Two types of sample were used in this study, snow ball sampling and purposive or judgmental sampling.

*"Snowball sampling is very useful, however, in studies of social net works, where the object is to find out who people know and how they know each other. It is also useful in studies of small, bounded, or difficult- to- find population, like members of elite groups, women who have been recently divorced, urban displaced persons from a particular tribal group, and so on."*<sup>18</sup>

*Purposive sampling can be very useful for situations where you need to reach a targeted sample quickly and where sampling for proportionality is not the primary concern. With a purposive sample, you are likely to get the opinions of your target population, but you are also likely to overweight*

<sup>17</sup> <http://www.mediacollege.com/journalism/interviews/open-ended-questions.html>

<sup>18</sup> Bernard, H. (1994). *Research methods in Anthropology: Qualitative and Quantitative Approaches*. California: Sage publications.

*subgroups in your population that are more readily accessible.*<sup>19</sup>

In the field I used the above mentioned sampling methods. I took a sample size of total fifty households for this qualitative study.

#### **1.5.7 Daily Diary**

*"A daily diary on the other hand is personal you absolutely need a diary in the field. It will help you deal with loneliness, fear and other emotions that make fieldwork difficult. Your diary will become an important professional document. It will give you information that will help you interpret your filed notes and will make you aware of your personal biases."*<sup>20</sup>

I used two dairies during my field work, one as a daily diary and the other as a field diary. In the daily diary I used to write the daily activities at night and in another diary I wrote the field notes.

#### **1.5.8 Photography**

Photography is a visual representation of reality. I used this technique during the course of my research to keep the record of observation about the community. These visual images have given more clarity about my research topic, about the people, area and their way of living.

#### **1.5.9 Case Studies**

Case studies are also very important in social research to define a specific problem. The case study is the detailed information of the problem which explains the problem and highlights each and every aspect of it. I conducted sixteen case studies during my field work which would explain the problem and would cover the objectives of the problem.

#### **1.5.10 Focus Group Discussion**

Through focus group discussion one can get the basic information about the problem, the focus group discussion gives the detailed information of problem. I have

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<sup>19</sup> <http://www.socialresearchmethods.net/kb/sampnon.php>

<sup>20</sup> Bernard, H. (1994). *Research methods in Anthropology: Qualitative and Quantitative Approaches* California: Sage publications.



also conducted four focus group discussions which helped me to get useful information.

#### **1.5.11 Socio-Economic Survey Farm**

Socio economic survey farm is an important anthropological tool to collect reliable data. I used this technique to collect useful information. I filled fifty socio-economic and census survey farms from the selected households. These socio-economic survey farms made me able to know about each household. I used census farms to get the data about the name of person, income, education, occupation, livestock and type of family. The data I collected through these farms give me the basic and in-depth information about the community.

their familiar surroundings leaves IDPs vulnerable to discrimination, hatred and few possibilities to go on with their lives. They may be deprived of education and employment, with only humanitarian aid to help them, and even that can be problematic if the home country does not allow for humanitarian agencies to get involved. IDPs do not enjoy specific protection under international law. The principles of human rights and humanitarian law evidently apply to them during conflict situations, but their specific needs tend to be neglected. The very experience of having to flee from one's home is traumatic and usually multiplied with various types of human rights violations, such as killings, kidnappings and sexual abuse that occur during armed conflicts. Women are especially vulnerable to sexual abuse during displacement situations and their situation requires special attention.<sup>22</sup>

Forced migration in a general term refers to the movements of refugees and internally displaced people (those displaced by conflicts) as well as people displaced by natural or environmental disasters, chemicals or nuclear disasters, famine, (migration done due to drought) or development projects. The forced migration is categorized in to three categories.

- **Conflict-induced displacement**
- **Disaster-induced displacement**
- **Development-induced displacement**

- **Conflict-induced displacement**

People who are forced to flee their homes for one or more of the following reasons and where the state authorized are unable or unwilling to protect them, armed conflicts including civil war, generalized violence, and persecution on the grounds of nationality, race, religion, political opinion or social group.

- **Disaster-induced displacement**

This category includes people displaced as a result of natural disasters (floods, volcanoes, landslides, earthquakes) environmental change (deforestation, global warming) and human made disasters.

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<sup>22</sup> Koskinen, P. (2005). *Internally displaced persons and the right to housing and property resituation*. Institute for human rights Abo Akademi. See also <http://web.abo.fi/institut/imr/norfa/paivi.pdf>

### • Development-induced displacement

These are people who are compelled to move as a result of projects implemented to supposedly enhance development.<sup>23</sup>

Today's humanitarian crises - caused by conflict or by natural disaster - have resulted in unprecedented waves of human displacement, both within and across borders. Those displaced within borders, known as "internally displaced persons" (IDPs) are today estimated to number over 50 million worldwide (of which 25-30 million have lost their homes due to conflict), far exceeding the global refugee population (11-12 million). More than 10 million IDPs are in Africa. Another five million are in Asia, five more million in Europe and two million are in the Americas. Internal displacement is a truly global crisis that prevails in more than 40 countries. The number of persons internally displaced due to conflict jumped nearly 25 percent during 1999. The world's internally displaced population is larger now than at any time in the past five years. Over half of the world's internally displaced are children. In 1997, the Secretary-General's reform programme drew special attention to the operational gaps in the international system in responding to the protection and assistance needs of the internally displaced. It gave the Emergency Relief Coordinator (ERC) the responsibility for ensuring that these needs were adequately addressed within the inter-agency framework. To reinforce these arrangements, in July 2000, an Inter-Agency Senior Network on IDPs, headed by Special Coordinator Dennis McNamara, embarked on a series of country missions to critically assess the international response to the IDP crisis on the ground.<sup>24</sup>

The definition of the internally displaced persons "are persons or group of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed

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<sup>23</sup> FMO. (n.d.). *FMO online*. Retrieved from <http://www.forcedmigration.org/about/whatisfm/what-is-forced-migration>:

[http://www.google.com.pk/#hl=en&site=&q=www.+Forced+migration.org.com+&btnK=Google+Search&oq=&aq=&aqi=&aql=&gs\\_sm=&gs\\_upl=&bav=on.2,or.r\\_gc.r\\_pw.,cf.osb&fp=253ac80e9e222586&biw=1280&bih=709](http://www.google.com.pk/#hl=en&site=&q=www.+Forced+migration.org.com+&btnK=Google+Search&oq=&aq=&aqi=&aql=&gs_sm=&gs_upl=&bav=on.2,or.r_gc.r_pw.,cf.osb&fp=253ac80e9e222586&biw=1280&bih=709)

<sup>24</sup> UN OCHA. (n.d.). Retrieved from [ochaonline.un.org](http://ochaonline.un.org):

<http://ochaonline.un.org/HumanitarianIssues/ProtectionofCiviliansinArmedConflict/Whataretheissues/ForcedDisplacement/tabid/1127/language/en-US/Default.aspx>

conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state boarder.<sup>25</sup> The internally displaced persons whether they are in group or individual who are forced to move from their area of origin due to armed conflicts, violations of human rights or natural or manmade disasters and who do not cross the national boarder (enter in to another country). Two main things are given here in the definition first, individuals or groups forced to flee from their area of origin due to armed conflicts or natural disasters and second the displaced person who do not cross the state/country boarder in to another country or state.<sup>26</sup>

It has now been some more then fifteen years since the issue of internal displacement indelibly was placed on the international agenda and recognized as a legitimate matter of international concern. Since that time, awareness of the global crisis of internal displacement and of the plight of affected populations has grown. Two core elements of the concept of internal displacement were clear. One was the involuntary nature of the movement. Two, was the fact that such movement takes place within national borders— a criterion which distinguished the internally displaced from refugees who, according to international law, by definition are outside of their country<sup>27</sup>.

In FATA and specifically in South Waziristan the phenomenon of internal displacement is not very old. It has started after the 9/11 events when the NATO forces entered Afghanistan and the dilapidated Taliban and Al-Qaeda insurgents moved towards the tribal areas (FATA). Both the allied forces and Pakistan itself viewed these elements as a threat for the peace and security of Afghanistan and Pakistan. Further in Pakistan the quick positive response to Taliban by the fundamentalist Islamic minded local tribals and the spread of Taliban phenomena to other settled areas and cities of Pakistan was not a favorable sign for Pakistan's internal security. In order to clip the wings of talibanization and to avoid internal threats, the Pakistan armed forces started military operations in FATA to eliminate

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<sup>25</sup> UNHCR. (2004). *Internally Displaced Persons: Questions and Answers*. Geneva: UNHCR.

<sup>26</sup> Ibid: 14

<sup>27</sup> Mooney, E. (2005). The Concept of Internal Displacement and the Case for Internally Displaced Persons as a category of concern. *Refugee Survey Quarterly Vol.24, Issue 3*, 9-26.

Taliban and Al-Qaeda elements. The socio-economic and health consequences of these military operations on the native population were severe. Further adjustment in the new environment, social and cultural differences is also a very hard task for the displaced population.

“Hundreds of displaced families, mostly women, children and the elderly, fled to the neighboring Tank district and North Waziristan. Some had to walk for two days to reach Tank over rough terrain, with little food and water along the way. There were unconfirmed reports of children dying due to the cold weather. After reaching Tank, many IDPs were reportedly living in parks and other open areas. The army set up a relief camp at Kari Wam in Tank for the displaced families. According to a government official, around 200 people who had reached Tank by 20 January had been given food and medicines. Over 100 displaced families from South Waziristan reached North Waziristan, where locals had set up relief centers in Miramshah, Mirali and Esha Khail.”<sup>28</sup>

The military operations caused civilians deaths and destruction of movable and immovable property. The process of displacement started in October which continues till December. In Waziristan whether becomes cold in the months of November and December. The infants of the displaced persons became ill due to the extreme cold and hardships of the displacement that ended at their death. The elderly displaced persons whose health was not very sound prior to the displacement became worse during the process of displacement and after the displacement in the recipient area. The displaced persons also became the victim of military shelling and bombing that caused the death of the displaced persons. Women faced delivery cases in the mountainous terrain and valleys under the open sky. The immovable property (homes, shops and cultivable land) of the displaced persons has been greatly affected in Army operation. When people left their homes alone there was no one to look after their property. The household things were either destroyed or looted by the Army men and the militants who remained there during conflict time. In this Army operation heavy damage is done to the movable and immovable property of the displaced persons.

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<sup>28</sup> DAWN, (2008, January 29). Mass exodus as clashes continue in South waziristan. Tank, KPK, Pakistan.



“Tribal people, reaching Tank district from the far off and troubled South Waziristan areas due to excessive bombing and artillery shelling on civilian localities, complained several deaths of minors due to severe cold. When people were fleeing their homes and walking through the unfrequented routes in the mountains.”<sup>29</sup>

Soon the conflict started people moved towards safe areas for the protection of their lives. The displaced persons knew that they would have to cover the whole distance on foot because the roads were closed and the vehicles were not available due to the deteriorating situation of the area. The displaced persons left all the household things behind. They covered all the distance on foot in the harsh weather conditions. Those displaced persons who found the vehicle also faced difficulty because there were already 2-3 families on the vehicle and they hardly managed to adjust themselves on it, further the vehicle costs three times more fare than the routine days.

“By 2006, fighting had led to civilian casualties and the displacement of tens of thousands of people in Waziristan. Army operations in March 2004 around the South Waziristan capital of Wana and in June 2004 in the Shakai area north-west of Wana led to civilian deaths and the demolition of hundreds of houses, and forced thousands from their homes.”<sup>30</sup>

After the 9/11 events NATO forces entered Afghanistan. The Taliban elements hide inside Pakistan’s tribal area started guerilla war against NATO troops in Afghanistan. This results in a pressure on Pakistan to take action against the militants. Pakistan Army and the paramilitary forces were deployed in Waziristan in 2002 and since then conducted many operations both in North and South Waziristan. On one hand these operations disturbed the whole tribal region and on the other hand it also affected the individual life. The 2004 military operation which was started in South Waziristan inflicted severe socio – economic and health consequences on the natives.

“Inaccessibility to food and health services needs to be addressed immediately in order to prevent severe illnesses and deaths. Women and

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<sup>29</sup> The News, Wednesday, 30<sup>th</sup> January, 2008

<sup>30</sup> IDMC. (2008, May 15). *Internal displacement Monitoring centre*. Retrieved January 5, 2012, from [www.unhcr.org: http://www.unhcr.org/refworld/docid/482d32972.html](http://www.unhcr.org/refworld/docid/482d32972.html)

children's situation worsens as many men have been returning to Waziristan in order to protect assets including homes and livestock. Unfamiliar surroundings and the practice of segregation will continue to prevent women from accessing aid and services; the limited provisions they have will not last long. The worsening security situation will exacerbate the problem and possibly inhibit many IDPs from receiving much needed aid in time."<sup>31</sup>

The internally displaced persons must provide basic facilities like food, clothing, health care, shelter, clean drinking water and education. However, in the absence of these facilities their vulnerability increased. Mostly the host community in developing countries and especially in Pakistan with already inadequate health care facilities and infrastructure could not bore extra population burden. These internally displaced families are considered burden on the limited economic and health care opportunities. Displaced persons have limited access to health care facilities the reason behind this lack of access is their poor economic situation, sense of alienation, insecurity, social and cultural barriers. Displaced persons did not have much money to go to private hospital however, there are public hospitals but they are already overcrowded and patients did not receive proper attention. Social barriers are language and interaction with the locale people. Majority of the displaced persons used to go to the unqualified service providers (traditional birth attendants and medical technicians) as they were cheap, near to their homes and their privacy was kept.

Principle eight (8) of the guiding principles for internally displaced persons states that, "Displacement shall not be carried out in a manner that violates the rights to life, dignity, liberty and security of those affected"<sup>32</sup>

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<sup>31</sup> ACT International. (2009). *Security Hinders Assistance from Reaching Many IDPs*. Geneva: Church World Service-Pakistan/Afghanistan and Norwegian Church Aid. Also see on <http://reliefweb.int/node/336122>

<sup>32</sup> OCHA, UN. (2004). *Guiding Principles on Internal Displacement*. Geneva: United nation. Also see on <http://www.unhcr.org/43ce1cf2.html>



Human rights should not be violated in conflict situation. The rights to life, dignity, liberty and security of the displaced persons should keep in view. Dilli Raman Dhakal discusses the negative effects of the displacement upon the displaced persons,

“The economic hardships, psychological trauma, physical insecurity /safety, unemployment, discontinuation/interruption / closure of schools – schooling of children, reduced / absence of required health facilities, strain on economic resources in new locations, broken / dislodged social infrastructure, destruction of public infrastructure and facilities, political affiliation divide, additional pressure and burden to women and their security concerns”.<sup>33</sup>

Displacement caused economic suffering, physical injuries, psychological trauma, and disturbance in family relations; break up in education, insecurity and destruction of property. The difficulties of the displaced persons did not end with their eviction from their area of origin; they also faced difficulties in the recipient areas. Upon their arrival to the host area they have no shelter, food and clothing. Principle 19 clauses 1 of the guiding principles for internally displaced persons states that,

“All wounded and sick internally displaced persons as well as those with disabilities shall receive to the fullest extent practicable and with the least possible delay, the medical care and attention they require, without distinction on any grounds other than medical ones. When necessary, internally displaced persons shall have access to psychological and social services.”<sup>34</sup>

Internally displaced persons are vulnerable to different diseases the most easy and favorable target to various health problems. Among many other factors one reason of this vulnerability is the changed environment. Good health is a phenomenon in which the human body works properly without any malfunctioning. Good health is a basic

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<sup>33</sup> Dhakal, D. R. (2004, February 1). Plight of Internally Displaced Persons (IDPs) In Nepal: A call for an Urgent Intervention by The HMG/Nepal, United nations and International Community. Kathmandu, Nepal: CSWC.

<sup>34</sup> Global Protection Cluster Working Group. (2007). *Handbook for the Protection of Internally Displaced Persons*. Geneva: PCWG.

need to every society, societies are formed by the individuals and every individual in a society perform his role and if he is unhealthy and unable to perform this role there develops a gap which not only disturb the family structure but the society on whole. Conflicts caused physical injuries in such case disabled person should be given full attention and priority in health care, shelter, education and subsistence.

Displaced persons are a kind of refugees in their own country living out of their homes. In FATA and specifically in South Waziristan the phenomenon of internal displacement is not very old. It has started after the 9/11 events when the NATO forces entered Afghanistan. The issue of internal displacement has now become a worldwide concern as the population of displaced persons increased every day. The suffering and hardships of displacement aggravated their survival. As a result of the conflict and eviction from their area of origin they faced a host of problems. The Iraqis displaced persons left their areas and settled in the nearby safe places near Turkey and Iraq boarder confront many problems. In the same way when military operation started in South Waziristan ten and thousands of displaced persons moved to safe areas for the safety and survival of their families. In host areas displaced person's health further deteriorated due to the unhygienic conditions, imbalanced diet (malnutrition), overcrowded houses, physical and mental stress due unemployment. There are no permanent free health facilities for displaced families from where they would do routine checkup.

Often the displacement is made unexpectedly as in the case of South Waziristan. No prior warring or announcements were made for the local people. The military operation was sudden in rush people left all their belongings at home. Physical injuries, deaths of beloved ones, search for shelter, unemployment, poverty, health problems and break down in education dragged displaced persons to traumatic conditions. They felt lonesome, helpless and stranger in the recipient community.

“Once it occurs, internal displacement brings about a set of circumstances that renders those affected highly vulnerable. Most obviously, it forces people from their homes, depriving them of shelter and the basic protection it can provide. Cut off from their land, traditional livelihood and means of generating income, and compelled to leave all but a few possessions behind, IDPs suddenly find themselves

stripped of their means of survival. At the same time, it breaks up families and community support networks”<sup>35</sup>

Displaced persons left their homes moved to different areas for the safety of their family. Their already existing subsistence activities become stop and started new opportunities for their household survival. As the conflict started abruptly people moved in different direction to some safe area. They started to live among new neighbors and new social setup. There comes a break up in social ties and networks as they moved to new place and new people

The sense of protection of life, family members and to avoid risk and for the individual's liberty the displaced people moved to safe areas.

“Forced migration involves moves of necessity for the protection of life and liberty of individuals”<sup>36</sup>

Decision making is another crucial point. To decide whether to leave the native area or not (Hugo, 1994), writes that the decision to leave the place of origin is not an individual's decision but the whole family is involved in this process.

“The family and community are crucial in migration net works. Research on Asian migration has shown that migration decisions are usually made not by individuals but by families. In situations of rapid change a family may decide to send one or more members to work in another region or country, in order to maximize income and survival chances.”<sup>37</sup>

Displacement leads to serious health problems,

“health-related factors, such as disease, disability and malnutrition brought on by displacement, often claim more lives and cause greater suffering than the conflict itself. Internally displaced persons face a variety of risks to their health and well-being both during displacement and upon return or resettlement.”<sup>38</sup>

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<sup>35</sup> Erin Mooney. *Refugee Survey Quarterly*, Vol. 24, issue 3. 2005

<sup>36</sup> Jackson, J. A. (1986). *Migration*. New York: Longman Publisher.

<sup>37</sup> Hugo. (1994). In S. Castles, & M. J. miller, *The age of migration: International population movements in the modern world* (p. 27). New York: palgrave Macmillan.

<sup>38</sup> Global Protection Cluster Working Group. (2007). *Handbook for the Protection of Internally*

Due to a number of reasons the displaced persons are unable to access the health care facilities for instance transportation problem, social and cultural restrictions language difference and sense of insecurity and poverty.

“Displaced persons may not be able to access available health care for a number of reasons, including discrimination, high user fees, insecure environments, long distances, or lack of affordable transport. Older persons, as well as women and girls, also face additional obstacles in accessing health care. Their ability to travel may be limited, for instance because cultural norms prohibit them from traveling alone or from being treated by a male doctor. Survivors of sexual violence may also be reluctant to seek help because of fear of humiliation, stigmatization, or risk of further violence, arrest or detention.”<sup>39</sup>

Internally displaced people needs humanitarian support as in the new environment (host area) as they are unable to support themselves after their fresh arrival. The displaced families are poor and are living in un healthy conditions. Gender differences, lack of food and poor economic situation lead to mal nutrition. Wheat is the main item in daily diet, the wheat flour given to IDPs in Pakistan is not of quality and majority of displaced persons have complained about it. Female health was at high risk due to mal nutrition, women need proper diet during pregnancy and after the delivery.

“Women and girls make up almost half of all the internally displaced population, but there is no integral policy to address their specific needs in terms of health care and reproduction. Almost a third of all IDP women have had an involuntary abortion, or their babies have died during or soon after birth, and only 63% have received medical treatment. Internally displaced women are often turned away from hospitals and clinics because of their inability to pay”<sup>40</sup>

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*Displaced Persons*. Geneva: PCWG.

<sup>39</sup> Global Protection Cluster Working Group. (2007). *Handbook for the Protection of Internally Displaced Persons*. Geneva: PCWG.

<sup>40</sup> Springer, N. (2006). *Colombia: Internal Displacement-Policies and Problems*. UK: Writenet.

As a result of forced displacement the economic condition of the already poverty stricken people become worse. They are unable to consult with private doctor which increases the risk of female reproductive health. Female reproductive health is vulnerable in conflict and displacement situation,

“Armed conflict and displacement have a profound negative impact on the reproductive health of women, men and adolescents. Poverty, loss of livelihood, disruption of services, breakdown of social support systems, and acts of violence combine to destroy health. There is a pressing need for comprehensive reproductive health care to be made available to refugees, displaced persons and populations affected by conflict.”<sup>41</sup>

It is often observed that most of the displaced people hesitate to consult to private doctor. There exist cultural and religious norms and people barely cross these norms here, they prefer spiritual healing. So the policies should be made in a way that it addresses local cultural and religious norms.

“Cultural and religious norms and practices have an influence on people’s perception of health and health care must thus be provided in a culturally acceptable way in order to be effective. In addition, health-related information must be provided in a manner and in a language that the displaced population can understand.”<sup>42</sup>

In war times female reproductive health is at high risk. Maternal mortality and morbidity increases due to the hardships of displacement

“Maternal mortality and morbidity can only be reduced by ensuring women with obstetric complications receive good-quality medical treatment without delay. The desperate circumstances of refugee and IDP women fleeing conflict place them at exceptional risk of pregnancy-related death, illness and disability.”<sup>43</sup>

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<sup>41</sup> WHO. (2000). *Reproductive Health during Conflict and Displacement*. Geneva: WHO.

<sup>42</sup> Global Protection Cluster Working Group. (2007). *Handbook for the Protection of Internally Displaced Persons*. Geneva: PCWG.

<sup>43</sup> Meyers, J., Lobis, S., & Dakkak, H. (2004). UN Process Indicators: key to measuring maternal mortality reduction . *FMR 19* , 16-18.



Malnutrition of the displaced population also increased their vulnerability,

“Inadequate nutrition among children can seriously affect their physical and mental development, may prevent them from attending school, and push them into child labour to contribute to the family’s income.”<sup>44</sup>

“Access to adequate food and nutrition is, together with access to water, one of the most important humanitarian concerns for any human being. During displacement, all stages of nutrition – production, procurement, preparation, allocation and consumption of food – are disrupted. Communities that may have previously developed group coping mechanisms and solidarity networks to mitigate the impact of food shortages, find themselves suddenly scattered”<sup>45</sup>.

The poor economic condition of the displaced persons due to displacement effects the education of the displaced persons. The displacement has made worse the economic condition and they are unable to fulfill their children education. The education system in Waziristan prior to this displacement was not very good because of the fact that the educational institutions were not providing adequate education to the children. Teachers would not regularly attend schools, secondly schools within the region (South Waziristan) were used for public and private activities and events by the local people and majority teacher lacked the proper qualifications for teaching. The military operation and the militants also caused severe damage to education infrastructure. However, following the migration to the recipient areas the situation has further worsened due to the massive migration which has taken place.

“Loss of homes, land and livelihoods often results in poverty and marginalization and internally displaced persons may lack the resources to pay for tuition, books, clothing, school supplies and/or meals. Children and adolescents, in particular girls, are often required to work

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<sup>44</sup> Global Protection Cluster Working Group. (2007). *Handbook for the Protection of Internally Displaced Persons*. Geneva: PCWG.

<sup>45</sup> Ibid: 310

## Chapter - 3

### Area Profile

#### 3.1 Historical Background

The biggest part of the 'Daman' area is Dera Ismail Khan. Daman is the geographical term used by the locals for the floodplain region at the western bank of Indus River that mainly falls in present day KPK (Khyber Pakhtunkhwa). Furious hill-torrents occasionally pour down from western Suleman mountain range and join the mighty Indus passing through Daman. Daman was once considered as the gateway to South Asia owing to its traversable numerous mountain passes connecting Afghanistan and the Central Asia to Pakistan and the Sub-continent. Invaders and traders continued to pass through Daman for centuries before the advent of new transportation systems and routes. The area is a seat of ancient civilizations as is evident from the ruins found at Rehman Dheri and Kafir Kot. The archeological remains of later periods suggest that the area was once part of Hindu Shahia region. The Muslim Pashtun tribes' influx from the Suleman Range started somewhere in 12th century and continued for two centuries. The Lodhi tribes of Prangi, Suri, Sarwani and Bilach were the first settlers. These with the exception of Bilach of Paniala were gradually ousted by the Lohani tribes whose sub-branches Daulat Khel, Marwat and Miankhel settled in Daman.

In 1467 Hussain Shah, the Langah ruler of Multan gave this area to a Baloch chief, Sohrab Khan, who established posts and forts to guard against raiders from the west. The town of Dera Ismail Khan was founded in the name of his son Ismail Khan somewhere in the beginning of 16th century.

In the beginning of 17th century Kati Khel branch of Daulat Khel settled in Tank under Khan Zaman Khan, who managed to push Marwat further north to the desert of Lakki. As he was helped in this adventure by the Gandapurs there, he arranged for their settlement in the centre of Daman, the area which they now occupy. By the end of 18th century, the area went under the direct rule of Ahmed Shah Abdali, whose son Taimur Shah gave the Nawabi of Dera Ismail Khan to the Sadozai chief



Nawab Muhammad Khan, a cousin of the ruler of Multan Nawab Muzaffar Khan Sadozai.

The Sikhs took it over in 1836 just before the death of Ranjit Singh. After the second Sikh war in 1849 this district was annexed by the British along with the rest of the Punjab. Bannu district was also a part of Dera Ismail Khan but in 1861 it was separated. From 1861 to 1901, Dera Ismail Khan District had five Tehsils namely Tank, Kulachi, Bhakkar, Layyah and Dera Ismail Khan. It was also made the divisional headquarter of Derajat in 1861 and remained so till the formation of NWFP province in November 1901. Dera Ismail Khan District was included in NWFP with the exception of the trans-Indus areas of Bhakkar, Layyah and Vahova circle of Dera Ghazi Khan, which were given to Punjab. The district then had three Tehsils namely Dera Ismail Khan, Kulachi and Tank. Tank was made an independent district in July 1992. A new Tehsil within Dera Ismail Khan was also created with the name of Paharpur. Dera Ismail Khan was made a division in one unit as the country was regrouped into East and West Pakistan. It was in fact one of the only two divisions of present-day KPK previously NWFP. All the southern districts were included in this division while central and northern districts were made parts of Peshawar division. DI Khan enjoyed the status of division until the abolishment of the commissionerate system in 2001 although the geographical area under its missionary squeezed considerably with the inception of two more divisions in the region during these 46 years, namely Kohat and Bannu. The division, one of seven in previous NWFP, at the time of its abolishment included DI Khan and Tank districts.<sup>55</sup>

### **3.2 Boundaries & Location of the District D.I.Khan\***

The district is bounded on the North by the crest of Bhattani and Marwat ranges, on the West by Sherani and Sulaiman hills, on the South by Dera Ghazi Khan District and on the East by the Indus River. The district lies between 31-15 to 32-31 North latitudes and 70-5 to 71-22 east longitudes. The total area of the district is 3,477sq. Miles<sup>56</sup>.

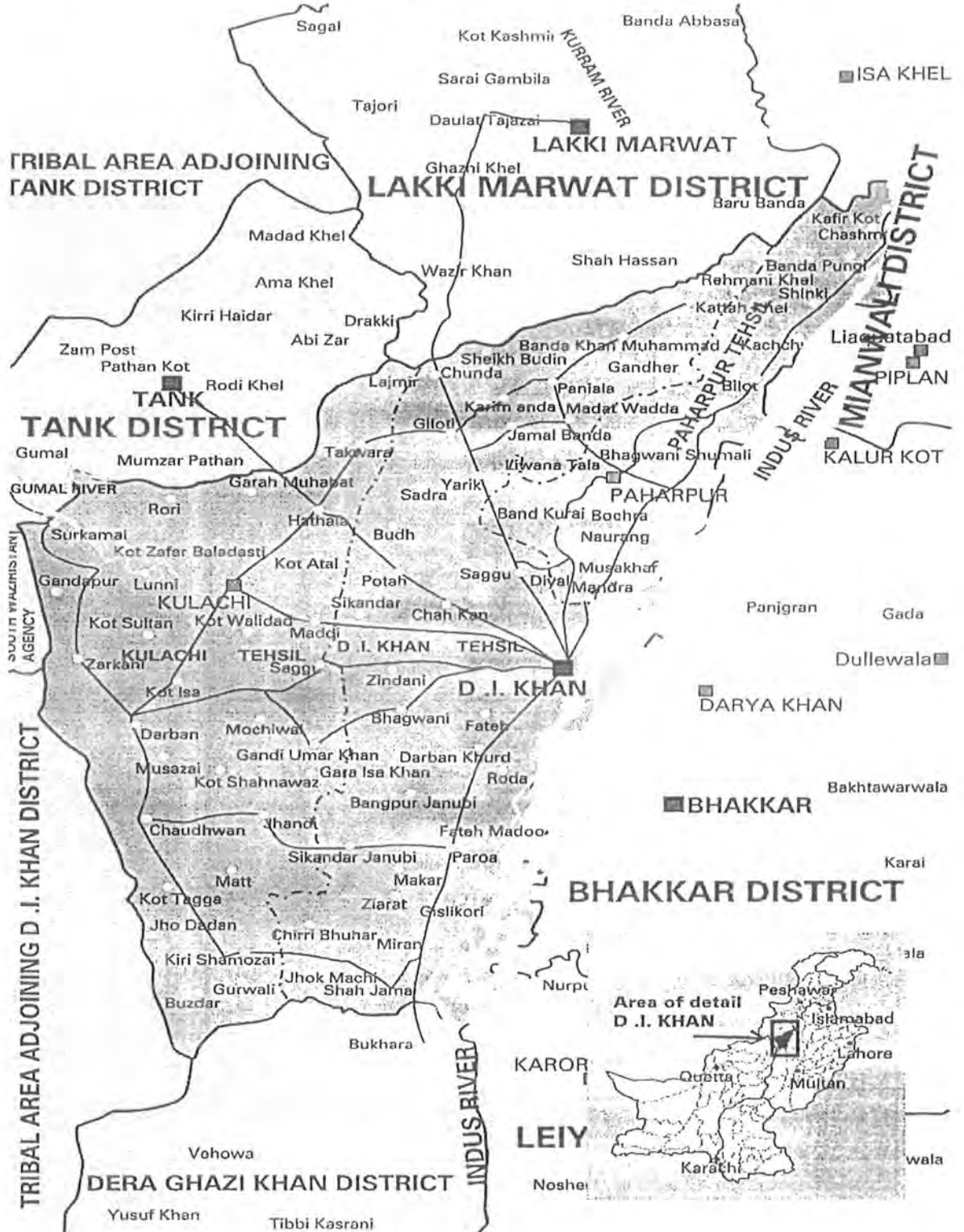
<sup>55</sup> South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues*. Lahore: South Asia Partnership-Pakistan.

\* District Dera Ismail Khan

<sup>56</sup> Population Census of Pakistan. (1975). *1972: District Census Report Dera Ismail Khan*. Islamabad;

Map 3.1

Map of Dera Ismail Khan



### 3.3 Demographic Details

Total population of the district according to 1998 census was 8, 52,995 with an inter-censal percentage increase of 72.5 percent since March 1981 when it was 494,432. The average annual growth rate was 3.26 percent during this period. The population growth in the district between the previous two census (1981 - 1972) was 2.5 percent suggesting that the district grew faster afterwards. Propagated at the national annual growth rate, the population of Dera Ismail Khan District is estimated to be 1,018,796 in 2007. That gives a population density of just 115.4 souls per square kilometer, which is third lowest in NWFP province with Peshawar leading as the most dense districts (1,606 persons/sq km) and Chitral being the thinnest (21 persons per square kilometer). The entire northern NWFP is thinly populated due to rough terrain and inaccessible mountains<sup>57</sup>. In the below table the total estimated population (10, 18,796) of district D.I.Khan in 2007 is given. The %age of total rural population is 85% while urban population is 14%.

Table 3.1  
Demographic Details District D.I.Khan (2007)

Sr#	Towns	Tehsils	Population	Rural	Urban	Total
1	D.I.Khan	D.I.Khan	103,873			
2	Kulachi	Kulachi	22,828			
3	Paharpur	Paharpur	17,414			
4	D.I.Khan Cantt	D.I.Khan	6,145	85.3%	14.7%	10,18,796

Source: SAP-P, 2009

The data gathered during the field work with the help of socio-economic and census survey forms give the detail of population. The researcher took 50 households

<sup>57</sup> South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues* , Lahore: South Asia Partnership-Pakistan.

of displaced persons for the sample in Zafar Abad with the population of 463 members.

A household is considered whose members cook their separate food for themselves and whose economic earning is separate and this is the criteria used by the inhabitant of the area for a *Kali* (family). There are certain families which live in one compound with separate kitchen.

Table 3.2  
Age Wise Distribution of Sample Population

Male	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80
219	41	23	11	27	23	23	13	12	11	9	13	08	03	—	01	01
Female	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80
244	41	33	22	29	23	27	19	07	11	12	10	05	03	—	02	—
Total Members						463										

Source: Socio-Economic Census Survey forms

Above is the age wise distribution table of the displaced persons in Zafar Abad district D.I.Khan. Of the total 463 members of 50 households 219 are male members and 244 are female members. Their ages vary from under five years up to eighty years.

Below is the table of marital status of the sampled population. The table shows 133 married males, 81 unmarried, two divorced and three are remarried (remarried as their wives died or they are divorced). Out of total 244 females 148 are married, 93 are unmarried, one divorced and two widows.

Table 3.3

Marital status

Total/ M	Married / male	Unmarried	Divorced	Widow	Remained
219	133	81	02	-----	03
Total/ F	Married / Female	Unmarried	Divorced	Widow	Remained
244	148	93	01	02	-----

Source: Socio - Economic Census Survey Forms

### 3.4 Locale

The research locale was Zafar Abad located in UC Lachra in District Dera Ismail Khan of the KPK. Initially Zafar Abad was a housing society but with the passage of time it expanded and presently it is the populous housing society in UC Lachra. It is located some 5 KM from the city on main Tank D.I. Khan Road. Total population of UC Lachra is nineteen thousand (19000) and it comprises of two thousand households. There are two high schools one for boys and another for girls. There are also five primary schools for both boys and girls. In UC Lachra there is only one basic health unit<sup>58</sup>.

### 3.5 Climate

The district has extremes of climate. The summer season is dry and hot. Temperature begins to rise in April and the months of May, June, July and August are extremely hot. June is the hottest one in which the temperature shoots above 42

<sup>58</sup> UC office Lachra Dera Ismail Khan of the Khyber Paktunkhwa



degree centigrade. In May and June the humidity is very low. The hot wind, called *loo*, blows across the district.

The cool wave starts somewhat in October. December, January and February are the cold months. The daytime temperature in winter is not very low however it falls sharply at night. The weather is cold and frost is severe. In January the mean minimum temperature is 4 degree centigrade<sup>59</sup>.

### 3.6 Settlement Patterns

The construction of houses can be divided in the *Kacha* and *Pakka* houses.

#### 3.6.1 Kacha House

The *Kacha* houses are primarily constructed with mud. There are four to five rooms depending on the size of the family members with an open court yard. The rooms are used by the family members. One big room along with a small country yard is made for cattle. Usually the kitchen is separated from the rest of the apartment. A toilet is built on one side of the court yard. *Kacha* houses were rare in the locale as this was a new settlement and majority houses were *pakkah* houses.

Plate 3.1



Courtesy of SAP-P

<sup>59</sup> South Asia Partnership-Pakistan, (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues*. Lahore: South Asia Partnership-Pakistan.



### 3.6.2 Pakka Houses

These houses are made with bricks, cement and iron. The walls are one fit in width and five meter in height. The rooms are made with bricks and cement and the roof is made of flat bricks and T.Iron. These houses consist of 4 to 5 rooms. The single couple each uses one of the rooms. Usually kitchen is situated separate from the rest of the apartment.

In Zafar Abad we have variety of settlement patterns some homes are *Kacha* homes some are *Pakha* and some are *Kacha Pakha* homes. The semi - *pakka* houses have also usually a large open courtyard. This is the centre of the activity for the most part of the day and living takes place here. Female visitors come here and gossip by sitting in the court yard. Food is cooked at one corner of the court yard. Early in the morning, beds '*Khattona*' are placed in the courtyard, whenever there is free time it is spent in the courtyard. The beds are placed in the courtyard in winter at daytime to enjoy the sun and in summer in the evening and spend the whole night there in the court yard. There is a separate room for the male guest called the *Bethak* or *Hujra*. Majority of the IDPs live in *kacha* homes having one or two extra tents in it for accommodation except few families who live in semi *pakha* houses on rent.

Plate 3.2

Inside view semi- Pakkah Residence of IDPs

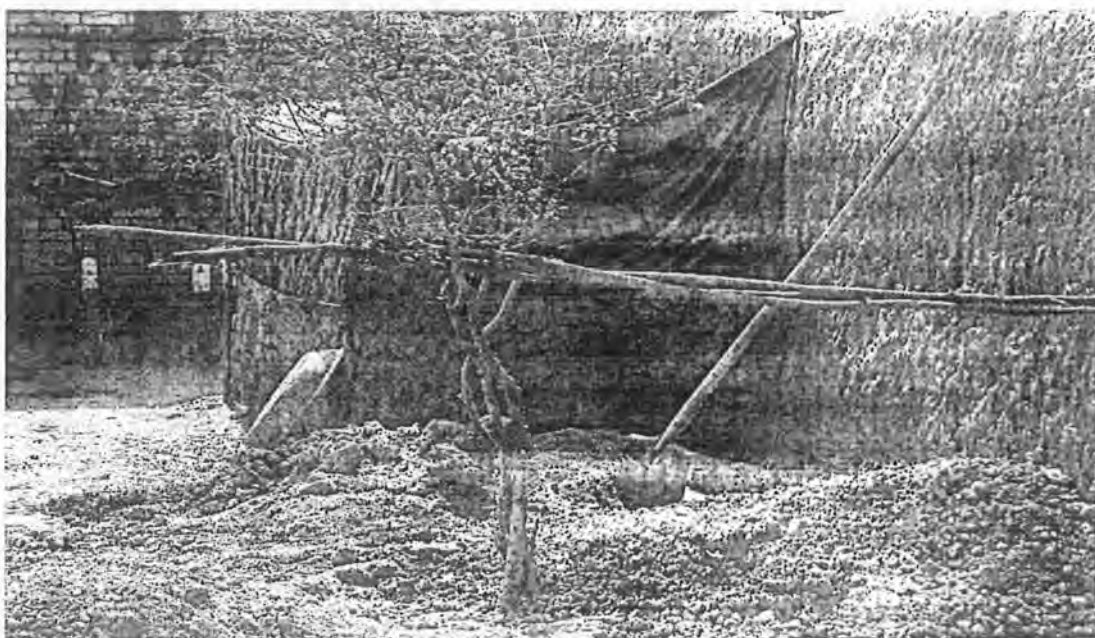


Table 3.4  
Detail of settlement pattern

Sr No	Kacha	Pakkah	Semi Pakkah	Total
1	10%	76%	14	50

Source: Socio-Economic Census Survey Forms

In the locale there were ten percent kacha houses from the selected sample of fifty households. The percentage of pakkah houses was high as Zafar Abad is a new settlement and majority of houses are pakkah. There were seventy six percent pakkah houses. Semi pakkah, houses made with mud, cement and bricks were fourteen percent.

### 3.7 Flora

A large number of lani trees are found. These are used as fodder for the cattle. *Phulahi* and *kab* or wild olives are also found. *Karvna* and *chanjawali* are common shrubs<sup>60</sup>.

### 3.8 Fauna

Deer, urial, hare, wolf, fox and jackal are found in the district. Among birds, the small bustard (obra) duck, sand grouse, quail, *chakor* and *sisi* are found in the hills. Fisheries in the district are confined to the Indus or its tributaries, *rahu* and *thaula* are the common varieties. Snakes are also found in some areas<sup>61</sup>.

### 3.9 Rivers

None of the streams "*nullahs*" of this district reach the Indus except when there is a flood. The main *nullahs* are the Gomal Luni, Gejastan Remak and vihowa. Their general direction is from the west to the east with a slight inclination to the south, the only exception being the Paniala *nullah*. Another peculiarity of these ravines is that they ramify into numerous fan-like branches to the east. The Takwara group

<sup>60</sup> Population Census of Pakistan. (1975). 1972: *District Census Report Dera Ismail Khan*. Islamabad: Population Census of Pakistan.

<sup>61</sup> Ibid: 4

includes those which come from Dera Dan, Bhattani hill and mountains on the west. Tank Zam are also important hill torrents.<sup>62</sup>

### 3.10 Dress Pattern

Dress is the prominent part of one's culture and they are identified by it. They cannot change their culture because they consider it the integral part of their living. They feel proud and happiness by practicing it. Male have *shalwar* and *kameez*, and *chadar* on their shoulder some elders of the area also wear turban. Female wear *shalwar* and *kameez* mostly made of cotton. Sometimes nylon made clothes are also used. Young girls also wear frock and *shalwar*, wear seclusion 'Burqa' and shawl to cover their bodies when go out. *Gharn Khat*\* is a traditional mehsud female dress the below child is in traditional mehsud dress up.

Plate 3.3



A girl wears Traditional Mehsud Dress

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<sup>62</sup> Ibid: 3

\* Name of Traditional Mehsud Dress

### 3.11 Food Habits

The food pattern of the locale is very simple and common. They use wheat excessively in their daily food. The breakfast consists of tea (milk tea) and simple wheat bread called *Postai*. The standard composition of lunch is vegetable with “Naan” *Naghan* or *Postai*. The locals of the study area take tea four to five times a day. The dinner comprises of vegetable, meat and “Naan” rice is not a normal or frequent item in their diet. All meals are freshly made. The family normally eats together, sitting on a mat spread on the floor. In their food they mostly eat meat and potatoes. Children drink milk and have the same food, which their parents take. Elite and rich people eat meat regularly where as middle class takes mostly potatoes, pulses and vegetables “*Soobath*” literally mean “Friends kitchen” is made by friends themselves, the “*Soobath*” is very tasty and all the Pashtoons are very fond of “*Soobath*”. Maize bread locally called “*doday*” and “*Coke*” is also used with lassi “*Tharwaipay*”<sup>\*</sup>. The maize bread *doday* is commonly taken at day time.

### 3.12 Languages

D.I. Khan's language situation is different from that of the province where majority people (73.9%) speak Pashto. The mother tongue of the district's 72.4 per cent people is *Seraiki*. Around 22 per cent speak Pashto while the mother language of 3.26 per cent people is Urdu. Less than one per cent people here speak Punjabi<sup>63</sup>. The entire population of the displaced persons speaks Pashto language. Cast and race use their own dialect; the Waziristani (Mehsud tribe) accent is hard as compared to the Afghani accent which is soft.

### 3.13 Mosques

In Zafar Abad there is one big Jamia Masjid (Mosque) in which five prayers of the day and special prayers like juma prayers, Eid and rain prayers are offered. The natives are very regular in their prayer and try to offer prayers in the mosque with

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<sup>\*</sup> See glossary

<sup>63</sup> South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues*. Lahore: South Asia Partnership-Pakistan.

jumat. The area has other community mosques (mohala mosques) of their own but all the important religious activities taken place in the main Jamia Masjid (Mosque).

### **3.14 Political Organizations**

#### **3.14.1 Political Parties**

A few powerful political figures and influential families have been dominating Dera Ismail Khan's electoral politics all through its history. The religious party Jamiat Ulema-e-Islam (JUI) has a little edge over Pakistan Peoples Party. Sardar Abdul Rashid Khan and Mufti Mahmood were the most powerful political figures of the district, who rose to national prominence in 1950's and 60's. Mufti Mahmood's political heirs still dominate the district's politics. Besides these two personalities Kundi and Gandapur Pashtun families are also on the political scene since long. Both the families gained prominence from the PPP platform. The elections on the sole DI Khan national seat have been a tug of war between JUI and PPP with JUI winning six times while PPP has been victorious twice. It is important to note that Pashtun dominate the politics of this Seraiki-majority district of KPK. Dera Ismail Khan gave three chief ministers to the province and one chief minister to West Pakistan in the One-Unit days. First one was Sardar Abdul Rashid Khan who remained Chief Minister from 1953-1955, second was Maulana Mufti Mahmood (1971-1973) who was succeeded by his fellow Derawal Sardar Inayatullah Khan Gandapur (1973-1975).

For 2002 elections Dera Ismail Khan was allotted one full national assembly seat while it shared another with Tank district. The electoral performance of religious parties peaked in 2002 elections and both the DI Khan seats fell to Maulana Fazlur Rehman. He defeated PPP's Faisal Karim Kundi on exclusive Dera seat with a margin of 6,000 votes. On the shared seat Fazl defeated Dawar Khan Kundi of PPP with a big margin of 27,000 votes. Mutahidda Majlis-e-Amal (MMA), the alliance of religious-political parties could not repeat its success on provincial front in Dera Ismail Khan District as it lost on all of the provincial seats. Two seats were won by seasoned parliamentarian Sardar Inayatullah Khan Gandapur as an independent candidate, one by PPP, one by PPP-Sherpao and last of the five seats was bagged by another independent candidate Hafeezullah Khan Alizai.



In 2008 elections, incumbent deputy speaker of National Assembly Faisal Karim Khan Kundi of Pakistan Peoples Party defeated Maulana Fazl at the exclusive DI Khan seat with a big margin of more than 37,500 votes. This was the biggest electoral defeat, the Mufti family had ever conceded. The seat shared by DI Khan and Tank districts, however, provided a consolation win to Attaur Rehman, the brother of Fazl, who edged past Habibullah Khan Kundi of PML with a margin of just over 1,800 votes. In provincial elections five seats were divided between three parties and two independents. One seat each was won by PPP, PPP-Sherpao and PML. Khalifa Abdul Qayum and Syed Murid Kazim Shah were winning independent candidates. Alizai and Gandapur families were represented by PPP's Latifullah Alizai and Sherpao's Israrullah Gandapur.<sup>64</sup>

### 3.14.2 Jirga

Jirga is an ancient Arian institution in vogue in the area that now covers Afghanistan since the Rig Veda time circa 1500- 1200 BC. Precise categorization of Jirga is not possible as this is a self grown institution that regularizes the life of the independent tribal groups of Pukhtuns- the largest on the earth – divided into several political and administrative units. Members of the Jirga are not permanent. Some elders would gather on their own to settle the issue or nominated by a party (or parties) in dispute for meditation.

Since its decision is binding, violation of which is a crime in the code of Pashtunwali, members of the jirga are, therefore, men of repute, affluence, influence and power however the wisdom revolves around the traditions. Jirga normally comprises of 20 or more members, who sit in a circle at a distance from the centre. Jirga have played important role in times of social, cultural, political, economic and tribal and inter- tribal conflicts and issues.

The decision of the selected members of a jirga is accepted by the tribe. The decision of the jirga is called *tinga*, which binds all members of the tribe. Immediately after a decision is taken by a jirga, a *chalwishtee* is appointed to ensure enforcement of the decision. The jirga provides the complainant and the accused

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<sup>64</sup> South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues*. Lahore: South Asia Partnership-Pakistan.



chance of free speech without fear or intimidation. After hearing both the sides, the jirga members go into mutual consultation and detailed discussion on every aspect of the case to reach a fair conclusion.

Before announcing its verdict, the jirga normally ask for *waak* (authority) from both the parties. Once the *waak* is given, the jirgha announces its verdict in a soft and polite manner and pray Almighty God to forgive both the parties for accepting the decision of the jirgha and wish them success in the future. In case the accused denies the commitment of the crime, the jirgha asks him to swear in the Holy Quran in a ceremonial way in the presence of elders and members of the jirgha.<sup>65</sup> In spite of the fact that Zafar Abad is located in the urban setting but the IDPs living here sort out the matters through the promulgation of Jirgha.

### 3.15 Social Structure

#### 3.15.1 Family Structure

The family is a social group characteristic by common residence, economic cooperation and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship and one or more children own or adopted of the sexually cohabiting adults.<sup>66</sup>

In Zafar Abad, family is the basic unit of all social activities and social organization. It is a group of family members in which one male member earns and the rest of the family members depend on him. The family provides support to its members for reproduction, food, education and clothing. Family members have different right obligations and status in the family. In the area nuclear family doesn't exist as a single unit from the beginning. At the time of marriage the bride moves into the family of the grooms parents and became its new member. After sometime due to the death of the parent or due to any conflict with the parents the bride groom and their children form a nuclear family.

The society in the area is patriarchal in nature. The male head of the family exercises the authority. The male head of the family is the decision maker within the

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<sup>65</sup> Wazir, B. G. (2003). *The Faqir of Ipi*. Peshawar: The Aayans Press.

<sup>66</sup> Murdock, G. P. (1949). *Social Structure*, New York: Macmillan Co.

family and outside the family. Generally in the research area four kinds of families are found. These families are nuclear family, joint family extended families and joint extended families.

### **3.15.2 Nuclear Families**

Nuclear family is the first and basic form of social organization. The nuclear family is a universal human social group, either as the soul prevailing form of the family or the basic unit from which more complex families' forms are compounded. It exists as a distinct and strong functional group in every known society. In the view of Linton the nuclear families plays "an insignificant role in the lives of many societies"<sup>67</sup>.

Simply the nuclear family consists typically of a married man and woman with their off spring. In the area, nuclear families are very rare just after marriage. After two to three years of joint residence, families divide into two to three nuclear families.

### **3.15.3 Joint Families**

Joint family is a prevalent form of extended family. It is a group of sharing same residence and economic pool. The joint family is a unit composed of two or more brothers and their wives; the bond of union is consanguinal. In joint family the brothers live as joint unit and share same economics earnings.

### **3.15.4 Extended Family**

An extended family consists of a three consecutive generations living as family unit. The particular characteristic of this family unit is that one married child lives with the parental generation and sharing some Chulla (Kitchen).

### **3.15.5 Joint Extended Family**

The joint extended family consists of parents with their sons married and unmarried and their children. The members of the joint extended family live under the same roof and share same economic means.

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<sup>67</sup> Murdock, G. P. (1949). *Social Structure*, New York: Macmillan Co.

Table 3.5

Family's types

Sr #	Family's type	No; of families
1	Nuclear	17
2	Joint	3
3	Extended	5
4	Joint extended	25
5	Total	50

Source: Socio- Economic Census Survey Form.

### 3.16 Economic Organizations

#### 3.16.1 Small Bazaars

However, Zafar Abad is located near the city (urban area) and has its own small bazaar for people convenience. This bazaar has all the routine necessities of life. After the arrival of IDPs in the area the economic activities boasts up. This small bazaar has taken the shape of a market place where the IDPs opened new shops and huts (kokay). Prior to the arrival of IDPs all the shops belonged to the local people but now the situation is different as the displaced persons also started economic activities here. The already existing shops are pakha shops while the new construction is kacha. These shops contain the necessary items of people use. People come here and spent their leisure time by gossiping with one another. One of my key informants Waheed-ur- Rahman is also a shopkeeper.

#### 3.16.2 Occupations

Majority of the people in the area are illiterate and are unskilled labour except drivers. Most of the people are related with business (shopkeepers) and Agriculture which is mainly subsistence based. The major source of income is the overseas employees, transporters and businessman shopkeepers and agriculturist.

The occupational data which I have gathered from 50 households of the displaced persons shows that the pre displacement subsistence of the displaced persons is mainly based upon transportation, wage labor and overseas employers. The post displacement economic activities have somehow changed the transportation and

overseas employment ratio decreased while the wage labor has increased. The displaced persons face difficulties to continue their economic activities in the new urban setting. The wage labors faced difficulties to find wage labors in the new setup, the transporters returned to their families on leave. Majority of the youth left their studies and started running *Cheng Chi* autos to contribute in their family subsistence. In short the migration disturbed all the economic activities of displaced persons.

Table 3.6

Occupations of the displaced persons

Sr#	Occupation	No	%age
1	Govt. Servants	5	1.07 %
2	Businessman	9	1.9 %
3	Transporters	13	2%
4	Agriculturist	3	0.64%
5	Overseas Employees	7	1.5 %
6	Students	51	11.01%
7	Wage labour	53	11.44%
8	Skilled labour	1	0.2%
9	Total	142	30 %

Source: Socio-economic census survey form

### 3.16.3 Live Stock

The live stock sector makes an important contribution in their food and other necessities of daily life. The main live stock species are goats, sheeps, cows and donkeys. Cows, goats give milk and meat. Donkeys are used to put luggage from one place to another. The dung of these animals is also used as energy and fertilizers.

The displaced families have left all their live stock at their homes in the South Waziristan; they only took one or two of their live stock with them in the settled areas but they soon sold them as they have no place to keep these animals. Only a very few families keep some of the livestock these families live in big homes and a little bit economically sound to afford the livestock. The detail of the livestock the displaced persons have is as in the below table.

Table 3.7

Live stock

Sr#	Livestock				
1	Cows	Sheeps	Goats	Donkeys	Total
2	1	5	7	3	16

Source: Socio-economic census survey form

### 3.17 Modern Amenities

#### 3.17.1 Communication

Zafar Abad is a part of the urban setting and being an urban character people enjoying all the modern means of communication. The transport is available all the time except at night people hesitate to travel due to security reasons.

People enjoy listening to the radio transmission in the area almost every household in the area has a radio set, television, DVD player and tape recorder. As the area is electrified therefore some people all these modern communication means. Most of the people listen to the local radio station programmes i.e. Pakistan Radio station Dera Ismail Khan, "Jwand Rang" and FM Waziristan are very popular Pashto programmes in the study area. Telephone facility is there, cell phone also work in the area. All the mobile companies have set up their net work and provided the facility.

#### 3.17.2 Education

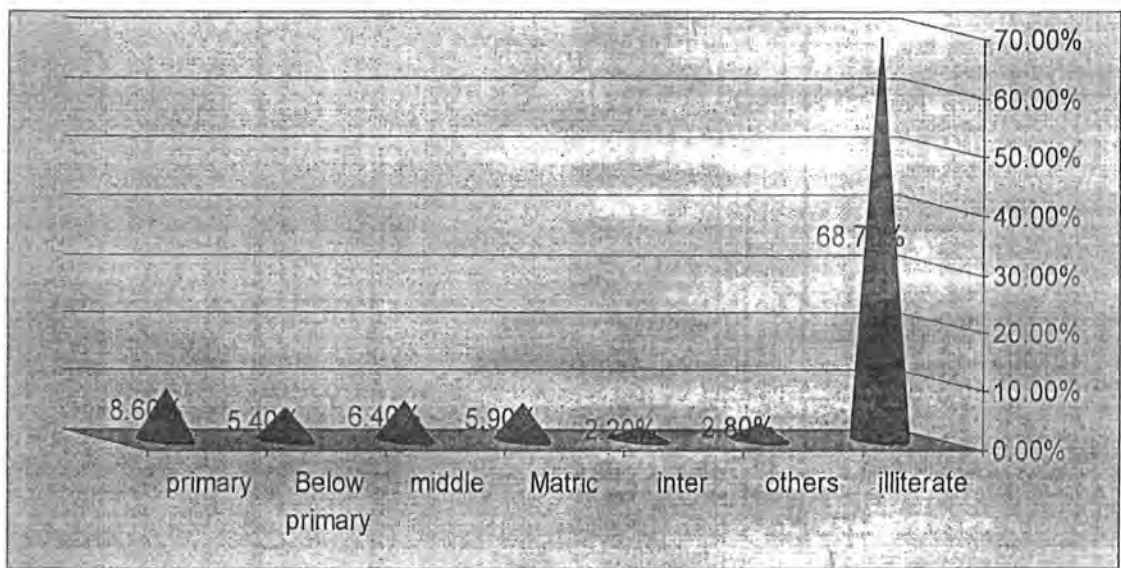
Education can be of two types Formal and Informal. Formal education includes religious education. The senior generation in the locale is almost illiterate; most people are educated up to primary level. Presently there is one high school for boys and middle and two primary schools for boys. There are also two primary schools for girls. Female education is very much neglected in the study area as majority of the population is below poverty line. Children in the area also get religious education from the Imam Masjid in the evening.

Overall literacy rate of the district is just 31.3 percent according to 1998 census report, with highest being for urban males (75.02 percent) and lowest for rural females (11.3 percent). In overall population of the province two in every five men can read and write while only one in five women know how to read and write.



Literacy rate of DI Khan is 12th lowest in the province, with Kohistan hitting the bottom with just 11 per cent literate population. The entire NWFP province shows the unfortunate pattern of low female literacy (just 19 per cent) as compared to male literacy (51 per cent). This huge difference implies that male children are prioritized over girls as the male education is attached to employment in public and private institutions while girl education is considered a burden on resources of the household and/or affront to the prevalent social norms. Similar pattern is visible in DI Khan as well. However, it is among the few districts where male-female literacy disparity is relatively lower than other parts of NWFP. There are 37 literate women against 100 literate men in Dera Ismail Khan<sup>68</sup>.

Chart 3.1  
Education level of District D.I.Khan



Source: SAP-P, 2009

The literacy ratio of fifty households of displaced persons is 15.0112%. Most of the literate displaced persons get their education up to primary level. The displacement affected the education of the migrant children because they are unable to continue their education in this new setup.

<sup>68</sup> South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues*. Lahore: South Asia Partnership-Pakistan.



Table 3.8

## Displaced Person's Education

Sr #	Educational level								
1	M.A	B.A.	Intermediate	Matric	Middle	Primary	Total	Literate	Illiterate
2	1	3	2	7	19	29	61	13.7 %	86.8%
3	1.6%	4.9%	3.2%	11.4%	31.1%	47.5%	100%		

Source: Socio-economic census form

### 3.17.3 Medical Facilities

19 percent children in the district are not vaccinated. Health statistics of the district are poor by any standard. By 2000, there were 11 hospitals and 30 dispensaries in the district with 466 beds available for the entire population of the district. There were 48 rural, basic and sub health centers working in DI Khan in 2000. The total number of doctors and nurses was 191 and 43 respectively. There is one doctor for every 4,736 persons and one nurse for 21,038 people. The total number of available beds in the hospitals of the district is 466, which means that there is only one bed for 1,800 people or in other words 5.4 beds for 10,000 people. This ratio is below the national average<sup>69</sup>.

There is lack of modern health faculties in the study area. There is neither any Govt. health dispensary (BHU) nor any private qualified doctor. Although there is a BHU in the surrounding area of the locale but people prefer to go to the DHQ. There are very few medical stores which are run by unqualified technicians who spend 2, 3 months with a doctor and then open thier own medical store in the area. People take their serious patients to DHQ. Spiritual healing amulets and *Dum\** is also used for the cure of diseases. There are no free health services for the displaced persons provided

<sup>69</sup> South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issuess* , Lahore: South Asia Partnership-Pakistan.

\* see glossary

by the government. They treated their patients with the unqualified service providers in the area.

#### **3.17.4 Drinking Water**

People of the area use poor water for drinking. There are pipe lines for water supply and people have taps in their home from where they get water. Another source of water supply is through hand pumps, tube wells are also there in the area.

#### **3.17.5 Electricity**

Electricity is the main source of lightening in the area. 100% of the households have access to electricity. Due to the long hours load shading people also use Gas cylinders and oil lamps (Laltains) for lightening.

#### **3.17.6 Sanitation**

Majority of the households have pit-latrines inside their homes, which are built mainly for women and children. Men go outside and each household has a specific place for this purpose. The overall sanitation situation is not satisfactory in rainy season the sanitation system is blocked and water entered homes and the streets presented a flood view.

#### **3.17.7 Irrigation**

The sole source of irrigation by which the fields are watered is through CRBC (Cheshma Right Bank Cannal). People in the area who have agriculture land in the surroundings watered their field with this water.

Plat 3.4



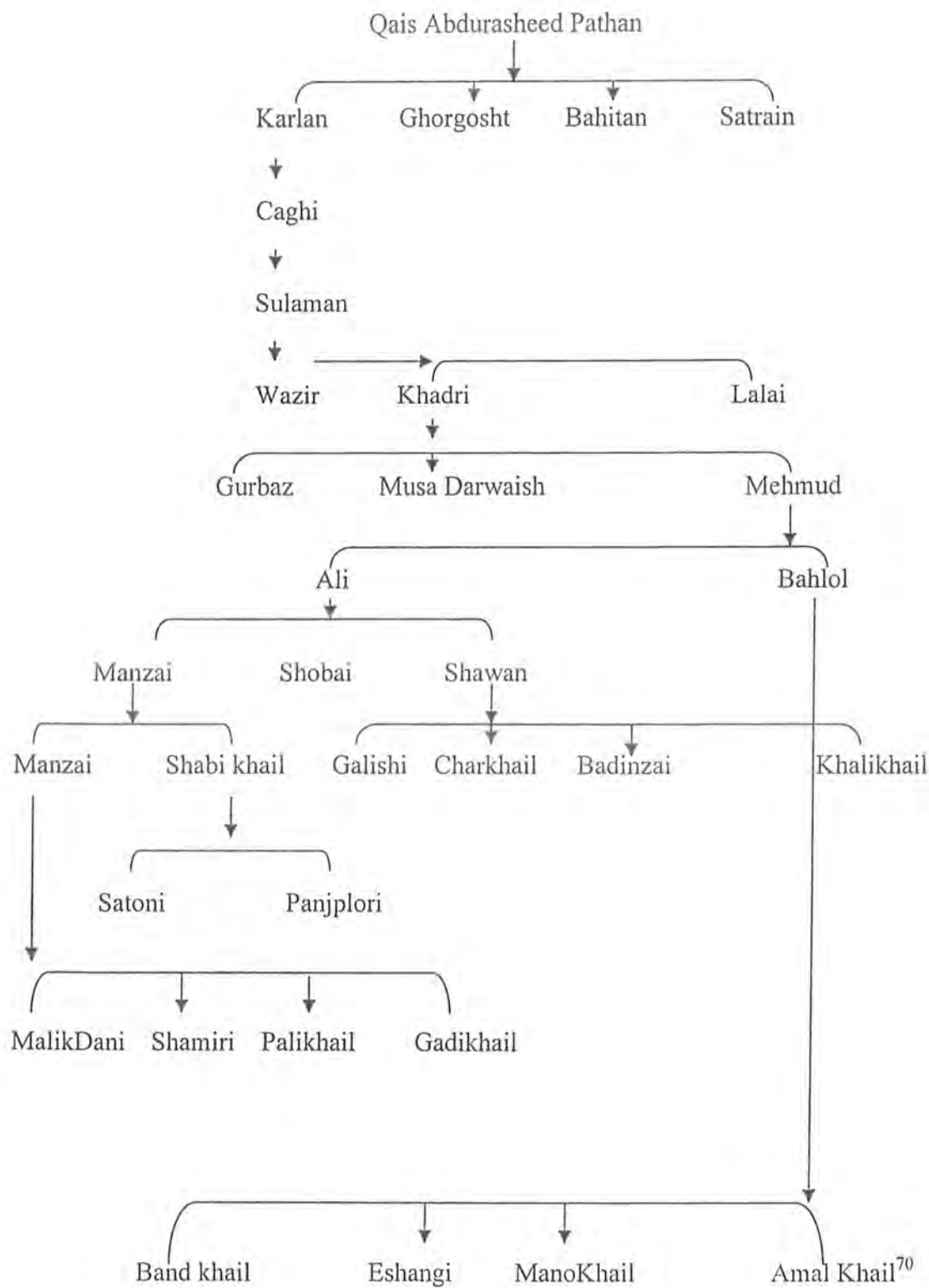
Courtesy of SAP-P

### 3.18 Social Organization

The study area comprises of a number of displaced families. The displaced persons belong to different Qaum and sub Qaum. Each family resides with their relatives either belongs to the same Qaum (caste) or to some other Qaum. Every Qaum has its own head called "*the Qaumi malik*" (The headman of Qaum). In selection of Malik, main determinant is heredity. The individual characteristics - the man's influence, qualities, wealth etc, carry far greater importance in the selection of Malik (headman) among the Pashtoons. The retention of influenced acquired by Malik, however, depends on external support such as that of the government rather than of the tribesmen themselves. Individuals and small groups prefer to have direct contacts with the government rather than approach their Malik in every matter. The Malik system continues to exist, like many other traditions, but is weakening gradually.

An organization comes into existence when explicit procedures are established to coordinate with the activities of a group in the interest of achieving specific objectives. In social organization of the migrant families, I have studied how a Pashtoon society is organized and how it organizes itself and how it grows. There are economic, political and religious groups within the social organization of the migrant families.

Descent system of Mehsud tribe



<sup>70</sup> Mehsud, A. (1991). *Waziristan from Kurrum to Gommal*. D.I.Khan: Waheed Art press.

The great great-ancestor of Mehsud tribe is Qais Abdu-r- Rasheed Pathan; Qais Abdu-r-Rasheed had four sons, Saterin, Bathan, Ghargosht and Karlan. Karlan was the father of Chagi, Chagi had a son Suleman. Sulman had one son Wazir, who had two sons Khadri and Lalai, Khadri remained in Waziristan while Lalai migrated to Afghanistan after killing the descendent of Dawar tribe of North Waziristan.

Khadri had three sons Gurbaz, Musa Darwaish and Mehsud, Musa Darwaish is the ancestor of Wazirs and Mehmud is the ancestor of Mehsud tribe. Mehmud had two sons Ali and Bhalol. Ali had three sons Shawan, Shobai and Manzai, Shawan is further divided into four main Khails (clan), Gulishahi, Charkhail Bodinzai and Khali Khail. Shobai is further divided into Panjplorai and Astanai. Manzai is divided into Ghadi Khail, PaliKhail, Shamari and Malikdeni, Bhalol had four sons Band Khail, Eshangi, NanoKhail and Amal Khail. All the Khails are further divided into small Khails or sub casts.<sup>71</sup>

### 3.20 Kinship and Units of Kinship

Kinship plays an important role in both the regulation of behavior and the formation of social recognition and cultural implementation of relationships derived from descent. Whole study area distinguishes various categories of relationship by descent or consanguinity. Following are the units of kinship in Pukhtoon society.

#### 3.20.1 Kor (Family)

The (kor) family is the basic unit of social organization. It comes into existence through marriage. It includes more than two generations vertically downward, and the first and second cousin in horizontal dimension. The residence patterns observed in the families are patrilocal. Thus at the time of marriage the female moves from the parents household to the side of husband's household. The off springs after marriage live with the parents. The descent in kor is traced through the male line. The male is considered important, because he keeps his patriarchal mane moving to the next generation.

Customarily male inherits the property. The females get only dowry and leaves her own right in the property in favor of her brother. She gets property when

<sup>71</sup> Mehsud, A. (1991). *Waziristan from Kurrum to Gomal*. D.I.Khan: Waheed Art press.

she has no brother. The proper age of the boy to be married is 20 years, for girls it is 15 years among migrant families.

#### **3.20.2 Tharbeer (Patrilineal Cousin)**

“Tharbeer” is a patrilineal group in which the consanguine of the father side are lumped together to make a group. Within this group of Tharbeer all members can trace their relations with each other. Tharbeer is considered as a unit in which members have common prestige. If the prestige of one member of “Tharbeerwali” is damaged, the whole Tharbeers feels ashamed.

#### **3.20.3 Khel**

The large unit of concentric circle is “khel”. It may be called as extension of “Tharbeer”. Khel is actually the unit in which people participate in the primary and secondary. Khel is actually the unit in which people participate in the primary and secondary group relationships. This means that whenever there is any event of common happiness and sorrow they will participate with each other.

#### **3.20.4 Qaum**

It has been observed during the field work that majority of people having a common khel. Many khels when combined together formulate a larger circle which is termed as Qaum. The basic difference between khel and Qaum is that khel is the unit of participation while Qaum is the unit of identification. People identify themselves with each other by a common surname, which provides a sense of identification of its members.



Table 3.8  
Some Kinship Terminologies

Pashto	English
Adey/Mor	Mother
Kaka/Thrah	Father's brother
Khor	Sister
Khurayae	Sister's son
Khwurza	Sister's daughter
Leer	Daughter
Merrah	Husband
Nandyar	Mother's brother's wife
Nayae	Mother's brother
Neou	Mother's mother or Father's mother
Niqah	Mother's father or Father's father
Okhshai	Sister's husband or Wife's brother
Ploor	Father
Shazah	Wife
Thror	Mother's or Father's sister
Wrrah	Brother's son
Wrerah	Brother's daughter
Wrore	Brother
Zyai	Son

### 3.21 Customs of Cooperation

The system of communal co-operation does exist among the displaced families and it is very strong and prominent. This is perhaps due to the predominance of the joint

family system which enables each family to take care of all or most of its problems on its own. The migrant families take care of each other and also of the other displaced families. When any member of the displaced family falls ill other community member of the same or different Qaum visited him. If there occurred the death of the community member then all the other members of the displaced families visited the deceased family.

### **3.22 Role and Status of Women**

Women constitute about 52% percent of the total population of the displaced families. Most of them live within the age-old social structure and value system. Boys and girls are segregated, when they reach the age of puberty. Female mobility is usually restricted to their household, where *pardha* (seclusion) is strictly observed. in the study area male dominated society , the women's place is the house, where she is expected to do the traditional home tasks of rearing children maintaining the house and spends her time cooking , fetching water, feeding and cleaning the livestock, milking cows and many other tasks.

Majority of the women in study area possess no formal education, married against their wishes in the early life. They have to bear about children and are deprived of family inheritance despite of Islamic injunctions and do not enjoy the same standard of living as their male counterparts.

### **3.23 Polygamy**

It is an ancient Greek word, "poly" means many and "gamy" means women. Among the people of the study area, polygamy exists because in Islam they are allowed four women to be married with a man at a time. In the study area there are some people who are living with two to three wives at a time in one household.

### **3.24 Child Rearing**

Due to lack of education, the child up bringing is not one of the important functions of the parents in study area. The ratio of stillbirth and miscarriages is high the reason is that mothers do not take special precautions during pregnancy. Young girls of six to seven years of age take care of their young brothers and sisters and have to do

others sorts of work at home. The boy of six to seven years does not take responsibility of his younger brothers and sisters. They attend school; just roam in the streets and playing games. They also along with their elders look after their field of vegetables and orchards of fruits. Old people like grandfathers, maternal or paternal, could also be seen looking after the children, holding and taking them to the orchards. Babies are not given any solid food for a year after their birth. When they attain the age of one year and start crawling, they are given a piece of bread at different times. Girls of nine and ten years of age help their mothers and elders sisters in taking care of cows, goats and do help in cloth washing.

### **3.25 Different Social Relations**

In the study area, husband-wife relations are sometime good and sometimes they quarrel, but women obey their husbands because of the traditions Pashtoons possesses. Wives play less part in the decisions making in house her opinion is only asked concerning her daughter's marriage. In a house, they have fights on minor matters like food or minor disorders.

The relation between mother-in-law and daughter-in-law is very delicate. Both of them want to drag the son and husband towards her. Both talk against each other in front of their son and husband separately. This is not practiced in all households but it is a part of one life. Father-son relationship is very good; sons are obedient to their fathers. When sons in the younger age do some misdeeds then father beat them. Brothers have good relations, although there are some cases about their fight but commonly they live in harmony.

### **3.26 Birth Rites**

The expected advent of child is kept secret as far as possible. The expectant mother is kept secluded and only old woman proficient in midwifery or one to two female relatives are allowed to attend to her. The birth of a female child generally passes un-noticed but the birth of a male-child is a joyful event, an occasion of rejoicing and festivity.

The society is patriarchal in structure where the law of inheritance rests with the male line. Far more importance is, therefore, attached to sons as compared to

daughters. This, however, does not mean that daughters are deprived of paternal affection. The news of a male-child's birth is a happy tidying for parents as well as for the near relatives. The news spread like wild fire in the neighborhood and messengers hasten to distant places to break the happy tidings to paternal and maternal uncles etc. this is called '*Zarraī*\*'. The person who breaks the good news first to a near relative receives a handsome reward in cash. Relatives and friends facilitate the proud parents and let off their guns as a mark of jubilation. The father warmly receives the guests, slaughters a ram or goat and serves a sumptuous lunch to the visiting guests. Female relatives also hurry to the house to offer congratulations to the child's parents. They bring presents, including clothes for the infant and also offer some money. A record of the money, so preferred, is kept for repayment on a similar occasion. All women who offer money are given '*Patkee*' (Scarf's).the first important ceremony in the child's life is performed by the Mullah (Priest) or an old pious man. The Mullah whispers *Azzan* (call to prayers or profession of faith) in his or her ears. The Mullah receives some money for this religious service. The child is also given a dose of indigenous medicine called '*Ghotti*'. This liquid compound is administered to the child by a pious woman, preferably mother of several sons. Within seven days of birth, the child is named. The infant is wrapped in swaddling clothes with his hands tied to his body. This binding practice continues for over six months. The idea behind the binding of infants from shoulders to toes seems to be to prevent him from exhaustion or causing an injury to himself. At night, the child is laid besides its mother. The child entirely belongs to the mother; she feeds him/her at least for two years and makes every possible endeavor to protect him/her from the malignant eye or the glance of evil spirits. Those females who have no male child pay visits to holy shrines and beseech the favors of the holy saints for a male child. They offer alms and sometime bind a stone to one of the flags hanging beside a wall or tree near the saint's *mazzar* (Shrine). After the child's birth, precautionary measures are taken to protect the mother from evil spirits. She does not take a bath, at least for a fortnight after the birth of the child. The mother never leaves alone in the house at least for forty days in succession for fear of evil spirits. The mother refrains from doing any work for a month and she resumes her usual occupations after a lapse of 40 days.

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\* See the glossary

### **3.27 Wrrou (Marriage Ceremony)**

Marriage ceremony usually takes place on Sunday and Friday. Marriage festivities commence three days before the schedule date of the actual marriage. Respectable but elderly women and other female relatives visit the house of the bride a night before the marriage for dying her hands and feet with 'Nakrzi\*' and for braiding her hair into three or more plates. The braiding of hair is generally interested to a woman with several male children. The bride's 'Naway Jora\*\*' or special bridal dress and ornaments etc are normally sent a day before the marriage. The bride grooms serves meal to guests as well as the bride's villagers. Usually the feast is given on the wedding day.

#### **3.27.1 Walwar (Head Money)**

The custom of walwar is as strong as ever. The amount of walwar ranges from 100,000 to 250,000. Most parents use the walwar for the dowry, which bride takes with her. The amount of walwar is determined by such factors as the girl's beauty, age and her personal qualities. The younger people, especially those who are educated, look down upon the walwar system, not so much for its amount as for the social stigma that it carries. Walwar, which forms part of the negotiations is determined at the time of engagement.

#### **3.27.2 Marriage Party**

The bridal procession is marriage party. On the day of marriage, the village of the bride groom wears a happy look. Old and young alike, wear their best clothes. The marriage party generally starts for the bride's village at noon time with musician leading the procession. The 'Wrrou' or marriage party starts from the village with the sound of drums and fires.

#### **3.27.3 Nishana Weeshtal (Target Shooting)**

The natives are fine shots. Target shooting is one of their favorite games and a fascinating feature of the marriage ceremonies. The bride family invites other villagers for target shooting. The challenge is accepted by the others to show their mettle. The

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\* See glossary

\* See glossary



target is generally placed in hills of the village or at a place where it hardly comes in the range of the bullet. The man who hits the target first receives a 'Lungi' (Turban) as a prize for his accurate marksmanship.

#### **3.27.4 Nikah (Wedlock)**

The friends and relatives of the bridegroom assemble in the bridegroom's house for 'Nikah' by the 'Mullah' or religious leader. On this occasion, the bride proposes the name of bridegroom's brother, uncle or any other near relative as her Nikah Father (Attorney). It becomes the moral duty of Nikah Father to give paternal love and affection to the bride and treat her at par with his own children. The '*Mullah*' repeats the names of the bride and bridegroom two times and seeks the approval of the bridegroom in the presence of two witnesses and some village elders. After this he recites a few verses from the Holy Quran and declares the couple wedded to each other. The Mullah is given some money for this religious service.

#### **3.27.5 Draima (The Third Day)**

It means the return of the bride to the house of her parents on the third day of the marriage. The girl side takes with her '*Kulchay*' (cakes of flour and sugar with sounf i.e. anise seed) to the house of the bridegroom. Now the tradition has been modified by taking confectionery. The parents of the bride give some gifts to the relatives of the bridegroom and served them with lunch

### **3.28 Death rites**

The people of the study area are very social, humane and friendly. They share each other's joys and sorrows. Their sympathetic behavior can be judged from the fact that they give more importance to participation in funeral processions than festive occasions like marriages etc. At the time of some one's death, the elders of the surrounding areas come to the deceased family to express their sense of grief and sympathy with the bereaved family and the youngsters hasten to the graveyard for digging a grave and making necessary funeral arrangements. The women of the neighborhood also go to the house of the bereaved family carrying articles of daily use



such as sugar, gur\*, wheat, rice etc and to offer condolence.

The moment any one expires, his eyes are closed, toes tied, face turned towards 'kaaba' and placed on a charpae (bed) in courtyard. Women sit around the dead body in a circle and weep over it in unison. The lamentation is generally joined by the females of the neighborhood. Embracing the wife, mother and sisters of the deceased and wailing over the passing away of their dear ones, is the traditional way of lamentation and expression of sorrow. Some women, in a state of deep anguish, resort to sorrow. They beat their faces and chests with both hands and with loud sob. The burial takes place on the day of death, if the death occurs in the morning, other wise on the following day. Weeping in the house continuous for at least three days but it sometimes continues intermittently for a fortnight or even forty days. No marriages take place among the deceased near relatives till the first anniversary of the deceased is observed. Only in rare cases marriages take place within a year of the occurrence of death and that, too, with the consent of the members of the bereaved family. Music and jolly activities are avoided for at least forty days. The deceased's family is fed by relatives and friends for three to seven days.

### 3.28.1 Funeral

Before burial, the corpse is bathed by Mullah or some other old men. The dead body is usually washed in the veranda or in a corner of the house. Sometimes few candles are lighted at this place in the evening for at least three nights to scare away the evil spirits, and people avoid passing over the spot. After the bath, the dead body is wrapped in a shroud, placed on a bier, a sheet thrown over it and then taken to the graveyard or '*Marchishun*'. The funeral procession is preceded by the Mullah and three to four persons, carrying the Holy Quran on their heads. Friends and relatives join the funeral procession and carry the bier turn by turn.

The "*Janazay Lminz*" (Recitation of the burial service by an Imam) joined by mourners from all over the area, are offered in the community graveyard and then the body is lowered into the grave which is always dug north to south with its face turn towards '*Kaaba*'. Later special prayers are offered for the eternal peace of the departed soul. After the burial, alms are distributed among the poor and indigent at the graveyard

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\* See glossary

this is called '*Iskath*'.

The pashtuns consider the payment of '*Iskath*' as an essential part of the religious service and a question of their prestige. Even the poor, who can hardly afford two square meals, borrow money for this purpose to vindicate their honor. It is also one of the customs to present on this occasion a few copies of the Holy Quran to the Mullahs of the area for "*Quran Khwani*" (recitation).

### **3.28.2 Khairath (Charity)**

The burial ceremony over, some food is served in charity to the whole area. This is called 'Khairath' (Charity). Rice and meats are cooked in a few cauldrons and the participants in the funeral procession are invited to partake of it.

### **3.28.3 Drayama (Third Day)**

The third day of the death is called as '*Drayama*'. The day is observed with due solemnity. The women of the vicinity assemble in the deceased's house on that day. Meanwhile, friends and relatives continue pouring into the village Hujra for offering condolences. This practice continues for at least seven days.

### **3.28.4 Chalweshtuma (40th Day of the Death)**

The 40<sup>th</sup> day of the death is called '*Salweshthi*' in Pashto. The day is rounded off with "*Khatm-e-Quran*" and distribution of alms. One laudable custom among the inhabitants of the area is that they take upon themselves to supply meals and tea to the bereaved family for three consecutive days after the death. They also look after the guests of the family in the Hujra. The pashtuns have an immense love for their motherland. They cherish a desire to be buried in their ancestral graveyards beside their near and dear ones. In case they die in a foreign land, their bodies are brought home for burial. Even on the battlefield, the pashtuns do not leave their dead behind and carry them at a great personal risk. At present when all the routes leading to the displaced people area of origin they took land in the settle area for burying their dead.

## Chapter – 4

### Data Analysis and Presentation

#### Conflict and Displacement: Impact on Female Reproductive Health

##### 4.1 Introduction

Fourth chapter comprises of data presentation and analysis. Here I have discussed the impact of conflict and displacement on female reproductive health. The data presented here is under main headings and sub headings. Furthermore, there are statistical charts and tables derived from empirical data.

Plat 4.1



Displaced children in the locale

##### 4.2 Internal Displacement and Female Reproductive Health

*"A woman's health is her total well-being, not determined solely by biological factors and reproduction, but also by effects of work load, nutrition, stress, war and migration, among others."*<sup>72</sup> Everyone has the right to enjoy reproductive health, which is a basis for having healthy children, intimate relationships, and happy

<sup>72</sup>Kwaak, A. V. (1991). Women and Health. *Vena Journal* 3 (1) , 2-33.

families. In an ideal situation, every child would be wanted and every birth would be safe. The critical importance of reproductive health to development has been acknowledged at the highest level. At the 2005 World Summit, world leaders agreed to integrate access to reproductive health into national strategies to attain the Millennium Development Goals.<sup>73</sup>

Little attention has been paid towards female reproductive health in emergency situations in the past. "An International Conference on Population and Development held in Cairo in September 1994, where for the first time refugee women were invited to speak about their reproductive health needs on an international stage."<sup>74</sup> "This was followed by the Fourth World Conference on Women (FWCW), in Beijing in 1995, which acknowledged women's right to have control over their sexuality, and articulated concepts of reproductive rights and health."<sup>75</sup> Since then efforts were started for the improvement of health care policies and better female reproductive health in the pre and post displacement scenarios. At present many UN agencies and other donor organizations work in this field (RH). Reproductive health can be defined as,

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes"<sup>76</sup>.

However, reproductive health problems remain a leading cause of ill health and death for women of childbearing age worldwide. Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections—including HIV, gender-based violence, and other problems related to their reproductive system and sexual behavior.<sup>77</sup>

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<sup>73</sup> Cross, R. Z. (2006-07). Pakistan Demographic and Health Survey. NIPS. See also on [www.unfpa.org](http://www.unfpa.org)

<sup>74</sup> [www.un.org/popin/icpd2.htm](http://www.un.org/popin/icpd2.htm)

<sup>75</sup> WHO. (2009). *Mental health aspects of women's reproductive health : a global review of the literature*. Geneva: WHO.

<sup>76</sup> WHO. (2000). *Reproductive Health during Conflict and Displacement*. Geneva: WHO.

<sup>77</sup> Cross, R. Z. (2006-07). Pakistan Demographic and Health Survey. NIPS. See also on [www.unfpa.org](http://www.unfpa.org)

Women and girls make up almost half of all the internally displaced population, but there is no integral policy to address their specific needs in terms of health care and reproduction. Almost a third of all IDP women have had an involuntary abortion, or their babies have died during or soon after birth, and only 63% have received medical treatment. Internally displaced women are often turned away from hospitals and clinics because of their inability to pay. Even though 52% of internally displaced women report having suffered physical violence and 36% sexual abuse, according to the Social Protection Ministry, gender-based violence remains without serious attention.<sup>78</sup>

Government of Pakistan has formulated various policies and legislations to improve reproductive health. Reproductive health is addressed in whole and in part through various national policies and legislation. Governmental policies addressing reproductive health include the 2000 National Reproductive Health Policy, the National Health Policy and the Ninth Five Year Plan. The National Reproductive Health Policy seeks to improve the reproductive health status of Pakistanis within their "cultural and religious milieu."<sup>79</sup>

Displacement or internal displacement is the movement from one point to another here it refers to physical movement, movement of people (IDPs) from their area of origin to the recipient area. Women and children are most vulnerable in the emergency and post emergency phases. Women and young girls are exposed to various shocking threats like gender based violence, sexual abuse, physical injury and psychological consequences. The study under consideration results in massive population displacement due to military operation against the militants in South Waziristan Agency. The hazards of this displacement on female reproductive health and children were severe. Hundreds of pregnant women and children (infant under five year and above) lost their lives during the processes of displacement and after their settlement in the host area.

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<sup>78</sup> Springer, N. (2006). *Colombia: Internal Displacement-Policies and Problems*. UK: Writenet.

<sup>79</sup> The Center for Reproductive Rights . (2004). *WOMEN OF THE WORLD: LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES* . New York: The Center for Reproductive Rights .



powers and very limited social exposure. Prior to displacement female reproductive health was also not satisfactory. All the reproductive health problems were dealt under cultural practices for instance, there was no concept of family planning and contraceptive use as these were not part of their culture and were considered un-Islamic. Deliveries were handled and referred to traditional birth attendants. One reason for the negligence in the reproductive health was the already defined social and culture practices and another was the un-availability of health care facilities.

Factors mainly responsible in the poor performance of female reproductive health were as under;

- The government did not pay much attention to health sector especially female reproductive health was neglected. There were limited health care facilities and no transportation and communication system.
- Conservative mullahs were against modern practices and considered these un-Islamic.
- Cultural and social setup itself opposes health innovations as people were not ready to adopt modern practices.
- Absence of female opinion and decision making powers.
- Insecurity and militancy was another obstacle in the way of modern health care.
- Due to insecurity in the area, national and international NGOs hesitated to launch health projects.
- Lack of awareness and illiteracy.
- Poverty and less economic opportunity as there are no industries and other sources of income. People's subsistence is mainly based on daily wage labor, business and transportation and limited agriculture.
- Geographical location, almost all the area is mountainous terrain and homes are located far away in the mountains where access to transportation and health care facility is difficult.
- Inter family feuds, many families prefer traditional birth attendants at home due to the fear of being targeted by their foes outside.

#### **4.3.1 Family Planning**

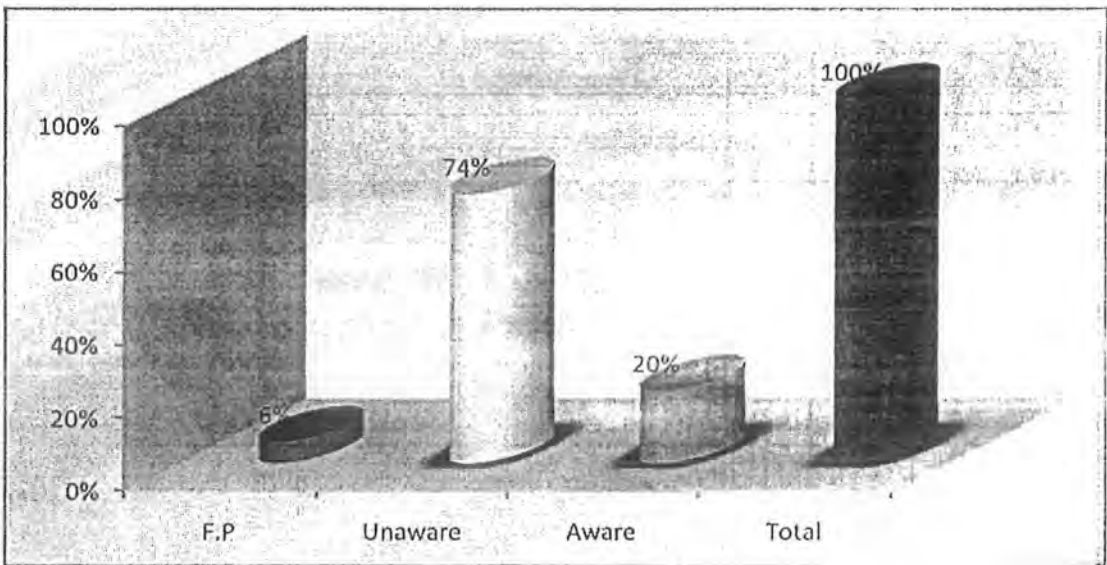
Prior to the displacement Majority of the female were unaware of family planning. Due to lack of awareness, illiteracy and cultural barriers these women did



not get the opportunity to be acquainted with family planning. Moreover, in tribal society considerable number of male members in a family is regarded as a sign or a symbol of prestige for the father and head of family. In case of having no male heir or have a very minimum number of male children often lead the elder to go for second marriage. If the second wife too, do not give birth to male children then he marry for the third time and even for fourth time for quenching the desire for increased number of male children. In such a situation where increased number of male members is considered as a symbol of social status, therefore social and cultural demands make it hard to believe in family planning.

Chart: 4.1

Pre Displacement Family Planning Response Chart



Source: Questionnaire and Interviews

The data collected during field shows that out of total hundred percent only six per cent female practice family planning. These female either have literate husbands or have no family pressure not to practice family planning or have enough male children. Prior to the displacement seventy four per cent women were unaware of family planning these female had moved from the most remote areas and experienced urban life for the first time. Twenty per cent female were aware of family planning but they do not practice it due to lack of opinion and strict social setup.

#### 4.3.2 Contraceptives use

Almost all tribal belts particularly South Waziristan has a conservative culture overshadowed by extreme religious beliefs and male domination. In the pre displacement scenario the use of contraceptive was low and the factors again were quite similar like lack of female decision making powers, unawareness, misconceptions about contraceptives and other cultural barriers. Female prior to the displacement have little knowledge about contraceptives, only few knew about it but they were also hesitant to use it.

Table: 4.1

Pre Displacement Contraceptive Ratio and Preferred Methods

Sr#	Awareness & Method	Percentage
1	Unaware	74%
2	Aware	26%
3	Contraceptive use	6%
4	Aware but don't use contraceptive	20%
5	Condom use	0%
6	Oral pills	2%
7	Inject able use	2%
8	IUDs	2%
9	Surgery	0%
10	Total	100%

Source: interviews

Above the data shows 74% women prior to the displacement were unaware of contraceptives. Twenty six percent female from the sample size were aware of contraceptives, among these twenty six percent female six percent were using it and twenty percent in spite they knew about contraceptives were hesitant to practice it.

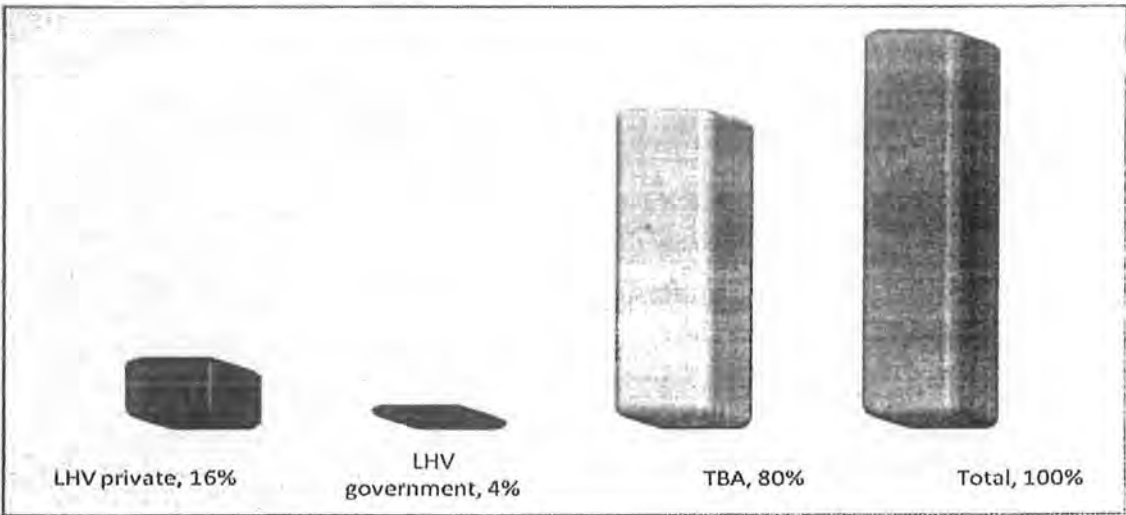
Two percent female used oral pills in the same way two percent were using injectable and two percent were using IUDs. The condom and surgery ratio was 0%.

4.3.3 Preferred and Culturally Constructed Delivery Practices

During field work most of the female confirmed that prior to displacement they were referred for deliveries to traditional birth attendants. This study indicates that people preferred the already set forth cultural trends of deliveries through traditional birth attendants. Though in few complicated cases they opted for health practitioners, however, in such cases male head of the family or husband permission was necessary. Almost all the respondents replied that they need head of the family permission for outdoor referrals. They consider it a matter of shame to refer their female for deliveries to an unknown person or outside their family. The doctor patient relationship was based on family terms and ethnic affiliations. Below the data shows preferred choices for deliveries referrals.

Chart: 4.2

Pre Displacement Delivers Preferences



Source: Interviews

The above data shows that prior to the displacement eighty per cent delivery cases were performed through traditional birth attendants at home. Sixteen percent women prior to the displacement did deliveries through private LHVs; these private LHVs had opened their own clinics in the area. The government LHV ratio was low only four percent were referred to the government's BHUs (basic health units). As

these BHUs were ill equipped and were lacking necessary items for deliveries like labor table, surgical instruments and oxygen flask etc.

#### **4.4 Post Displacement Female Reproductive Health**

The displaced persons faced severe health problems during the processes of displacement and in the host area. Many IDPs were injured due to military shelling and bombardment and others got sick and caught by various diseases during the process of displacement and soon after their settlement in the recipient area. One of my respondents was injured on his way to the recipient area. A stone fall on him that broke his leg. As a result he remained on bed for two months. After recovery he came to know that his broken leg was not fitted right. To fit his leg well he did operation again and remained on bed for more than a year.

The ill health and injured displaced person's health condition was further deteriorated in a new setup. Here, in the host area they were caught by various diseases and their injuries expanded day by day. Rahman, a private medical service provider, who has a medical store in the locale, was of the view that his patients increased soon with the arrival of displaced persons. Daraz khan, one of the migrant brought his five years old daughter to Rahman for medical checkup. Daraz khan told the researcher that prior to displacement his daughter was healthy but as she entered the host environment she got ill. The doctors said that the changed environment i.e. hot weather and unhygienic conditions caused malaria.

This forced displacement made reproductive health of displaced persons at high risk. It affected reproductive health of both genders during the process of displacement and also when IDPs reached the recipient area. It is common that women and young girls are more vulnerable during wars and displacement. In this study only female reproductive health is discussed as it was more vulnerable and affected. Pregnant women suffered a lot during their movement to the recipient area. These women covered almost all the distance on foot as there was no transport facility. The pregnant women walked for several days in mountainous terrains and extreme cold without food and warm clothes. Many miscarriages and deliveries occurred in mountainous terrains, forests and along the road sides during their movement to the host area.

In urban centers reproductive health further deteriorated due to unhygienic conditions, imbalanced diet (malnutrition), overcrowded houses, physical and mental stress. There were no permanent free health facilities for displaced people where they could do routine checkup. Although they have opportunities in the urban centers like DHQ (District Headquarters Hospital) and private gynecologists but IDPs were hesitant to go there because of their poor economic conditions, alien setup and cultural barriers.

Table: 4.2  
Post Displacement Reproductive Health

S.No	Questionnaire respond				
1	Overall - health Affected	Female R.H		Child health	Total
2		Affected due to displacement	After the displacement in urban setting	Child health affected due to displacement	
% age	100%	98%	98%	100%	100

Source: Questionnaire

The above table represents the data of affected displaced persons. Hundred percent were of the view that overall health has affected due to the displacement. 98% responded that female reproductive health is affected during the process of displacement. Similarly, 98% represented those that suffered from health problems in the recipient area while hundred percent of the infant health is affected in the new set up.

#### 4.4.1 Family Planning

“The idea of birth control has long been a part of human life. The oldest written records mentioning birth control date back to the reign of Amenemhet III in Egypt, around 1850B.C. women were advised to put a paste like substance in the vagina to block male sperm from reaching the egg. Pliny’s Natural History, written in the first century A.D., lists many methods of birth control, including potions to drink, magical objects, primitive suppositories and tampons, and physical actions such as



jumping to expel the semen. These early birth control methods were generally unsuccessful.”<sup>82</sup>

The term used for family planning in native language is "*Qabilay band kawal*". During the field when female were asked whether prior to the displacement they were familiar with family planning? Majority response was in negative. Although few of them were aware about family planning, however, they were not practicing it. In the post displacement scenario the awareness ratio has increased but the practice of family planning is still very low as shown by the chart below. There are multiple factors for their unwillingness towards family planning, that is, they were unaware of the positive effects of family planning on female health and on household economy. Second, cultural, social and family restrictions, third, the idea that more male members will contribute more in the family subsistence, fourth, desire for male children, fifth, fertile women receives due attention of their husbands and finally, absence of decision making powers of females.

Khwarz Wali a displaced person from South Waziristan has thirteen children, nine sons and four daughters. Khwarz Wali was against family planning, he was of the opinion that it is against Islamic injunctions and no one in the community could dare to look at us with bad eye he further stated that my children contributed in family subsistence then how I am suppose to adopt family planning. There is also another common misconception that females once practice family planning become infertile and as a result their husbands perform another marriage. This situation seems quite appealing and restrained female to practice family planning.

According to the researcher understanding the reasons for not practicing family planning are socio-cultural restrictions and lack of decision making powers. In the post displacement scenario more female became aware of family planning as compared to the pre displacement situation. The key reason of this awareness was, first, the urban setting, their interaction with the host population and second, their visits to the health facilities where they were told by LHVs and other service providers about family planning. It is seen that child birth ratio has remained the same after the displacement one obvious reason for this increase was the escape from the

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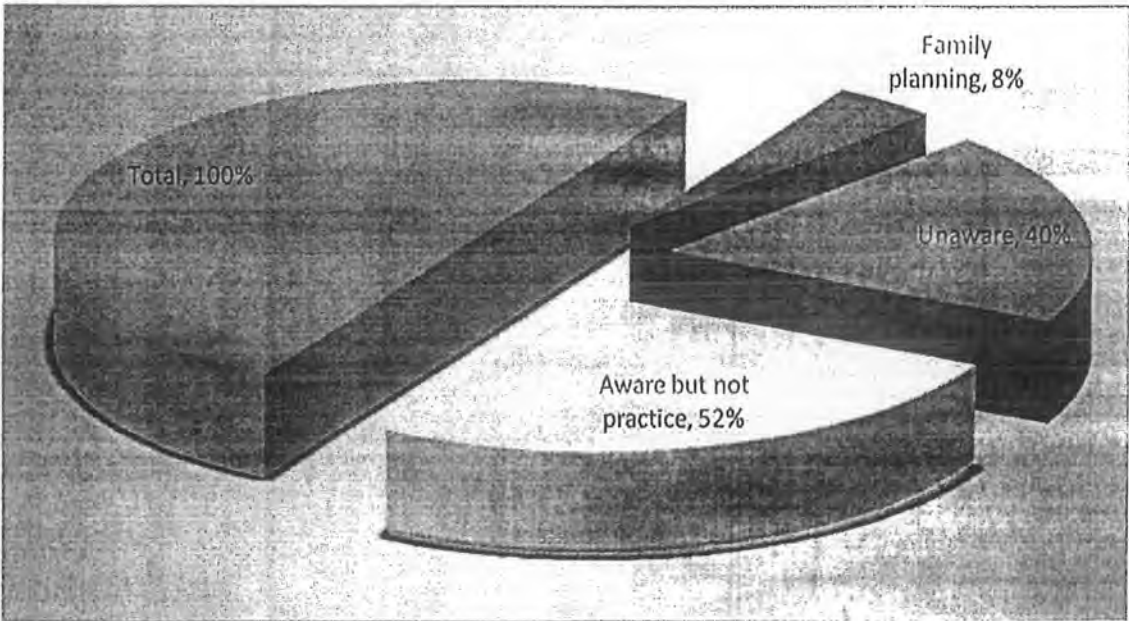
<sup>82</sup> Cox, F. D. (2006). *Human intimacy: marriage the family & its meaning*. USA: Thomson.



prevalent situation where male come close to their mates for solace. Below the data shows the response of females towards family planning.

Prior to the displacement family planning practice was 6% which is increased by two percent and reached 8% after the displacement. There is noted a difference in awareness and practice ratios as well. Seventy four percent (74%) of the displaced women were unaware of family planning before the displacement which was reduced to 40% after the displacement in the host area. Fifty two percent (52%) are aware of family planning but only a very small fraction practices it. After the displacement awareness is increased by thirty four percent regarding family planning.

Chart: 4.3  
Post Displacement Family Planning Chart



Source: Questionnaires

4.4.2 Contraceptives Use

“Pakistan is the sixth most populous country in the world, as its population increased from 34 million in 1951 to 173.5 million in 2010. The inter-censual growth rate in population remains above two per cent during this period.”<sup>83</sup> By contraceptives, we mean the methods to control population. There are many practices

<sup>83</sup> Dawn 31, May 2011

to control birth rate five popular types of contraceptives are 1) condoms, 2) oral pills, 3) injectables, 4) surgery and IUDs.

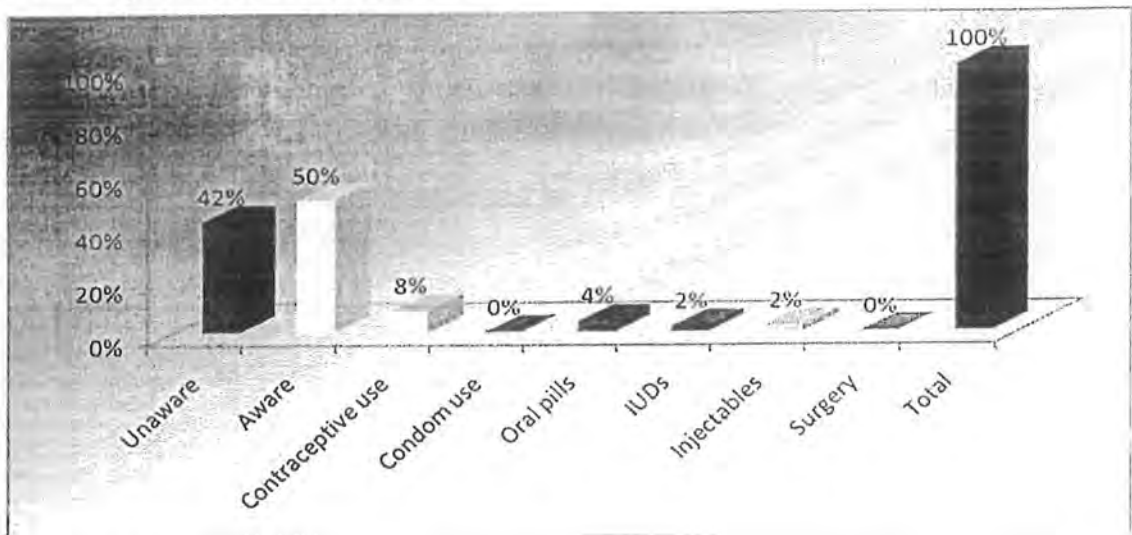
Females were not using contraceptives either by their own choice or due to pressure of their husbands. It is observed that awareness about contraceptives is increased after the displacement but when the question of its use comes they are again unwilling to use it. They say that they don't need contraceptives "*Allah pydo kari de o agha wo ye sotee*" (Allah has created them and He Himself will look after them). There is an overwhelming misconception that the use of contraceptives makes female infertile. Further contraceptives are seen as an artifice method to lessen the Muslim population. Contraceptives are considered as a sin which is forbidden by the religion.

Key informant, an LHV told the researcher that after displacement females become aware of contraceptives but there are still doubts in their mind and they are hesitant to use contraceptives. The common contraceptives are oral pills, IUDs and injectables, these contraceptives are prolonged in duration and approachable. Other contraceptive methods like condoms and surgery are not common. Although use of condom is easy and approachable, however, it is not commonly used because they like sex without condoms. She further adds that surgical contraceptive cases are very rare as their husbands avoid it.

The researcher observed cases where the male having hepatitis or any other sexually transmitted disease do not consider doctor advice and sex without condoms.

Chart: 4.4

#### Post Displacement Contraceptive Use



Source: Questionnaires

The above data shows forty two percent (42%) women don't know about contraceptives. Fifty eight (58%) female from the sample size were aware of contraceptives, majority of which do not use contraceptive only eight percent (8%) use different kinds of contraceptives. Oral pills and injectables are popular among the female and health practitioners due to its compatibility, easy use and prolong duration.. Oral pills use is four percent (4%), IUDs and injectables are two percent (2%) respectively. Condom use is 0% and surgery with the same percentage as 0%.

#### 4.4.3 Post Displacement Delivery Practices

"In a family communication study conducted in Pakistan, 63.8 percent of currently married female contraceptive acceptors attributed husband-wife communication as the specific source for motivation to adopt family planning."<sup>84</sup> It is the male who has to decide with whom and where the delivery should be performed. The data gathered from fifty respondents indicated that head of the family (husband or other male head of the family) is the sole decision maker regarding delivery referrals. Female are hesitant to disclose her illness in front of male members. In case of pregnant female she is supposed to discuss her ill health with elder women in the

<sup>84</sup> Farooqui, M. N. (1994). Interpersonal Communication in Family Planning in Pakistan . *The Pakistan development review* 33:4 part II , 678.

family, her mother in law or husband's brother's wife but that is only in rare cases where the illness is severe or she became bedridden.

In the post displacement phenomena there is inclination to other deliveries practices. Like deliveries through skilled birth attendants and gynecologists. Other reasonable options were government hospital (DHQ) and health units. But this change is only observed in economically sound families or where the delivery case is very serious. Many poor displaced families prefer traditional birth attendants.

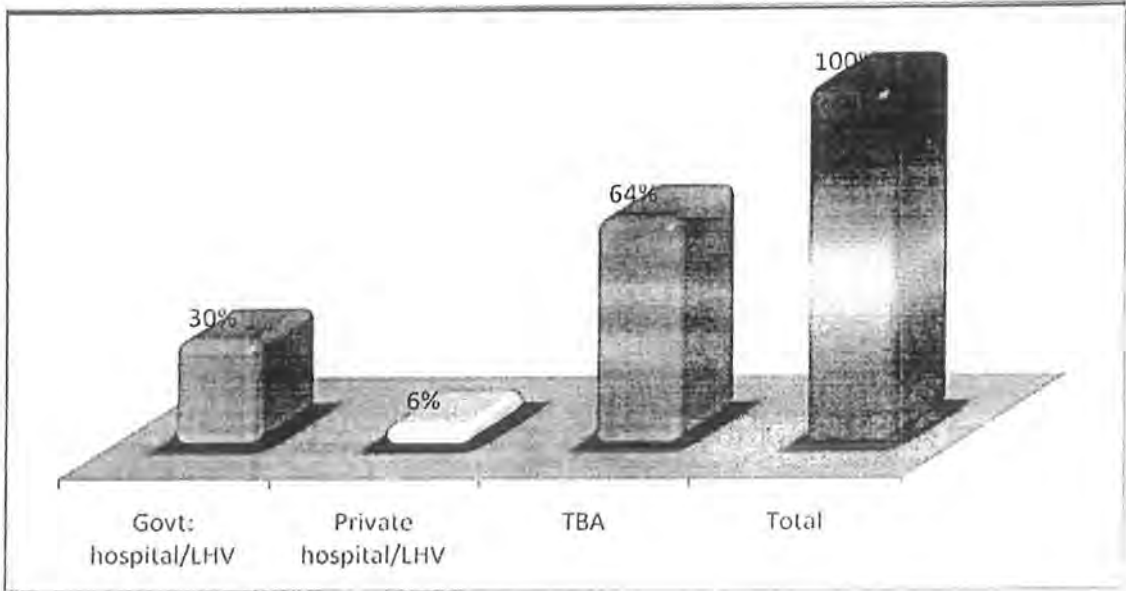
The most preferred option for delivery was traditional birth attendants assisted by family elder females. The birth attendants use traditional methods for deliveries which are dangerous to the health of both mother and newborn. Various problems for instance, the surrounding unhygienic conditions and the traditional methods (instruments, oil and herbs) of deliveries lead to sepsis or tetanus. Razia bagam, fifty years old displaced female, told the researcher that her daughter in law delivery was handled by traditional birth attendant but the case was very serious and she don't know what to do. Then she called her son and they took her daughter in law to the hospital where she gave birth to a baby girl after cesarean (c-section).

There were no free health services for the pregnant displaced women. The IDPs were hesitant to go to other health facilities as they were unfamiliar with urban setup and also they were unable to afford health care expenditures. Mirza khan, an IDP was of the view that majority of the displaced families' preferred spiritual healers over modern health care. He expressed his view about delivery cases in these words, "*da nan sabo shaggy makrena ko kani mez kho ledali de chay kabelay wo ye po kor ke daly*" (The present day women have become so sensitive otherwise in the past they used to deliver at homes). There are obvious threats to female reproductive health and newborn if the deliveries are performed by traditional midwives. In spite of this danger majority of the displaced persons give preference to home deliveries. Factors behind this preference are many but most highlighted are socio-cultural bondage, lack of awareness and poor economic conditions. The below data give the detail of preferred deliveries practices.

The data indicates that deliveries in public hospitals have increased to 30% which was only 4% prior to the displacement. The reason for low delivery cases (4%) through government LHV's prior to the displacement was the absence of government

health care facilities. Deliveries by private LHVs prior to the displacement were 16% which reduced to 6% after the displacement due to availabilities of other health care opportunities. The per cent age of traditional midwife preference reduced to sixty four per cent (while it was 80% before the displacement).

Chart: 4.5  
Post Displacement Delivers Preferences



Source: Questionnaires

**4.5 Changed Environmental Conditions lead to Health Problems**

The new and changed environmental conditions created different health problems. The displaced persons were used to cold weather conditions as they had migrated from the area which receives heavy snowfall from mid December to mid February and the summer season is very pleasant. These displaced persons had migrated to the recipient area where the winter is dry cold and the summer season (end of April to the end of September) is very hot. In such a hot weather conditions the displaced persons are living miserable life. It was very difficult for the displaced persons to cope with the hot weather conditions.

The displaced persons in the locale told the researcher, that when they first entered the recipient area the winter was very severe and they were not having warm clothes to protect themselves from the cold. They have left all their belongings at



home in their area of origin. The summer was also unbearable for them because they were not used to the hot weather conditions and haven't any proper arrangements for the hot summer season.

Female reproductive health and children health was affected due to the changed environmental conditions. In winter they have not enough warm clothes to protect themselves from cold and in hot summer there were no proper arrangements to avoid the hot weather conditions. Rabia, fifty five years old IDP female, was of the view that we are not used to the hot weather conditions and the extreme hot conditions in the host area which created many health problems. Every day we have patient at home. She told that two days earlier her grandson was sick and now her daughter in law have suffered from malaria. Living in congested houses, unhygienic conditions and unfamiliar hot climate these IDPs suffer from diseases, like malaria, scabies, typhoid, pneumonia, diarrhea and vomiting and hypertension. All most all the respondents were of the view that their health is affected due to this conflict and displacement. Below the table shows the replies of fifty respondents.

Table: 4.3  
Questionnaire Respond Table

Effect of new & changed environmental conditions on health						
FRH			Children health			Total
Yes	No	Don't know	Yes	No	Don't know	100%
86%	2%	12%	94	0%	6%	

Source: Questionnaires

Displaced persons health has been affected in the new and changed environmental conditions. Eighty six percent of the displaced persons are of the view that female health in general and reproductive health in particular is affected by the process of conflict and displacement. A two percent person says that it is not affected and twelve percent people have no idea of the effect of new and changed environment on female reproductive health. When asked about child and new born health majority (94%) said that children health have adversely affected. Six percent don't know about the effect of change environment on children health and 0% replied in negative.



#### 4.6 Post Displacement Health Problems in Urban Setting

Internally displaced persons are vulnerable to different diseases. After displacement they have become easy and favorable target to various health problems. Among many other factors one reason of this vulnerability is the changed environment. Good health is a phenomenon in which the human body works properly without malfunctioning. Good health is a basic need to every society. Societies are formed by the individuals and every individual in a society perform his role if he is unhealthy and unable to perform his role there comes a gap which not only disturb individual family structure but the whole society.

Health can be divided in to two categories the physical health and the mental health. Various socio-economic factors can influence both the mental and physical health of an individual like illness, accidents, family problems, economic problems and disasters. Disasters like human induced disasters i.e. sectarian violence, political violence, groups fighting and military operations against non state elements and nature induced disasters like floods, volcanoes and earthquakes.

The under discussion forced displacement created some serious mental and physical health problems. Researcher in the field observed majority displaced persons who were facing psychological problems as a result of the displacement. The new and changed environmental conditions, earning of livelihood, finding shelter for family in the recipient area, overcrowded families in single house, break down in children education and the death of dear ones in the military operation caused both the mental and physical health problems.

Prothero, in the book "Biological aspects of human migration" discusses the similar conditions that affect the health of the displaced persons, he writes,

*"Massive population increases result in large-scale population redistribution and much of this movement is not matched by equal expansion of available resources. Taken together with difficulties in earning a livelihood in new locals, these factors lead to heavy pressure on the physical and mental health of the displaced persons"*<sup>85</sup>

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<sup>85</sup> Prothero, (1988). Massive Population Increases Result in Large-scale Population Redistribution. In

Displaced persons in the host area were worried about their family future they were not sure whether they would be able to go back to their area of origin or not. Further in the host area they were preoccupied by various other problems like family adaptation to the new environment, social integration, cultural differences and disturbed inter family relations, various diseases, depression, anxiety and trauma directly or indirectly affected female reproductive health.

## **4.7 Different Factors that Affected Female Reproductive Health**

### **4.7.1 Lack of Access to Health Care**

Dera Ismail khan with already inadequate health care facilities and infrastructure could not bore extra population influx. These internally displaced families were considered burden on this limited city both in terms of economy and health care. IDPs have limited access to health care facilities due to lack of access to health facilities, poor economic condition and sense of alienation, social and cultural barriers. IDPs do not have much money to go to private hospital however, there are public hospitals but they are already overcrowded and patients did not receive proper attention from doctors. Social barriers were language and interaction with the locale people although D.I.Khan has Pashto speaking population but majority people speak *Saraike*. In this way the IDPs were hesitant to move freely in public offices and hospitals. Cultural hurdles were that, they prefer spiritual healers (peer, mullah etc) and cautious to bring out their women of homes. Majority of the displaced persons used to go to the unqualified service providers (traditional birth attendants and medical technicians) as they were cheap, easily approachable and maintained their privacy.

Naimatullah, Azizullah and other participants of the focus group discussion were of the view that neither the public sector hospitals paid due attention to IDPs nor there are free health facilities. Participants further added that majority of the IDPs go to spiritual healers and health services providers which saved both their money and privacy.

Sheren bibi, a displaced female, was of the opinion that majority of the displaced persons do not know about female reproductive health. When they faced a delivery case or other health problem they use traditional methods. Quoting the case of her relative, where a female was died due to delivery complications handled by a traditional birth attendant.

#### **4.7.2 Unhygienic Conditions**

Housing infrastructure in the locale was poor. There were pakkah and semi pakkah (made of bricks cement and mud) houses with narrow unpaved streets. The drainage and sanitation system was poor where drainage water filled the ditches which served as breeding places for diseases. There were no proper arrangements for clean drinking water. The displaced families used tap water for drinking. Furthermore, there was no garbage disposal system and people used to through garbage outside their homes.

The IDPs faced problem in disposing human waste as there were no proper toilet systems. A year earlier a nongovernmental organization had built some toilet at various locations but these toilets were completely destroyed by the 2010's flood.

Plate: 4.2

Inside view of latrine for IDPs



### 4.7.3 Transportation Problems

The displaced families scattered in the whole city and its contiguous areas. In some areas they are some ten to fifteen kilometer away from the main city. In such situation their access to transportation was difficult. Second, majority of the public transport was run by natives who speak different language other than the displaced population. Third, there was no free transportation facility for the displaced persons and final, majority of the families were poor and they cannot afford daily visits to city. These factors contribute their lack of access to transportation.

When we talk about transportation problems and female health care there is a close connection between the two. It was observed in the field that displaced people used to visit health facilities available to them in surrounding area. Din Kalam regarding the treatment of ill health stated, "*Awal koshish kho mo da v chay dwata ye elaj wa ke kho ka dara majbori she bya ye aspatal ta yo c*". (Our first priority is to treat the ill health by near available health facility but if the patient is serious then we take him/her to the hospital).

There was no ambulance service or community transport system to take female to the hospital. So, the IDPs were cautious to take the female to city for treatment. Female health is neglected in such situation. When they become ill they are simply by pass and said, give her two tablets she will be alright. In case of deliveries though they go to the hospital or skill birth attendant but their first priority was to handle it at home.

### 4.7.4 Mal nutrition

Displaced people also faced the problem of mal nutrition although various national and international organizations were giving food items on monthly basis but the IDPs were of the view that they were not receiving these items on time. The displaced families were poor and were living in un-healthy conditions. Gender differences, lack of food and poor economic condition lead to female mal nutrition. Wheat is the main item in their daily diet. The wheat flour given to IDPs was substandard. Majority of families have complained that the wheat flour is not edible and they have sold it to the natives who used it as animal fodder. Female health was at high risk due to mal nutrition. Women need proper diet during pregnancy and after the delivery.

Female reproductive health was also at risk due to the already existing culturally determined food practices. After the delivery female are forbidden from some fruits, vegetables and pulses (apple, ladyfinger, maza and daal) as the effects of these items indirectly affect the newborn through breast feeding. Furthermore, the substandard food available to female in the host area put their health at great risk and the consequences of this substandard food during the delivery and after the delivery on mother and child are severe.

#### **4.7.5 Social and Cultural Restriction**

The displaced persons belonged to a strict and conservative social and cultural set up. This strict cultural practice has limited female mobility and they remained at homes all the time. Seclusion or *Purdah* is strictly observed when go out of homes. It is prohibited to talk or meet to a stranger. In such environment female health was neglected at large. They don't pay any attention towards her health unless she became bedridden.

In case of pregnant female or a delivery case their first choice was traditional birth attendants but if the case was serious then they referred it to hospital or skill birth attendant. It was observed during the field that due to the social and cultural restrictions the displaced people got the services of LHV at home. Adam Khan, a thirty five year old male told the researcher that, "*Kabaly damra ghata kisa na do, dy kor zaray shagena ye han krai she o ka na ve bya kor ta doctra han ware tar o ilai she*" (delivery is not a big issue it can be done by elder female in the family however, if necessary we can bring the doctor (LHV) at home). Majority of the population believe on female seclusion and limited female mobility.

#### **4.7.6 Lack of Female Reproductive Health Awareness and Training Programmes**

Female reproductive health awareness and training did not get due attention. Almost all the governmental and nongovernmental organizations were busy in serving relief goods. The displaced women were illiterate they did not understand the native language. In such situation awareness and training regarding reproductive health is very important. Mehar-un-Nisa, an LHV was of the opinion that "awareness and training of displaced female regarding reproductive health is necessary for both mother and child health. These female don't know about antenatal and postnatal care. Through awareness she can better take care of her health and the newborn".



#### **4.7.7 Lack of Health Facilities**

The already existing health care infrastructure in District Dera Ismail Khan is not satisfactory and do not fulfill the local people health problems. "By 2000, the total number of doctors and nurses was 191 and 43 respectively. There is one doctor for every 4,736 persons and one nurse for 21,038 people. The total number of available beds in the hospitals of the district is 466, which means that there is only one bed for 1,800 people or in other words 5.4 beds for 10,000 people".<sup>86</sup>

The influx of displaced persons on the already limited health facility in district is considered a burden. There were no permanent health facilities for the displaced families. Some governmental and nongovernmental organizations were active in the first phase but with the passage of time they also wrap up. Female health is at risk due to lack of health care facilities.

#### **4.7.8 Lack of Counseling**

There were no counseling programmes for the displaced female where they could get necessary health tips. Counseling is must for the traumatize war affected people and especially female. Women belonged to strict cultural codes can surely be benefited from counseling as these women have limited interaction with outer world. The psychological trauma, anxiety and depression could be relived through proper counseling.

#### **4.7.9 Dependency on Traditional Birth Attendants**

Traditional birth attendants were obvious threat to displaced female reproductive health. Poverty, lack of awareness conservative social and cultural norms, illiteracy, restricted female mobility and alien environment were the main factors that increased dependency on traditional birth attendants and placed them at top priority.

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<sup>86</sup> South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues* , Lahore: South Asia Partnership-Pakistan.



Table: 4.4

Factors Affected Female Reproductive Health

Sr#	Facility	% Age
1	Lack of access to health care	58%
2	Unhygienic conditions	94%
3	Transportation problems	38%
4	Mal nutrition	76%
5	Lack of health facilities	50%
6	Socio-cultural restriction	58%

Source: Questionnaires and interviews

The data collected through interviews shows that 58% people says that they have limited access to health care. The reason behind this was transportation problems, alien cultural/social set up and unstable economic conditions. Ninety four percent (94%) says that unhygienic condition is one the main reasons of ill health. Transportation problem is highlighted by thirty eight percent (38%). Displaced persons also faced the problem of mal nutrition. The food items given to displaced families are sometimes substandard and varies in quantity (sometimes less and sometimes it is fixed weight). When displaced persons entered the host area just after the military operation many national and international organizations got busy in providing health facilities and many have set up medical camps for the displaced persons. With the passage of time these organization have disappeared so as the health facilities. Fifty percent of the respondents mentioned lack of health facilities as one factor to poor health conditions. Almost fifty eight (58%) says that socio-cultural restrictions are main causes of ill health.

#### 4.8 Various Post Displacement Diseases and Psychological Traumas

The post displacement health phenomenon in the urban setting was in pathetic condition. The displacement has affected every group from infant to aged ones; different diseases attacked them in the new environment. The infant mortality ratio increased in winter due to pneumonia and in summer due to diarrhea. The middle age

and the aged ones were mainly caught by malaria and other viral infections. The main reasons for these diseases were the changed environmental conditions, insufficient and sub standard food, psychological trauma and unhygienic conditions.

Abdul Mateen told the researcher that he was caught by malaria last summer and spent three thousand rupees to recover from that illness and at present his wife and ten years old son are sick. When he was asked about the cause of these diseases Mateen replied, *"We are living in a single room house and a tent is fixed in the courtyard to increase living space. There are ponds and ditches in the surrounding which are breeding places for malaria"*. Dr. Anwar Pervaz, a child specialist in D.I.Khan, told the researcher that majority of the displaced children suffered from diarrhea and chest infection.

Following are the major diseases in the host area.

#### **4.8.1 Cholera and Diarrhea**

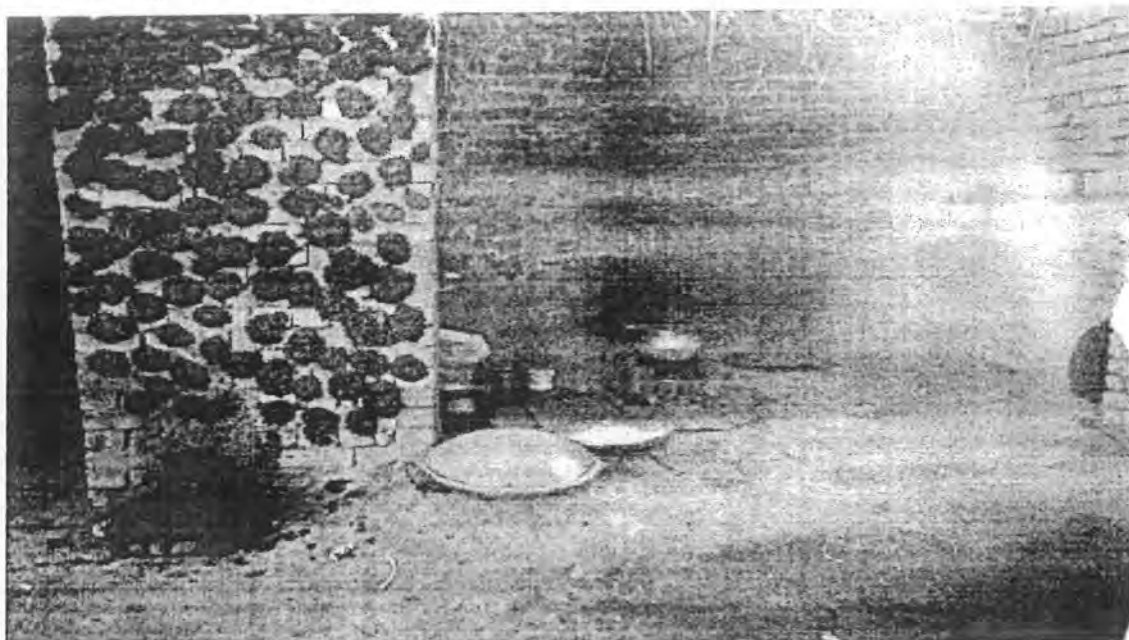
Cholera and diarrhea/vomiting were the main post displacement disease. Contaminated water, poor sewerage system, rusty and broken pipes laid naked in the streets made the population more vulnerable. There is no water purification plant in the locale. The main source for drinking water is hand pump and taps that further increased the vulnerability. Insufficient and unhygienic diet items also caused vomiting and diarrhea. The ratio of diarrhea patients was very high in the last year floods which also caused severe health problems.

#### **4.8.2 Malaria**

Malaria is observed very common among the displaced persons. The main reasons of its spread were unhygienic conditions and surrounding environment. Furthermore, improper system of human waste dumping, poor sanitation system, long hours load shading and surrounding pounds and ditches were breeding place for malaria. Malaria is fatal for pregnant women; it may cause pre mature labor/ miscarriage and low birth weight. The displaced persons do not have proper facility to protect themselves from malaria. Baqi Khan told the researcher that he is living with his eight member family in a kacha house. During rain the sanitation water enters his home which remained for weeks. This stagnant water provides breeding place for malarial viruses.

Plate: 4.3

View of displaced persons kitchen



#### 4.8.3 Hypertension

Hypertension is often neglected in the case of displaced persons and treated as minor condition. There are many physical factors that sway hypertension. These factors in turn influenced by other factors, like, diet, exercise, disease, drugs, stress and obesity. The ratio of hypertension was high in IDPs after the displacement in urban centers. This statement was also confirmed by majority of the displaced persons. Zaar Khan, Rahman Ullah and other participants of the focus group discussion were of the view that continuous post displacement tension in urban setting brought about obvious change in displaced persons behavior. They often remain tense, angry and complaining of headache and pain in legs. When they consult a doctor they have a B.P problem which is either high or low.

#### 4.8.4 Typhoid

Displaced persons health is at high risk in the post displacement scenario and is exposed to various diseases. Typhoid was rare as compared to other diseases but it caused much trouble. The changed environment, poor hygiene condition, congested and overcrowded living and lack of attention towards typhoid were main reasons of its spread. Typhoid is caused by bacteria called *Salmonella typhi*. It is a common

disease and affects all age groups. The incubation period is 3 to 60 days. In case of pregnant female it is fatal for mother and may lead to abortion, still birth and miscarriage. Bismila Khan told the researcher that his wife has typhoid fever but they don't consult the doctor and treated her with home remedies. When his wife became bedridden he consulted a doctor who told him that she has typhoid.

#### **4.8.5 Diabetes**

Diabetes is another common disease among the displaced persons. During field work a common perception was observed that diabetes has increased with the commencement of foreign food aid (relief food items). Musa khan, a displaced person, was of the view that some days back he came to know that his wife has diabetes; no one in his family had diabetes before all this has happened due to relief the relief food items. The researcher probe the reason behind the common perception developed about diabetes and foreign relief food items. He was told by people that the food items contain high sugar which caused diabetes. Furthermore, they ironically said, America wanted to get rid of us as the relief food comes from America they added something in it that caused diabetes. In general there are various causes of diabetes but in case of displaced persons the main reasons were changed environment, diet pattern and emotional stress.

#### **4.8.6 Psychological suffering**

In the post displacement scenario displaced persons became victims of psychological suffering. The fast moving urban life further increased psychological stress. Displaced persons have little hopes in their lives; they were not sure about their present as well as future. Psychological sufferings were many such as low aspirations, feeling of alienation, depression, hopelessness, anger, frustration, tension and bad thoughts.

#### **4.8.7 Lower down of self-respect**

Prior to eviction displaced persons have a self respect in their area of origin. They prefer to die but not to lower down their self respect. These IDPs (internally displaced persons) in urban centers after the displacement feel degraded when they stood in queue for long hours to collect relief goods. Female who were not allowed to come in front of a *na muharram* (stranger), wander in public offices for relief aid after the displacement. Researcher in the field saw people who prior to the displacement

had a social status in their area of origin, were requesting government officials for help. Sher Alam Khan told the researcher that he had a very prosperous life and had a good reputation in the locality. At present he is spending long hours in queue for help in front of people who once came to him in time of need. Instances like these lower down IDPs self esteem.

Plate: 4.4

IDPs waiting for their turn to get relief goods



#### 4.8.8 Depression

There are two kinds of mental diseases neurotic and psychological. Neurotic are minor diseases including depression. Psychological (severe) includes diseases like mental disorder. There are two causes of depression first it is through hereditary transformation and second it is due to the surrounding condition.<sup>87</sup> According to Webster dictionary, in psychology depression is an emotional condition either normal or pathological, characterized by discouragement, a feeling of inadequacy etc. In medical terminology depression means decreased in functional activity. If we see both the above definitions we encounter words like discouragement, inadequacy and decreased in functional activity.

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<sup>87</sup> Dr. Muneer Dawar a Psychiatrist in Dera Ismail Khan



Depression was very common among the displaced persons in urban centers. Shamsh, a displaced person, told the researcher *"Human beings are not always under same condition some time they are happy and sometimes sad. I was a driver in Karachi when my family was displaced I returned home as there was no one to look after my family in the host area. Now I am in tension there are family problems. Every day I have patients at home furthermore I am unemployed and worry about getting livelihood"*. Ahmed, another displaced person stated, that his father is always angry he do not talk to anybody. Ahmed's father was another case of depression, he felt frightened of high sound, wake up in dreams at night and two times he had attempted suicide.

Dr. Muneer Dawar, a Psychiatrist in Dera Ismail Khan, told the researcher that unemployment, poverty, unhygienic conditions, overcrowded families in a single house, family problems, cultural differences, breakup in children's education, changed environmental conditions, unknown future and worry of earning livelihood are common causes of depression among the displaced persons.

#### **4.8.9 Anxiety**

Anxiety and depression are interconnected both have similarities. The factor that differentiates anxiety is fear. In anxiety one is sad, hopeless and in cable to face difficult situation.

#### **4.8.10 Trauma**

Trauma is an event that caused shock/distress to someone. Trauma can be physical or psychological that leads to distract physical or mental injury. IDPs were in a state of trauma. The military operation caused severe health problems. Displaced persons faced many health problems during the process of displacement and after the displacement in the recipient area. Women and children suffered most; they covered almost all the distance on foot from South Waziristan to the recipient areas which took two to three days and in some cases five to six days to reach the recipient areas.

Their feet swelled due to continuous walk in the hilly mountainous terrains, their lips cracked and they felt pain in whole body for weeks after reaching the host area. Their troubles did not end in the host area; injuries and deaths of beloved ones in the military operation, search for shelter, unemployment, poverty, health problems



and break down in education were new problems awaiting them. All these painful and shocking events dragged displaced persons to traumatic conditions. They felt loneliness, helpless and stranger in the new setup.

#### 4.9 Mother and child health

“Pakistan lags behind most developing nations in its Maternal Neonatal and Child Health (MNCH) indicators.”<sup>88</sup> “Every day, a number of women die while giving birth in Pakistan, mainly due to the lack of access to health facilities, shortages of proper transport and untrained midwives. According to the Pakistan Demographic Health Survey, 89 pregnant women die every day in Pakistan and that the maternal mortality rate is 276/100,000. The ratio in Baluchistan is even higher at 786/100,000. The maternal mortality rate in the United States, in contrast, was 11/100,000 in 2005.”<sup>89</sup> In general it is common that women reproductive health is affected during war and disasters events.

Data gathered during the field work indicates that more than half of the female’s reproductive health was affected during the process of conflict and displacement. There are no permanent free medical camps and free health services provided to the displaced persons in the recipient area by the government and nongovernmental organizations. There were some free health facilities as the displaced persons reached the host area but with the passage of time they also wind up their activities. Female reproductive health is also affected in the host area (post displacement) due to change environment, overcrowded families, unhygienic condition mal nutrition, unstable economic conditions, psychological suffering and physical trauma. Jamsheed khan told the researcher that his mother health was not good prior to the displacement. The hardships of the displacement further aggravated her health and she was admitted in the District hospital Dera Ismail Khan where she remained for two weeks and afterwards died in the hospital.

Pakistan has very recently focused on this issue. “The National MNCH Programme aims to reduce the maternal mortality ratio to 200 / 100,000 live births (from a range of 297-500) and neonatal mortality rate to less than 40 / 1000 live births (from 54) a year by 2011 in line with MDG targets as suggested by Government of

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<sup>88</sup> PMA. (2010). World Populatio Report. *Journal of Pakistan Medical Association* , 402.

<sup>89</sup> The Express Tribune, November 27<sup>th</sup>, 2011

Pakistan.”<sup>90</sup> “The level of under-five mortality in 2006-007 was 94 deaths per 1,000 births during the five-year period before the survey, implying that almost 1 in every 10 children born in Pakistan during the period died before reaching their fifth birthday. The infant mortality rate recorded in the survey (2007) was 78 deaths per 1,000 live births.”<sup>91</sup>

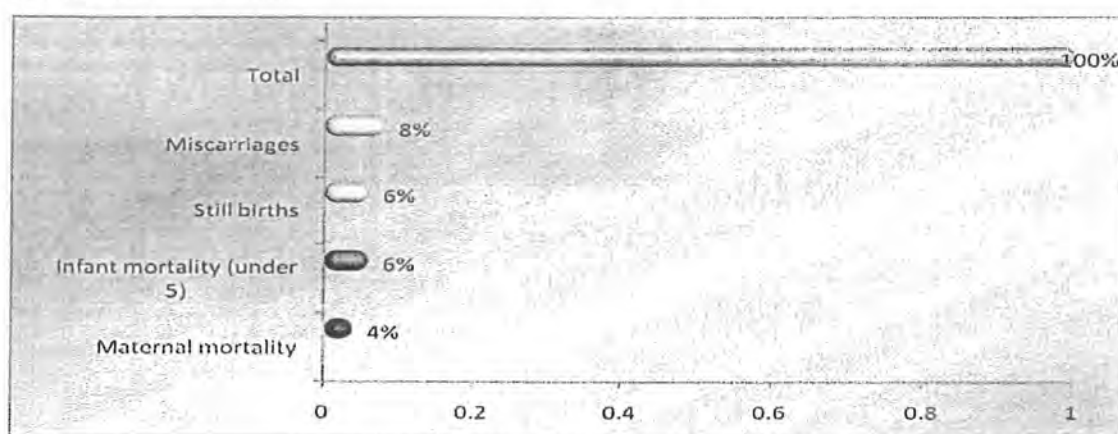
Displaced persons faced health problems. The worst affected among these were children (infant, under five & above) and women. Children become ill during the process of displacement and also in the host area. They undergo various diseases which put their lives at great risk. Ajmal Khan during a group discussion told, that his seven years old son, Sherayaz became ill as they entered the recipient area and died after a prolong illness.

The daily News, described the scenario of 2008 displacement in South Waziristan which is quite similar to 2009 military operation as under,

*“Tribal people, reaching Tank district from the far off and troubled Sarawaki and Tormande areas due to excessive bombing and artillery shelling on civilian localities, complained that seven minors died of severe cold on Monday when people were fleeing their homes and walking through the unfrequented routes in the mountains.”<sup>92</sup>*

Chart: 4.6

#### Mother & child health



Source: Questionnaire

<sup>90</sup> PMA. (2010). World Populatio Report. *Journal of Pakistan Medical Association* , 402.

<sup>91</sup> Pakistan Demographic and Health Survey 2006-07

<sup>92</sup> Daily The News, Wednesday, 30<sup>th</sup> January, 2008

The above chart represented the data regarding female reproductive health and children (infant under 5 years and above). Miscarriages were eight percent (8%). Stillbirth ratio was six percent (6%) infant mortality was same as six percent (6%) and maternal mortality was four percent from the total hundred percent (100%) responses.

#### 4.10 Related Case Studies

Name:	Shalmeena bibi
Age:	34 years
Occupation:	Housewife
Education:	illiterate
Number of children:	4
Caste:	Mehsud

Shalmeena bibi belonged to Sararogha Tehsil of the South Waziristan. She was living along with her husband's brother family (total eleven members) in Dera Ismail Khan since 2009. After the displacement in the host area they spent three months with a relative but when their relative receive more displaced families they left the house and took a two room house on rent. Shalmeena has a traditional knowledge of female reproductive health. Her past four delivery cases were done at home by traditional birth attendant.

Her husband was the household head and the decision maker. When someone became ill, her husband has to decide to whom the patient be consulted. They mostly prefer home medicine and spiritual healers. In case of delivery her family prefer traditional birth attendant. There was even not a single case in her family where the delivery case is referred to the skill birth attendant. The two room house was not sufficient for her family. There was no clean water for drinking, the house was congested and they were living under distress. Due to unfavorable weather conditions, work load and improper health care her husband's brother's wife has faced a consecutive second time miscarriage. Shalmeena was of the view, *"we are not feeling comfortable in the host area. Here we are living in hell our husbands remained all day out of homes in search of subsistence they pay no attention to their children and household matters."* Besides economic and health issues this displacement has also affected their family structure and relations.

Name:	Bakhtawer bibi
Age:	38 years
Occupation:	Housewife
Education:	illiterate
Number of children:	5
Caste:	Mehsud

Bakhtawer bibi was living with her family in Tehsil Ladha of the South Waziristan. Her family consisted of total twelve members. Prior to the displacement her husband had a shop in the native area and her three sons were studying in school. When the military operation started they left the home and moved toward the safe area. They covered all the distance on foot and it took four days to reach the recipient area. They have faced a lot of problems during their journey to the host area. Bakhtawer was pregnant when they had started their movement to the safe area. Due to the hardships and suffering of the journey when they reached the host area she faced miscarriage. She remained ill for long time after the miscarriage but due to poor economic condition of her family she did not receive proper health care.

In the recipient area these twelve members family is living in a rent house. They receive ration after every month but this ration is insufficient for twelve member's family. Most of her family member especially young girls and women suffer of malnutrition. They have no access to clean water; the surrounding environment is unhygienic and congested. There is no health care facility in the locality and they go to district headquarter hospital or private service providers for consultation. This displacement caused much trouble to this family.



Name:	Sheren jana
Age:	55 years
Occupation:	Housewife
Education:	illiterate
Number of children:	4
Caste:	Mehsud

Sheren jana has a thirteen members family. Sheren jana has moved from Makeen, the worst troubled area of South Waziristan to the host area. Prior to displacement her family source of income was a shop which was demolished in the military operation. This displacement costs the life of Sheren Jana's elder daughter in law. As there was no vehicle available at the time of displacement, they started their journey on foot. Sheren jana's daughter in law was eight months pregnant at that time. On the second day of their journey in the middle of mountainous terrain her daughter in law felt labor pain and give birth to baby girl but due to excessive bleeding and temperature she become dead. There was no health facility in the near by area to whom they consult. They bury her and moved on, the newborn also dead a day after the birth.

After five days of continuous walk they reached the host area. In the host area they are living with a relative who spare one room for their family. Female and children reside in the room and male in the tent outside in the small courtyard. Sheren jana's family living in an overcrowded and congested house. Their poor economic condition does not allow them to take another house on rent. Sheren jana added in this regard as, *"first, now it is difficult to find a house and second the locals have raised the house fares so much that it is beyond their limit."* The death of her daughter in law left a space vacant which is difficult to fill up in the near by future.

Name: Hekmat Ullah's mother,

Age: 51

Sex: Female,

Caste: Mehsud

Area: Speankai Ragzai (South Waziristan)

Hekmat Ullah's mother's family consists of her son Hekmat Ullah and her 6 grandchildren. Prior to displacement they were living happily. Her son Hekmat Ullah was working in Karachi. After the displacement he left his work and returned to his family as there was no one to look after his family in the host area. Her daughter in law died during the displacement due to the delivery complications. Her family moved towards the host area on foot as there was no vehicle available. In the middle of journey her daughter in law died due to delivery complications as there was no doctor available at that time. Her daughter in law and the new born baby died in this process. They suffered a lot during their movement to the host area due to bad weather condition (cold) and hardships of journey.

Presently they are living with relative who gave them one room to live. All the thirteen members' family is living in that single room. These all unfavorable conditions have greatly affected their family organization. After this displacement due to the unstable economic conditions her second grandson Hazrat Ullah has left his study.

## Chapter- 5

### Data analysis and Presentation

#### Forced Displacement: Impact on Education and Economy

##### 5.1 Introduction

In this chapter the impact of conflict and displacement on displaced persons education and economy is discussed furthermore, the change in subsistence pattern in the host area is also highlighted.

Plat: 5.1

Displaced children in the host area



##### 5.2 Effect of Displacement upon the Education

Displaced persons had left their place of origin and shifted to the recipient areas. This displacement has severely affected all the routine activities of the displaced persons especially the education sector. The education system in Waziristan prior to this displacement was not very good because of the fact that the educational institutions were not providing adequate education to the children. Teachers would not regularly attend schools, secondly schools within the region (South Waziristan) were used for public and private activities and events by the local people and majority

teacher lacked the proper qualifications for teaching. The military operation and the militants also caused severe damage to education infrastructure. However, following the migration to the recipient areas the situation has further worsened due to the massive displacement which has taken place.

The forced displaced persons who have moved from South Waziristan to the recipient areas continue to face even severe problems, the factors that were hindering IDPs from providing their children with adequate education were as follows;

- Poor economic condition and increased family expenditures in the urban settings.
- High expenses for a good education in the urban centers.
- Families were feeling insecure due to which they fail to let their children go to schools.
- Due to the commencement of the classes schools were not admitting any more students.
- Psychological trauma.
- Different language in schools in recipient areas.
- Difficult to interact with other children/students in schools/colleges in the host area.
- Unavailability of required documents (credentials) for admission in the new school.

The economic condition of IDPs was not sound prior to this forced migration but the displacement further aggravated their economic condition. The displaced persons were not in a position to send their children to the schools in the recipient area because of their poor economic condition. Although there were some government schools in the recipient area and SSG (special services group) started evening classes in the schools but displaced children were hesitant to go these schools.

Plate: 5.2

IDPs children outside their home



The military operation “Rah-e-Nejat” was conducted in 2009 in the Mehsud inhabited region of South Waziristan has severely damaged the already poor educational infrastructure. There is lack of educational institutions in FATA. The situation furthered worsened when the schools/colleges were targeted during the military operation. For instance the government higher secondary school Sam, Tehsil Ladha South Waziristan is presently captured by army and used it as ware house. Sometimes these educational institutions targeted by the radicals, they consider these schools as nurseries of English culture. At many occasions the military also target the extremists, who hide in these schools during the time of war. This situation would result the children to drug addiction and Kalashnikov culture or they will be employed by the hard liners for suicide attacks. Thus it is obvious for the concerned authorities to take essential steps to stop this deviance and formulate positive policies.

### **5.3 Break up in IDPs Education after Displacement**

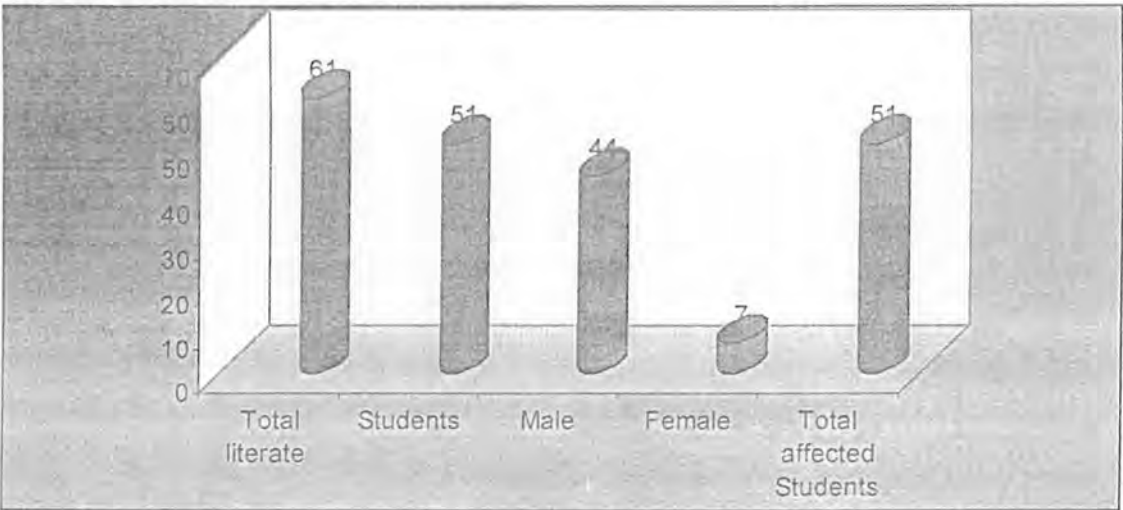
Education sector was the most neglected after the post displacement scenario. Very little attention has been paid to education after the displacement in the urban areas. However, the government has set up few schools and evening classes for IDPs in district Dera Ismail Khan and Tank but it ended after few months due to certain reasons like absence of staff, absence of IDP children, non availability of funds and



other facilities. The government in the first phase initiated a programme in which they were opening four schools for the IDPs in each union council of the districts but later they opened few specific centers/schools in the city.

During the group discussion on IDPs education, Zakam khan told the researcher that prior to this displacement his two sons, Jaleel khan and Hayat khan were in grade three and grade five, but after the displacement his economic conditions was not allowing him to continue his children education. Jamsheed khan another IDP added that this forced migration has stopped all the educational activities of the displaced persons, he further added that now they were in the recipient area they left all their belongings in their place of origin and their economic conditions didn't allowed them to admitted their children to the schools in the recipient area. The researcher in the field observed that most of the displaced children play outside in the streets and busy in livelihood activities instead of going to school.

Chart: 5.1  
Detail of disturbed education activities



Source: Socio- economic and census survey forms

Above the chart shows the detail of displaced students whose education was affected by this forced migration. Out of the total fifty households, sixty one people were literate whose percent age was 13.7% and the illiteracy ratio of fifty households was 86% among the affected. Total sixty one literate persons, fifty one were students of which forty four were male students and seven were female students. The education of all the fifty one students was affected by this forced displacement.

#### 5.4 Psychological Trauma as a Hurdle in continuing Education

The whole scenario of displacement, pre displacement and post displacement events, the death of the family members, harsh weather conditions during and after the displacement and mental stress due to military shelling and bombardment pushed the displaced persons in a kind of psychological trauma. The displaced persons were in a state of fear all the time. This state of fear prevents the displaced persons from study in the recipient area. Ashay khan told the researcher that,

*"I was a wage labor and earn two hundred rupees a day; my son was studying in grade four before the displacement. We suffered a lot during the military operation my son became ill during the process of displacement due to the hardships (cold weather and fear) of the forced migration. I hardly managed to admit him in government school in the host area but after a week he left the school because he got ill again and still not recovered because he becomes healthy for a week or so and again fell ill".*

ما بہ مزدوری کولہ اودہ ورزے بہ مے دواسواروپے گاتلے زمہ زوے پہ صلورم جماعت کے سبق  
ویلہ دے کوری دہ لاسہ مے زوے بیمار شور۔ مہ ڈیر پہ مشکل سراپہ یو سرکاری سکول کے  
داخل کڑو۔ یوے ہفتہ نہ پس ہغہ سکول پریخوز کہ چہ بیمار وو۔ کلہ بہ بیمار شور او کلہ بہ ٹیک  
شور۔

Majority members of the group discussion accepts trauma as one of the main cause of preventing children from education. The displaced persons faced a lot of problems as consequence of this displacement which severe psychological trauma. Parents become negligent towards their children and don't pay attention to their education. Male members of the household spent all day long out of their homes in search of subsistence means and not pay proper attention to their children education.

The displaced persons especially children were suffering from multiple psychological problems. They showed signs of fear and insecurity, lack of attention and concentration. At night they often wake up and sit in their bed and in some cases children crying in dreams due to nightmares were also noted. Amen bad shah an IDP told the researcher that prior to the displacement his ten years old son was in class six and had a very good academic record. After the displacement he admitted his son in

the native school but his son for most of the time pretended of illness and not going to school after his first term result he was failed in three subjects. Badshah further added that his son was showing no interest in school after the displacement.

### **5.5 Commencement of classes in the host area**

The commencement of the classes in the schools of recipient area also proved to be a hurdle in admitting children to the native schools. First the schools were not ready to admit the children because of the commencement of the classes and secondly the children faced difficult to go along with the other students as the recipient students were ahead in the course work. When the researcher asked Nazeefullah who was previously studying in grade seven, told the researcher that *"it was very difficult to go with the ongoing classes because the students were very ahead in the course work"*. Further the native language is different from the displaced persons language. In district Dera Ismail Khan majority of the people speak *Sareike* it was difficult for the IDPs children to interact with the native children in the school. Above are the main reasons which compelled the displaced persons not to admit their children in the schools in the recipient area.

### **5.6 Poor economic conditions and high household expenditures**

Poor economic conditions and raised expenditures of the displaced persons in the host area bring down parents to send their children to schools. Roughly estimated some forty four thousand IDP students male and female affected due to this displacement. Government has opened some schools for IDPs in the host area which at the time of field work were closed as the government has packed up the programme. The displaced persons due to lack of facilities and long distance no proper guidance and no tuition money avoids other schools in the host area.

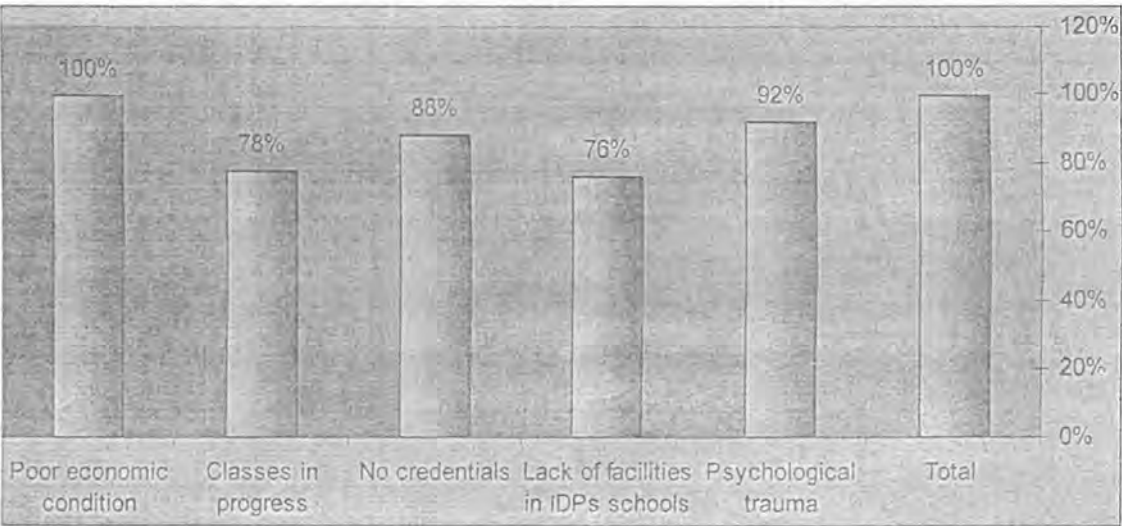
Zakir Ullah a nine grade student was of the view, few months' back I got admission in the government run school for IDPs. I quit the school as there were no facilities and we just pass time there. Further I have to go to distribution points to get food items for my family. In this way my classes missed and I quit the school, my friends' also left study and busy in family subsistence. There is also noted huge gap in IDPs education and most of the students have started their education after 1-2 years gap. Kashif ullah an IDP student did his matric from South Waziristan when he was about to take admission in intermediate in the mean time the army operation started in

South Waziristan and he had to leave his admission. Its now after one and half year gap that he took private admission in F.A. in spite of private admission he still faced many economic problems to continue his study.

Below is the interview respond table which gives the percent ages of displaced persons replies. Almost all the respondents placed poor economic conditions as hurdle in continuing their education. 78% replies were about the classes in progress, majority of the students (88%) have no credentials due to which they face problems in getting admission in the host area. 76% were complaining about the lack of facilities in the government initiated schools for IDPs. A huge majority about 92% replied that psychological trauma is the main reason for displaced students that they take no interest in study after the displacement in the recipient area.

Chart: 5.2

Interview responds regarding access to education after the displacement



Source: Interviews

The IDPs children were busy all day long in the city for getting humanitarian assistance and labor to contribute in their families' income. According to the senses survey form there are total four hundred and eighty three members of fifty house holds sample. Only 13.7% were literate and 86.8% were illiterate. Most of the members were educated till primary levels which constitute 47.5% of the total 100%, the displaced persons who got education up to middle were 31%, matric 11.4%, intermediate 3.2%, graduation (B.A) 4.9% and master 1.6% of the total population of the displaced persons. Out of 61 literate persons of 50 households (463 member) only

51 were student of all the categories from primary to master, the table of education of the displaced persons is as below,

Table: 5.1  
Education level

Education level									
	M.A	B.A.	Intermediate	Matric	Middle	Primary	Total	Literate	Illiterate
	1	3	2	7	19	29	61		
	1.6%	4.9%	3.2%	11.4%	31.1%	47.5%	100%	13.7 %	86.8%

Source: Socio-economic census form

Plat: 5.3  
Displaced children in the field





Plate 5.4

Displaced children enjoying warm sun



### 5.7 Effect of Conflict and Displacement on Economy

Soon after the conflict started people flee from their homes, left behind all their belongings movable and immovable (homes, agriculture land, livestock and house holding valuables etc). In the recipient area they have started their life from beginning and engaged themselves in various economic activities to fulfill their family's subsistence.

The economy of the displaced persons totally ruined due to this conflict and displacement. Those whose subsistence was mainly dependent upon the commercial activities (shopkeeper) affected badly. The commercial places were targeted by the Army during the operation, people left homes, closed their shops and migrated to some safe area. The people who were associated to business were almost 1.9% of the total 30%. Those families whose male members work away from their homes (in some foreign countries and in cities like Karachi, Peshawar and Rawalpindi etc) and in Waziristan to fulfill the economic needs of their families have left all the economic activities and returned to their families. The displaced persons who were associated to transport almost constitute 2% of the total 30%. These transporters



whether they were in Karachi, Waziristan or any part of the country left their activities and returned to their families because of the protection and look after of their families.

Plat: 5.5

An old IDP after receiving non food items\*



The occupational activities of the displaced persons disturbed due to this displacement, this was conferred by most members of the group discussion. Zeb khan the participant of focus group discussion said, that the people related to certain occupation like the drivers and wage labors affected very much. The researcher in the study area meet Azmat khan a driver who quit his occupation and returned to his family after the displacement was of the view,

*“I left my duty told my boss that I have to returned to my family because there is no one to take care of my family, my father is ill health and is unable to take care of family so I left all my activities and came here to my family”.*

ما خپله ډېښي پريخوړه او خپل صيب ته مه اويل چه زه خپل خاندان ته واپس زم ز که چه هلته ده  
هغوی خیال ساتونکے صوڪ نشته. زمه ده پلار طبيعت خراب ده او هغوی ده کور خیال نه شی  
ساتلے حنکه ما خپل ټول کارونه پريخودل او واپس راغلم.

\* Government of Pakistan and various national and international humanitarian organizations distributed food and non food items among the displaced persons.

Azmat khan was not the only who left his work there were many other examples Abdul Manan is one of them. Abdul Manan was a shopkeeper in Karachi he has a small general store in Ayub Ghot in Shohrab Ghot, Abdul Manan told the researcher that soon after the Military operation started in South Waziristan, he closed his shop and returned to his family. He is the only earning hand of his family; he further added that he shifted his family to the recipient area and now living with his friend. His shop was closed for more than six months then he sent his nephew to run the shop.

The displaced people in the study area who prior the displacement work on daily wages face it difficult to fulfill their means of subsistence. They constitute almost 11.4% of the total 30%, who lost subsistence means after the displacement. The displaced persons further faced many economic hurdles in the recipient area. 98% of the displaced persons attached with different kind of economic activities find it difficult to full fill their economic needs in the post displacement phenomena. The researcher in the study area observed many wage labors either sit at homes or kill the leisure time by gossiping with the natives. There were also skilled labors (traditional masons) whose skill was only useful and applicable in their place of origin for instance, Gulbar khan one of the displaced migrant whose specialty was to built mud and stones walls such kind of construction is specifically useful in Waziristan. After the displacement Gulbar Khan's skill is useless. Gulbar Khan said that things were going well before the displacement and he had earned reasonable amount every month, but after the migration they became hand to mouth and now he was spending the money he had saved for the hard time.

In the host area the major subsistence mean of the natives was agriculture. The displaced persons who lived with relatives and family friends in the recipient area work in their fields, some displaced persons work on the sugarcane crush machines (native term chaganiy) and other work with the natives to water crops and in return the natives gave them some share from the crop. Ajmal khan and his family living with his son in law in the study area, Ajmal Khan and his son Naimatullah work all the time in the fields of his in laws and in return received some share from the crop. During the discussion in the study area Ajmal Khan said,

*"I had been cutting the forest wood daily before this displacement and had sold it in the bazaar, my son Namatullah was a tailor his*

*income contributed a lot in our family subsistence now in the native area we passed much of our time in the fields of my son in law".*

In the study area the researcher observed most of the displaced families who has one or two male members as a source of income for the whole family are at present jobless. The tables of the pre displacement and post displacement occupation of the displaced persons are below. The pre displacement table shows total 142 persons that were associated to some occupation prior to the displacement. Government servants were one percent; people related to business were also one percent. Transporters were two percent, overseas were one percent and students and wage labors were eleven percent respectively. The number of persons and their percentages are given in the below table.

Table: 5.2

Pre Displacement Occupations the Displaced Persons

Sr#	Occupation	No	%age
1	Govt. Servants	5	1.07 %
2	Businessman	9	1.9 %
3	Transporters	13	2%
4	Agriculturist	3	0.64%
5	Overseas Employees	7	1.5 %
6	Students	51	11.01%
7	Wage labour	53	11.44%
8	Skilled labour	1	0.2%
9	Total	142	30 %

Source: Socio-economic census form

Below the post displacement table shows that total fifty persons who were interviewed either themselves related to some occupation or another bread winner in their family find it difficult to gain family subsistence. Out of total fifty persons, four were on leave and not entitled to full salary and two persons were on duty. The economic activities of twenty seven displaced persons have stopped. Seventeen

persons started various activities to fulfill their families' needs. They left inherited/traditional occupations and adopt new means of subsistence in the host area.

Table: 5.3

Post Displacement Table of Occupations

Sr#	Post displacement Occupations	No: of persons	On leave	On duty	Perform various economic activities	Jobs and economic activities stopped
1	Govt: servants	2	1	1	-----	-----
2	Businessmen	8	-----	-----	3	5
3	Transporters	10	2	-----	3	5
4	Overseas	2	1	1	-----	-----
5	Wages Labor	28	-----	-----	11	17
6	<i>Total</i>	50	4	2	17	27

Source: Interviews

There comes a difference in the average monthly income of the displaced persons. The monthly income they earned before the displacement was reduced to half after the displacement. The table of pre displacement income of the Displaced persons is as below. According to the below table, out of total fifty persons, the monthly income of sixteen persons was below seven thousand, six persons have below eight thousand, seventeen have below ten and eleven persons have above ten thousand. The average monthly income per head is eight thousand, four hundred and sixty rupees.

Table: 5.4

Pre Displacement Table of Income

Sr #	Occupation	No, of persons	Income per month			
			0- 6	6- 8	8- 10	Above 10
1	Govt: servants	2	----	----	1	1
2	Businessmen	8	----	1	5	2
3	Transporters	10	2	----	3	5
4	Overseas	2	----	----	----	2
5	Wages Labour	28	14	5	8	1
6	Total	50	16	6	17	11
7	Average income per head			Rs.8460/-		

Source: Socio-economic & census survey forms

The post displacement table of income shows a reduction in the average monthly income of the displaced persons in the host area. The post displacement average monthly income of the displaced persons is reduced to six thousand from eight thousands. Displaced persons who prior to the displacement were associated to certain economic activities are disbanded from previous occupations and started new subsistence means. Prior to the displacement average monthly income of the displaced persons was eight thousand, four hundred and sixty rupees which was reduced to six thousand three hundred and sixty rupees only after the displacement in the recipient area. Below is the table of post displacement average monthly income of the displaced persons in the host area.



Table: 5.5

## Post Displacement Average Monthly Income

Sr #	Occupation	No, of persons	Income per month			
			0- 6	6- 8	8- 10	Above 10
1	Govt: servants	2	----	----	1	1
2	Businessmen	8	5	3	----	----
3	Transporters	10	7	2	1	----
4	Overseas	2	---	---	1	1
5	Wages Labor	28	19	5	4	----
6	Total	50	31	10	7	2
7	Average income per head		Rs.6360/-			

Source: Socio-economic &amp; census survey forms

## 5.8 Immovable Property Affected

In the October 2009 Army operation, thousands of people of the Mehsud tribe left their homes in search of safe heaven. The immovable property (homes, shops and cultivable land) of the displaced persons had been greatly affected in this Army operation the weekly Karwan-e-Qabil, in its February addition published same situation under the following headings,

*"South Waziristan: dozens of mehsud tribe homes had been demolished, Along with the Speankai ragzai bazaar, Chagmali, Kotkai and Khaisora the homes of the mehsud tribe had been exploded and bulldozed"*<sup>93</sup>

The economy of the displaced persons is severely affected due to this displacement, the homes and shops were either completely or partially destroyed in the Army operation in the absence of people. The cultivated land which contributed minimum in their economy had been destroyed due to unavailability of water and no one to look after it.

<sup>93</sup> Weekly Karwan-e-Qabil, Islamabad 1 to 15, February, 2008

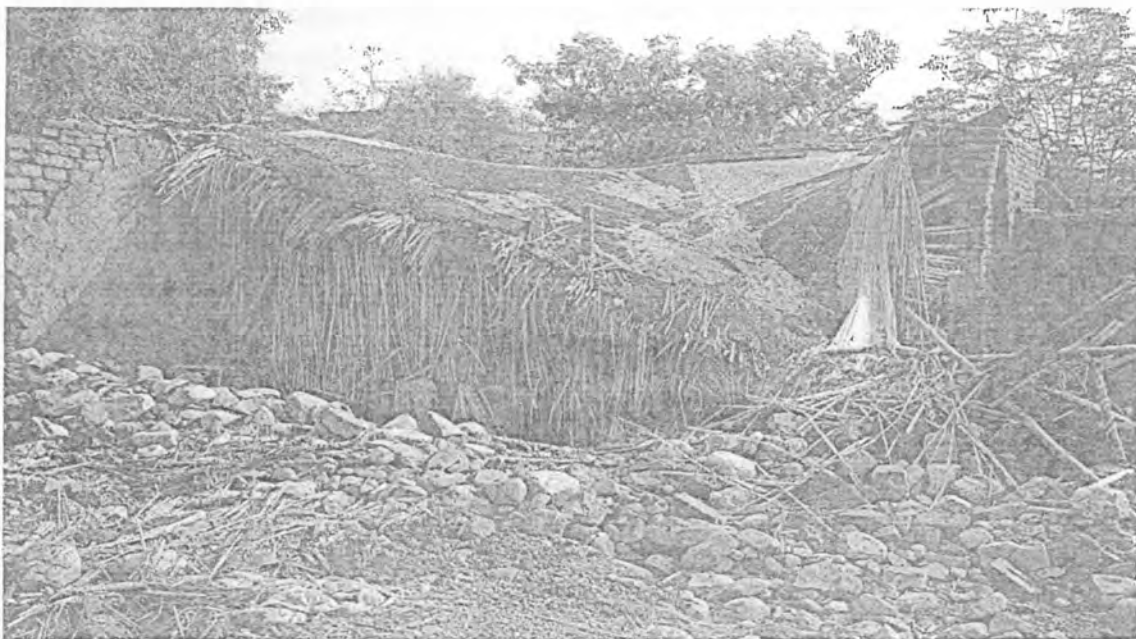
In Waziristan the division of labor was patterned on the already set forth cultural and social set up where the male member works outside the home to fulfill the subsistence needs and females look after the household work. In majority cases it is seen that only one male member of the family worked and the remaining family members depend upon him for subsistence. Women not only perform duties like child rearing, household work but they also contribute in the outdoor activities i.e. work in the fields along with male members, fetch water on donkeys from far distance and also bring fire wood from the forests. In Waziristan the first priority of the people is to construct a home of their own and invests all their savings in it then they think about other necessities of life.

When people migrated they left their homes alone, as there was no one to take care of their homes the household things were destroyed and looted by the Army men and the local people who remained there during the Army operation. In this Army operation heavy damage is done to the immovable property of the displaced persons. The immovable property includes homes and shops. There were some areas where much destruction was done these areas included Speankai ragzi, Chagmali, Khaisore, Kotkai and Saraogha other areas were also targeted but not much damage was done there.

Researcher's key informant Muhammad Usman earlier the resident of Chagmali, (Tehsil of South Waziristan) his house was demolished in the Army operation. His father had a small shop in the Chagmali main bazaar which was also demolished, all their livestock was dead because at the time of displacement they had left the livestock in the house and later they have no news of it. Their only source of income was their shop which was demolished. In the recipient area they had no specific mean of income his father sat at home all the time and Usman is the sole earner. The members of the group discussion also added in this regard, Gulab Khan, Shafiq Ullah, Meera Jan and Jalat Khan pointed during the group discussion that due to the Military operation people moved from their place of origin to the recipient area, their homes and shops were destroyed and in the recipient area they were spending very harsh life. The table of the shops and houses completely destroyed is as below.

Plate: 5.6

View of demolished house\*



Plat: 5.7

Scene of a Demolished Speankai Ragzai Bazaar. (South Waziristan)\*

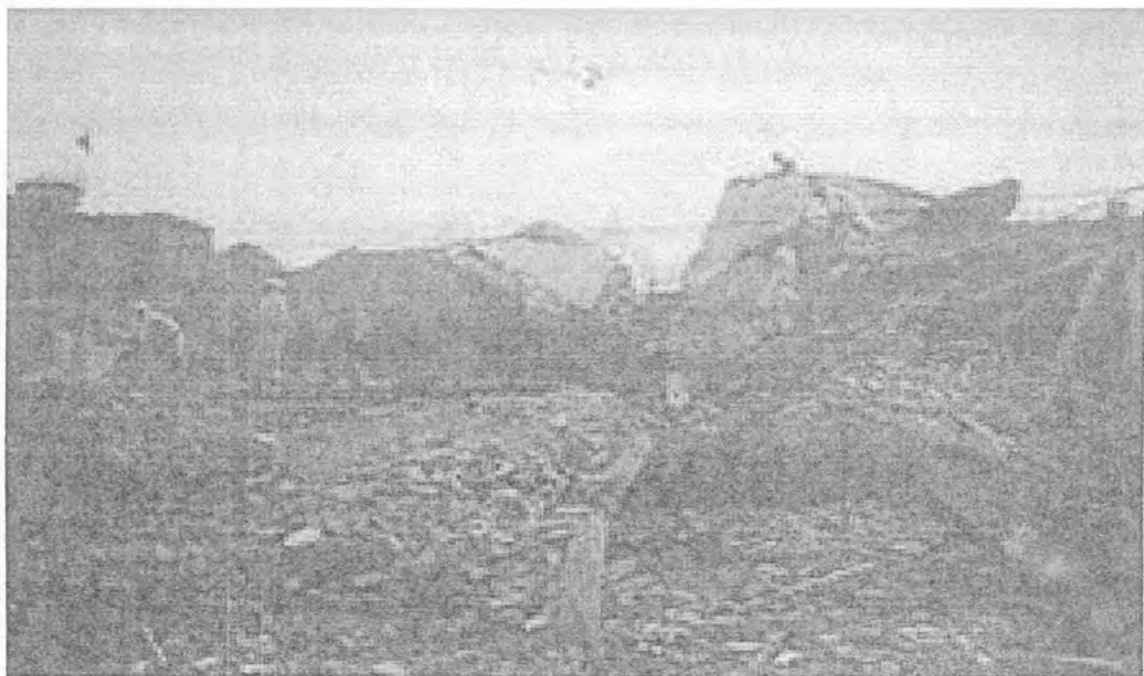


\* Many houses and commercial places have been destroyed in the military operation due to heavy shelling and bombardment.

\* In the military operation the Speankai Ragzai bazaar was completely uprooted. Business community bore heavy economic loss due to demolition of commercial places.

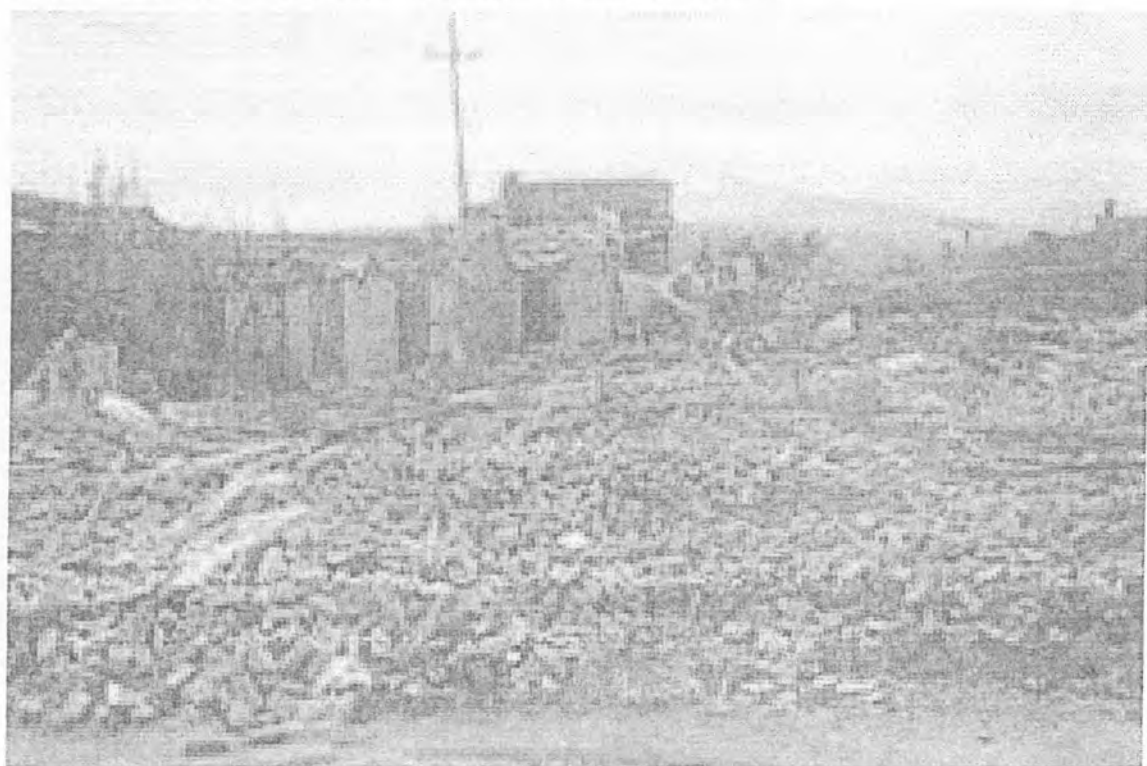
Plat: 5.8

View of demolished homes



Plat: 5.9

A view of demolished homes at Kot Kai (South Waziristan)



### 5.9 Movable Property Affected

Movable property of the displaced persons is also affected in process of displacement. People left their homes and all the belongings, the movable house hold things have been destroyed and looted by the Army and the militants. The researcher in the study area observed that most of the displaced families bought new household things and some are given by the donor organizations. According to Kashif Ullah,

*“We left all our belongings in our homes and locked the homes but when Army captured our homes they broke in to the homes and destroyed the household things. The Army also damages the houses and looted movable household things.*

مونگہ دہ خپل کور ٹول سامان پہ کور کرے پرپخے وو۔ او کور مو بند کڑے وو۔ کلہ چہ ارمی زمونگہ  
پہ کور قبضہ وکہ نہ حفوی ڈیر سہ مات رامات کڑے۔ او ٹول سیزونہ ے تباہ کڑے۔ او سہ چہ تر  
پاترے وو۔ نو دہ کلی خلقو ہغہ کسر پورا کڑے۔

Due to the deteriorating situation in the area people knew that they would have to cover the whole distance on foot as the roads were closed and there were no vehicles so they left all the household things behind. The displaced families covered all the distance on foot, those displaced persons who found the vehicle also faced difficulty because there were already 2-3 families on the vehicle and they hardly managed to adjust themselves, further the vehicle costs three times more fare than routine days fare.

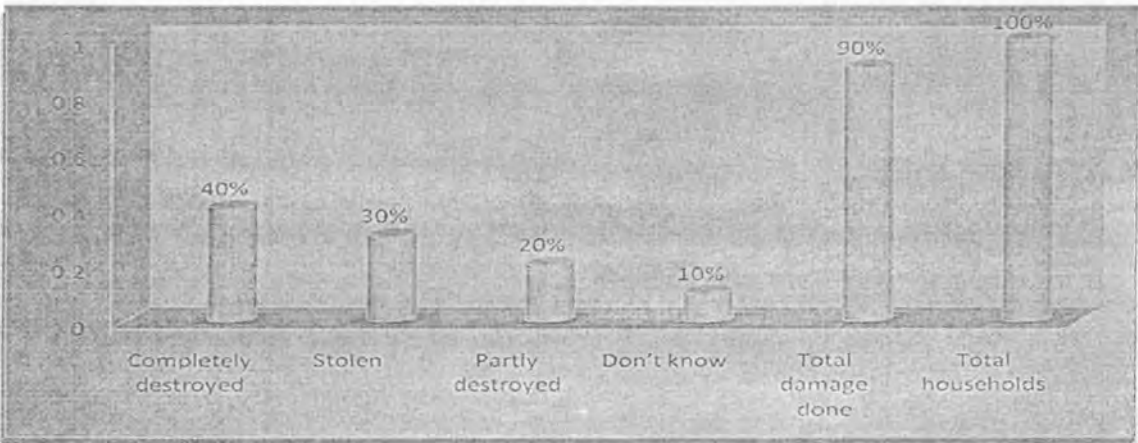
The researcher in the locale met Farid Khan who told the researcher that his family has covered almost all the distance on foot, at the end of the journey they find a vehicle but there were already two families on the vehicle and he paid two times more fare for it. Farid Khan further added that he already knew about the hardships of the journey so he left all the household things at home.

The movable property of displaced persons which damaged partially or completely and stolen after their displacement from their area of origin i.e. South Waziristan to the host area is given in the below chart.



Out of fifty household (100%) twenty (40%) household things were destroyed, fifteen (30%) household things were stolen ten (20%) household things were partially damaged and five (10%) people have no knowledge of their belongings. were partially destroyed.

Chart: 5.4  
Detail of Damaged/Stolen movable property



Source: Socio-economic and census survey form

Those displaced persons who had convenience brought some of their valuable with them. They carry small trunks, suitcase and blankets on donkeys to the host area. To protect themselves from cold the displaced persons took some blankets with them.

Table: 5.7

Economic suffering due to displacement

Sr#	Interview responds			
	Total Responds	Economy affected	Jobs lost and other economic activities	Property affected Movable & immovable
2	100%	92%	82%	74%

Source: Interviews

Above the table shows interviews responds of the displaced persons. Majority ninety two percent people are of the view that their economy has worse affected by this displacement and conflict. Eighty two percent replies that they have lost jobs and their other economic activities stopped. Seventy four percent responds that their

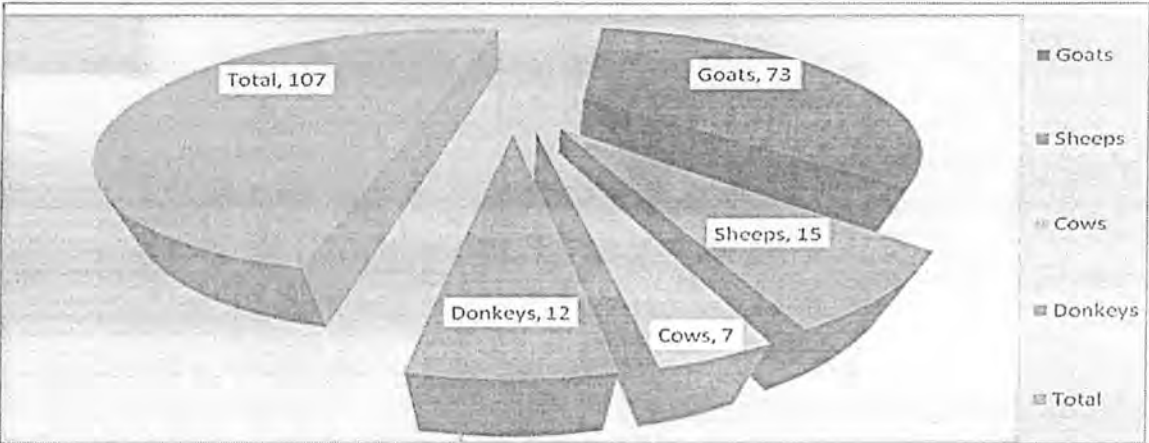
movable and immovable property destroyed (partially and completely) due to this military operation and displacement.

5.10 Livestock

Livestock made an important contribution in the food and other economic needs of the displaced persons. The goats, cows, sheep's were used for milk and meat; the donkeys were used for many household indoor and outdoor activities. These livestock also served as useful source of income generation. The displaced persons left most of their livestock at home; they only manage to take some of the livestock with them to the recipient area as they were under continuous shelling and bombardment.

Some livestock was sold during and after the displacement. The researcher in the study area observed that the displaced persons brought with them some of their livestock to the host area. They sold these animals on low prices due to their unstable economic condition and un availability of place/shelter. The displaced persons were living in others home and it is impossible for them to keep their animals with them. The researcher's key informant Umar told the researcher that displaced persons sold livestock on very low prices. The displaced persons left most of the livestock in the area of origin. The detail of livestock displaced persons lost during the process of displacement is given below. Out of fifty households of the displaced persons, they left seventy three goats, fifteen sheeps, seven cows and twelve donkeys while they had evacuated their homes.

Chart: 5.5  
Livestock lost in the process of displacement



Source: Socio-economic and census survey form

*"The displaced persons were in a state of panic, left all their belongings at home when they moved to the recipient area. The displaced persons also left most of the livestock in the place of origin as they had moved to the host area and there was no one to look after their animals. So, most of the livestock had died due to unavailability of food and water".* Majority members of the group discussion gave the above statement. Some livestock which the displaced persons brought with them became dead in the host area due to changed environment, harsh weather conditions and unavailability of proper shelter and fodder. Serat Khan told the researcher that he managed to brought four of his livestock to the host area. Among the four pets one had died due to its belly swelled and the remaining three animals were sold on very low price. Amin Gul another displaced person told the researcher that in urgency he had left all his six animals at home. At time when they left their homes the animals were outside for grazing. Amin Gul further told that after cease fire in the area he had visited his home and found that his two animals were dead and other four animals were disappeared.

The displaced persons brought some of their livestock with them apart from that they had sold and dead. The researcher observed that most of the displaced persons who brought some of their livestock with them wanted to get rid of it and sold it on very low prices due to their unstable economic condition, unavailability of shelter and fodder for the livestock. Miram Khan, who was living with his relatives in the native area, told the researcher,

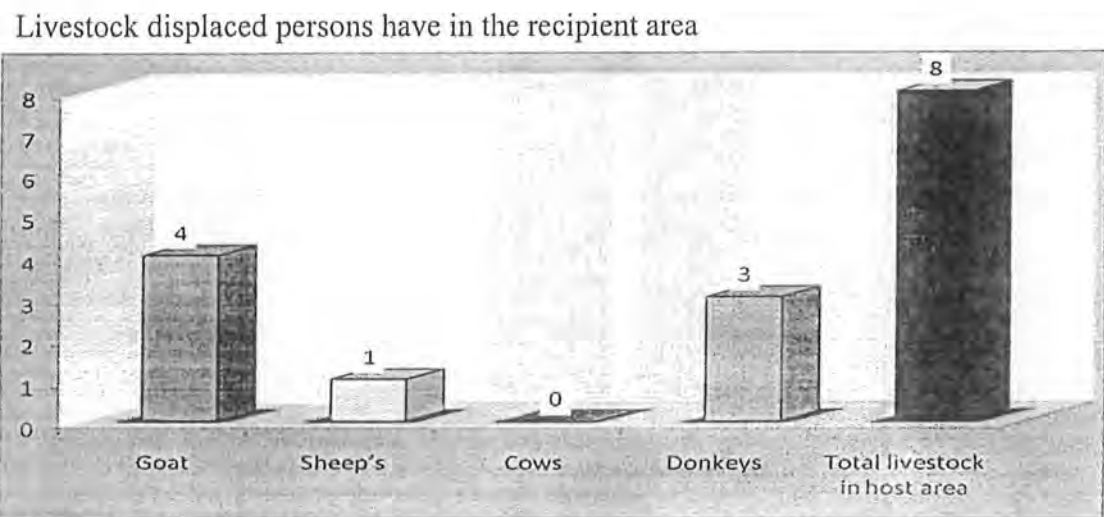
*"I along with my family (10 members) living with a relative who provided us one room to live. In which all the family members are living. I brought four animals with me to the recipient area but after one week of the displacement I sold three goats and now I have only one donkey left".*

زہ دو خیل؟ کاسانو سرا خیلو رشتہ دارانو کارہ وسیگور۔ ہغوی دہ کوریوہ کمرہ مونگ تہ  
راکڑی دہ۔ چہ حغہ کے مونگ ٹول اورسو۔ ما زان سرا سلور ساروی ہم راوستی وو۔ خویوہ ہفتہ  
نہ پس مہ خیل درے ساروی خرس کڑوو۔ اوس ما سرا صرف یو خردے۔

Moving ahead Miram Khan explained the reasons why he had sold his livestock? He said that after displacement they had become economically unstable and

the house in which they were living was not big enough to adjust the extra burden of livestock. Now he had only one donkey which they kept outside the house and is used by his relative for household work. The fifty displaced persons still have some livestock in the host area. The detail of livestock displaced persons have in the recipient area is presented in the below chart. The displaced families in the host area have four goats, only one sheep and three donkeys.

Chart: 5.6



Source: Socio economic & census survey form

5.11 Change in subsistence pattern

After the displacement there comes a shift in the subsistence pattern. Majority of the displaced persons have changed their subsistence means. Displaced persons who prior to displacement associated with modern, traditional and heredity occupations and skilled labor have adopted new subsistence means. For instance shopkeepers after the displacement started to work as wage labors. Drivers and other skilled labors adopted very different subsistence means as wage labors and run tea stalls and sell fruits and vegetables. People associated with agriculture and students run auto rickshaws to contribute in their family subsistence.

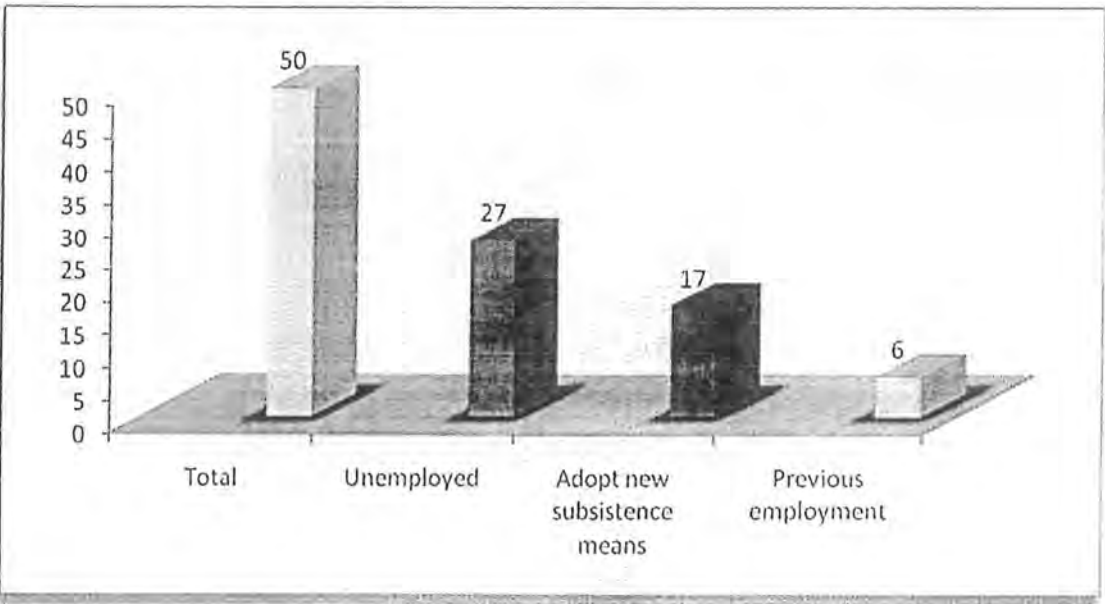
Najib Ullah told the researcher that prior to displacement he was studying in intermediate. When the military operation started they moved to the host area (Dera Ismail Khan), here the household expenditures are high and my father alone cannot met it so I took an auto on daily wages to contribute in family subsistence. Alam

Khan who prior to the displacement was a driver now worked on daily wages to support his family.

Change in the subsistence pattern has both positive and negative impacts on the displaced persons. The positive aspect is that it benefited them economically and opened diverse economic opportunities for them while the negative impact is that they are side lined from their actual skill/occupations and unwillingly adopt new ones furthermore, their income is decreased which make it difficult to meet families expenditures and also arise the element of lower down of self esteem. Abdul Waheed formerly a wage labor is of the view that this displacement uprooted us from our area of origin and destroyed all the things we have. He further stated that in the host area he started to work in a hotel, his son who was studying in grade eight prior to the displacement also accompanied him in the hotel to meet his family expenditures. However, the family expenditures in urban center (host area) have increased but in the same way the earning opportunities are also increased. Above from the changed subsistence pattern and diverse economic opportunities the factor of lethargy has seen overwhelming. The researcher during field work observed that many displaced persons do nothing and waiting for the monthly donation (food items and non food items) from the government and other nongovernmental organizations.

Chart: 5.7

New post displacement means of subsistence



Source: Interviews



Out of total fifty displaced persons twenty seven remained without any employment. Seventeen persons adopted new subsistence means to support their families and six persons maintain their previous employment.

Plate: 5.10

Displaced persons wait for their turn to receive relief goods\*



Plate: 5.11

An IDP (displaced person) busy at his work



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\* IDP's waited long hours in queues to receive relief goods

## 5.12 SELECTED CASE STUDIES

### 1. CASE STUDY

Name: Sultan Khan

Age: 31

Sex: Male

Occupation: Daily Wager

Education: Literate

Caste: Mehsud

Sultan Khan belonged to the Mehsud tribe; he was the resident of Kotkai (South Waziristan) one of the most effected areas of the operation and a large number of people migrated from Kotkai to other areas. Sultan Khan's family consisted of his wife and three children. Earlier Sultan Khan had two shops he himself ran the one shop and gave the other on rent, before migration Sultan Khan's one son was studying.

Sultan Khan and his family suffered a lot during this migration; they covered the whole journey on feet without food, in the extreme cold. Sultan Khan has been ruined economically. His two shops, his home, animals and household things destroyed due to this migration and operation. His children's education has stopped due to this migration. Sultan Khan's family organization has been disturbed due to this migration, his wife after the migration became ill and Sultan Khan admitted her in the hospital for one week then she under went an operation and after a 1 month treatment she recovered from the illness, due to which their family organization has been disturbed, Sultan Khan is living with his in laws where they gave him a single room and he was not comfortable there he was not living a free life as he was living at his own home.

The summer season which is very hot in the recipient area has also been creating health problems, Sultan Khan has spent three months in the recipient area and he faced all the difficulties which one can expect.

## 2. CASE STUDY

Name: Maraj Khan

Sex: Male

Age: 35

Occupation: Medical technician

Education: Literature

Caste: Mehsud

Area: Kotkai (South Waziristan)

Maraj Khan's family was consisted of his father, mother, two wives and four children (two male-children, two female-children). His father died during the military operation. Prior to displacement they were living a happy life. He had his medical store and a clinic in Spinkai Raghzai bazaar; (South Waziristan) he used to treat the patients at his clinic. His second wife was an LHV and she had also accompanied him in the clinic. Maraj and his second wife used to treat the patients at their clinic from morning to evening. He had rented a home near his clinic in which he his second wife, his parents and two male-children from his first wife were living.

When the militants attacked the Sararogha fort they were feeling the fear that army would conduct the military operation. Next morning when they were at their clinic the army started operation. He closed his clinic and took their belongings with them and went towards his first wife's home where she was living. His father stayed at home to look after the house and the clinic. Maraj along with his family spend seven days in the cave (caves which people used as houses) and the last two days they were out of food, on the 7<sup>th</sup> day the army gave them four hours to leave their homes.

They started their journey towards the recipient area on feet it was a very long distance. They started their journey early in the morning they had nothing to eat there was much cold and strong winds were blowing. They spent that night under the open sky at night they covered their children with the blankets to keep them warm. Maraj along with his family spent three days to reach the recipient area. Maraj's father was still at Speankairagzi (South Waziristan) and there was continuous shelling. Maraj's younger brother decided to go there to rescue his brother. On returning a shell exploded near them in which his father severely injured and his brother received

minor injury. Maraj's father remained alive for 8 hours and then he had died. Maraj's brother carry him on his back to a safe place and went in search of some one who could help him. In the evening he found two men but they refused to go there because of shelling and bombardment. He spent that night along with his father's dead body the next evening he called to Maraj that their father was dead. Maraj took a pickup and went. Maraj reached there at twelve o' clock in the night and brought back his father's dead body.

According to Maraj this changed had changed their lives. After ceasefire Maraj went to see his home and clinic but there was nothing the whole map of the area has changed. His home, household things and clinic had been bulldozed Maraj bear fourteen lakh rupees damages due to this conflict and displacement. Maraj's family organization has been disturbed due to this displacement. The death of his father had also affected their family his younger brother is mentally disturbed after the death of his father they treated him with various but he is still in the same condition. Maraj's mother has also become ill after this displacement.

Maraj is free now and do nothing he did not have much money to open a clinic in the recipient area furthermore he is a stranger in the new setup. In the recipient area the locals preferred the doctor with whom they have friendly relations. Maraj's wife has also quit her job because in the recipient area the delivery cases are handled by the midwives. Maraj has suffered severely by this conflict and displacement his father died, his home and clinic were demolished, his brother became a mental patient, his mother remained ill all the time, the education of his children had stopped. Furthermore, there is no surety whether the government will compensate the damages or not because the effectives of the earlier operation are still helpless.

### 3. CASE STUDY

Name: Malik Jan

Age: 45

Sex: Male

Occupation: Wage labor

Education: Illiterate

Caste: Mehsud

Area: Ladha (South Waziristan)

Malik Jan has a small family which consists of his wife and his four children (three girls and one boy). The only son of Malik Jan is seven years old Rahman who prior to displacement was in second class. Malik Jan loves his son very much; their family revolves around his only son Rahman. Rahman was a small child but his nature was like the aged ones. When his father returned from work he received his father with a smile, he brought the ablution water for him, placed the prayer sheet for his father and also slept with his father at night. Malik Jan is a special kind of mason and this kind of masonry is only done in Waziristan to build the homes.

When the operation started Malik Jan brought his family into the cave near his home and they spent two days and one night in the cave, outside the cave there was heavy Artillery shelling his son hid behind him because he was afraid of the explosions of the shelling. At night Malik along with his family started the journey at 10 o' clock in the night they started their journey, there were two reasons for their night journey, first their was danger to his family's lives and second their food storage had finished, they walked the entire night continuously till the morning and at 1 o; clock he found a vehicle in which they hardly managed to get themselves inside, the vehicle costs three times more fare then the routine days.

At seven o' clock in the evening they reached the recipient area, they spent the two days without food, there was much cold and they had nothing to protect themselves from the cold which further aggravated the health of his son not only but of the whole family. Malik Jan's son had been seriously ill during the migration he had a very high temperature and was very frightened of the explosions of the artillery and the bombardments. After two days when his son was feeling well, he realized that his son is not properly taking the diet and he is silent all the time, but after two



days he again has a very high temperature then Malik Jan took his son to the doctor, the doctor told him that due to the extreme cold, illness and the fright has affected the listening and the talking senses of his son. He also treated his son with the mullahs but there is no improvement.

Malik Jan has now spent three months in the recipient area. He is living in a tent and his son's condition is still the same. Malik Jan is jobless in the recipient area because the skill he had is of no use in the recipient area. This migration has ruined all the happiness of Malik Jan's family.

#### **4. CASE STUDY**

Name: Sharif Khan

Sex: Male

Age: 30

Education: Literate

Caste: Mehsud

Area: Makeen (South Waziristan)

Sharif Khan's family consisted of his parents, his elder brother Ghafar Khan his wife and Sharif's own wife and children. Sharif's elder brother was in Dubai and he himself had a shop. Before this migration they were living happily but this migration had changed their living. They were in South Waziristan when the Pakistan Army had started the operation and after the two days of the operation they decided to move because of heavy artillery shelling. Sharif along with his family left all his belongings in home and the South Waziristan; they started their journey on foot in the extreme cold weather. Sharif's father was an Asthma patient after this migration his health deteriorated and he died after two weeks in the hospital. All his family suffered a lot during and after the process of this migration.

In the recipient area they were living in a different environment the recipient culture was different to their culture. In this process of displacement Sharif lost his father, his elder brother returned home, his shop was partly damaged (struck by artillery shell) his household things had been stolen and his children study stopped.

## 5. CASE STUDY

Name: Noor Gul,

Age: 25

Sex: Male

Caste: Mehsud

Area: Chagmali (South Waziristan)

Noor Gul was the resident of Speankairagzai, His family consists of his wife and his only son, his parents passed away 5 years ago, and after the death of his parents the three brothers separated. His two brothers went to Karachi when they separated and he remained there. He had a shop in the Speankairagzai bazaar, his wife and relatives gave him the suggestion to do another marriage but he refused. Before this migration they were spending a very pleasant life.

Noor Gul has migrated just after the Army operation; they suffered a lot during this migration. His house and shop had been demolished in the operation his wife became injured during the migration and his son became ill due to the cold during the migration, now Noor Gul is living with his in laws in Gommal (the recipient area)

Noor Gul has spent three months in the recipient area, his home, shop and the household things have been demolished due to this migration and operation. His son is now at home all the time, the school in which he was studying is demolished, the education of his son has stopped due to this migration, Noor Gul's son one year education has gone to waste and he remained ill after this migration. Noor Gul is now doing nothing. He spent the money which he saved from the shop; sometimes he helped his in laws at their field.

## 6. CASE STUDY

Name: Arif khan burki

Sex: Male

Age: 34

Caste: Burki

Area: Kanigurm (South Waziristan)

Arif Khan; lived in a joint family, consisted of his two sons and wife, and his brother family. His father had died a year ago and his mother still lives with him. His little niece died during the process of migration Arif Khan was a shop keeper, he had a small shop in the Kanigurm bazaar and his brother severed in FC (Frontier constabularies).

Few days before this migration, he was sitting in his shop with his friends, suddenly another friend entered the shop and told them that Taliban (militants) had attacked the forts of Ladha, Sararogha and Khaisora (the three are the Tehsils of South Waziristan). It was midday and in the evening he had closed his shop and headed for home, he thought it was normal routine attack and the matter would be solved, but against his perception bomb, shelling started in the midnight and continued for many days. The area was shelled and fight between Taliban and Pakistan military started, curfew was observed for the whole day and a massive population started migration to some safe area. During the cease fire timings the people were leaving their homes. Arif Khan remained along with his family at home for three days, but as the situation didn't cool down and worsening he decided to migrate. Fortunately he found a vehicle when he left his home but there was another migrating family already in the vehicle, Arif Khan left all his belongings at home. After two hours of journey in the vehicle, the stopped because the road was closed, so the set off by foot and walked for three hours in the mountainous terrains there they found a home and stayed there for night. The next morning they again started their journey and they walked for the whole day with little breaks where there was no danger of shelling.

There was much cold on the way and they were in great trouble his niece fell ill on the way it added like fire to their trouble because she was too young and they had no idea what to do. They reached the boarder of Gommal (the recipient area) in the evening; they had spent the whole day without eating any food. Then in the recipient area the incident happened, and they came to know that his niece had died, they decided to bury her in the recipient area. After walking for another three hours they reached their uncle's home.

Three months after the migration they were living at the same place (with his uncle), who had given them one room for living, now they were living at his brother's salary, his own shop in the area of origin (South Waziristan) had been destroyed in the operation, Arif Khan's sister-in-law was very upset at the death of her child. Arif Khan's two sons who before the migration were studying in the government school (in South Waziristan) left their study and were now at home and playing with the local children all the day long. According to Arif Khan they were accustomed to cold weather and the summer season in the recipient area was getting hot day by day which also created problems for them in the recipient area. Now his mother remained ill most of the time in the recipient area after the process, now he didn't properly manage and concentrate on his family due to the hazards of migration.

## 7. CASE STUDY

Name: Sulaman

Sex: Male

Age: 40

Caste: Draman Khel

Area: Barwand (South Waziristan)

Sulaman belong to Mehsud tribe, he migrated to the recipient area due to the Army operation that took place in January in 2008. He lived along with his father and three brothers they all were married. Sulaman had no job and remained at home to look after his family, his brother Mira Jan was a taxi driver in Dubai. In their area of origin (South Waziristan) he had his own home built on two canals and two plots in which they cultivate the seasonal crops, he also had two shops which they had given on rent.

Sulaman's younger brother Gula Jan lost his life in the Army operation, when he had gone to meet his friend a day before the Army operation in Khaisora (Tehsil of South Waziristan) after the burial of his brother they left for some safe area. Sulaman left all his belongings in his home, there was severe cold in the month of January in Waziristan which created many problems for the displaced persons. Sulaman's father who was ill at the time of migration was unable to walk and Sulaman took his father on his shoulder for hours during their journey after that he found a camel and hired it for his father.

Sulaman's along with his family reached the recipient area after two days journey and stayed with his friend in his hujra because there was already a migrant family in his friend's home. He remained with his family in the recipient area for two days; he bought necessary items for his family and went back to Waziristan because he had left all his belongings there. When he reached Waziristan all his live stock was dead because an artillery shell had exploded in his house.

Sulaman's lifestyle had changed after this displacement he lost his brother during the process of migration, he left his area of origin, bore heavy economic loss in the form of his live stock and destruction of his home and shops and all of his family members were upset due to the death of his brother. After this displacement not only



his family organization and his economic had disturbed but his children's health and study had affected too.

## 8. CASE STUDY

Name: Nawaz khan

Age: 40

Sex: Male

Occupation: Wage labor

Education: Illiterate

Caste: Mehsud

Area: Makeen (South Waziristan)

Nawaz Khan family consisted of his patents, his wife and four children; he was the only son of his parents. Nawaz Khan was a wage labor, when the operation started his parents left at home to look after the house he along with his family left for safe area. They had spent three days full of hardships in the mountains and valleys to reach the recipient area (Sarongzona). In the recipient area they were living with his uncle who had given them one room in his house. Nawaz Khan parents remained in Waziristan only for three days and left all the house hold things and livestock in South Waziristan and moved to the recipient area. After a month when there was cease fire Nawaz Khan had went back to Waziristan to see his home and live stock, he became completely sense less when he didn't find his live stock and the condition of house, his live stock was died and stolen and his house hold things were destroyed.

After this displacement his economic condition had become worsen, in the recipient area he had rarely found any work, he spent the money which he had saved for hard times. Not only children but also the elders of his family had become the victims of psychological trauma, his elder son left study. They were in the recipient area for the last four months, the hot summer weather in the recipient area further aggravated their miseries, they had not any cold water to drink neither they had any electric fan facilitate themselves from the hot weather, the hot weather also created many health problems.

## 9. CASE STUDY

Name: Amir Khan

Sex: Male

Age: 41

Occupation: Business

Education: Illiterate

Caste: Mehsud

Area: Sararogha (South Waziristan)

Amir Khan had lived in Sara-Rogha. His family consisted of his parents, wife and five children. I didn't have any other brother. He had a motor spare parts shop in Sra-Rogha bazaar. His father was too old to do any work and remains at home. His home was near the bazaar. He used to go to shop in morning and return at dusk, that was all his daily routine. He had three sons and two daughters; two of his sons studied at school, his second son was good at study and used to stand first in class. They were spending a pleasant life before this displacement.

That evening (when the operation started) he returned home from the shop after offering the prayer. His family used to dine after evening prayer and slept after offering isha prayer. That evening he had took a walk after the dinner and offered isha prayer at home. He had just got freed that they heard a massive sound of shelling; his home was near to the fortress that's why it sounded very loudly. He gathered his family in one room and waited for one hour but shelling didn't lessen. Amir Khan's father suggested that they should leave the home from the back door and take shelter at some safe place, they left the home and after walking for 2 hours in the dark night under continuous shelling they reached his friend's residence. Amir Khan along with his family spent that night at his friend's home as the situation was not suitable to return his home. Now they were waiting for the situation to get better but they had to stay there for the next night. Bazaar was closed because of curfew, now it was even difficult to take refuge at his friend's home as they were also planning to migrate to some safe place as his friend's neighbors were also fleeing from their homes due heavy shelling and bombardment. So Amir Khan left everything there and decided to flee from South Waziristan to some safe area. Amir Khan even had not visited his home again and started journey towards the recipient area, they traveled all the day long and took some rest at noon to offered namaz. They took some dried bread with

them while leaving their homes. Amir Khan's friend's family was also with them, who carried blanket with them that they used to protect the children from cold. This Journey was too difficult due to severe cold and mountainous terrains. Amir Khan's parents and children faced a great difficulty in walking, so he had carried his children and parents on his back (one after the other) time by time, he spent that day in these troubles at night they light fire in order to protect them selves from cold. Next morning they started their journey again and reached the recipient area in the evening, there Amir Khan went towards his other friend's home who was already living in the recipient area, who provided his family one room in his home to live.

Amir Khan along with his family had been living in the recipient area for three months. They had faced a lot of troubles due to this migration; he left his home, his business and all the belongings. After this displacement the health of his parents and children remained sick. This displacement had made them homeless, his whole family is disturbed due to this migration, his children were unable to adjust in the environment and hse himself was jobless and remained worried about his business which was closed for the last three months. Amir Khan's children, who previously used to go to school, now stayed at home, his second son who was very good at study and always stood first in the class was unable to continue his study due the bad economic conditions of his family and because of psychological trauma. In this operation after their displacement Amir Khan's home was devastated and all his house hold things were and his live stock was died. Leaving their homes had changed their lives. The difficulties that they had faced as a result of this displacement, next time whatever the situation be they would prefer to die in our home (place of origin).

## 10. CASE STUDY

Name: Hazrat ullah

Sex: Male

Age: 41

Caste: Mehsud

Area: Makeen (South Waziristan)

Hazrat Ullah has a seven member's family, three male children and one girl. He had migrated to host area in 2009 and since then living here in the host area. Hazrat Ullah is living in a rent house along with his family for which he gives Rs. 4000/- rent. Prior to the displacement he was a driver and was earning 10-15 thousand rupees per month. After the displacement he quit his duty and returned to his family. Presently he is working on daily wages and earns two hundred rupees per day but often it is hard to find work.

His children who prior to displacement were studying left their study as he cannot afford expenditures. In the recipient area family expenditures are high and it is difficult to met ends. Hazrat Ullah's family is not use to the new environment and they are facing many health problems. Here the weather conditions are change and it is very hot during summer which causes various diseases. Furthermore, here are no free health facilities for the displaced persons they themselves treat the ill health.

Hazrat Ullah's family has displaced from a remote area of the troubled region and here in the host area they experience very different socio-cultural set up. They are not easy in the new setting; this displacement has a profound impact on his family due to alien social setting and cultural differences.

## 11. CASE STUDY

Name: Suhail khan

Sex: Male

Age: 35

Caste: Mehsud

Area: Ladha (south waziristan)

Suhail's family comprised of eight persons. After the displacement they stayed with their relatives nevertheless, after three months they rented out a house which had only two rooms and its rent was 4500 rupees. Secondly, after the saga of displacement they had a very limited income through which they can feed their children only for 5 days. Fortunately the earlier relative which had accommodated in the beginning extended helping hand by feeding them for almost two months. The issue was that in entire Dera Ismail Khan there were only a few registration centers and thus they couldn't a wail relief food in time however Suhail and his two brothers are working on daily wages in this way support their family. Awfully the owners of the house frequently intimidate them by increasing the rent of the house. Suhail's two children who prior to the displacement were studying left their study due to unstable economic condition. After the displacement he faced many problems. His economic conditions become very unstable. He found it very difficult to manage his family expenditures furthermore; his family suffers many health problems.



## Chapter - 6

Human societies are not static and have generally been subject to disasters, wars, and traumas which have caused migration, eviction and the search for refuge. Societies in any case are varied in their stability or mobility. In some instances extremely sedentary economic and social relations have ensured situation where people could predictably expect to die under the same roof.<sup>94</sup>

Migration is a continuous process and has been taking place in each phase of the history only its form and purpose keeps changing. This case study deals with the displaced persons of Mehsud tribe of South Waziristan as a result of the ongoing conflict at the Pakistan Afghanistan border (FATA). The army operation that took place in October, 2009, result in the displacement of thousands of families to other areas of the country.

After 2001 the Army entered the tribal areas and since then conducted many operations in both North and South Waziristan. On one hand these operations disturbed the whole tribal region and on the other hand it also affected the individual life hundred and thousands of families left their homes in search of safe heaven. Due to these Army operations the socio – economic life of the people has ruined. The recent forced displacement which took place on October 17<sup>th</sup> 2009 caused the eviction of more than three lakh people from the area.

The 2009 military operation started in the Mehsud tribe inhabited region of South Waziristan Agency i.e. Speankairagzai, Chagmali, Sarvaki, Barwand, Kotkai, Makeen, Kanigrum, Ladha and Sararogha constrained thousands families to leave their homes. These families have covered hundreds of miles of dangerous and mountainous terrain by trucks, vehicles and on foot. First these families had settled in district Tank and its surrounding areas but as the army moves forward the number of these families increased day by day and they spread to other parts of the country.

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<sup>94</sup> Jackson, J. A. (1986). *Migration*. New York: Longman Publisher.

This study is based upon the six months field work in district Dera Ismail Khan of the Khyber Pakhtunkhwa. The research locale was Zafar Abad of union counsel Lachra in district Dera Ismail Khan. It is located some 3-4 kilometers from main city. There are more than thousand families of displaced persons in Zafar Abad. Among these thousand displaced families I took fifty households as a sample size for the qualitative analysis.

Objectives of the research were to find out the economic suffering caused by conflict and displacement. To study the impact of displacement on education of the displaced persons and furthermore, to evaluate the health problems faced by the displaced females as a result of this displacement. To achieve these objectives the researcher used various anthropological techniques such as rapport building, socio- economic census survey, sampling, interview guides, daily dairy, key informants, secondary sources etc to collect information.

The second chapter consists of literature review. For the purpose of literature review the researcher studied relevant books, journals, articles and papers. Various other sources are consulted for this purpose.

Third chapter of the thesis is village profile in which the researcher gives a brief historical background of the locale its location map, topography, climate, settlement pattern, dress pattern, political organization, social structure, social organization demographic and other details of the locale.

The fourth and fifth chapters are of data presentation and analysis. In fourth chapter only one objective of the study is discussed the remaining two objectives are discussed in detail in chapter five.

## CONCLUSION

This research has allowed me to come to a conclusion that the economic, socio-cultural, health and trauma consequences suffered by the people were extremely severe. Displacement or internal displacement is the movement from one point to another here it refers to physical movement, movement of people (IDPs) from their area of origin to the recipient area. Women and children are most vulnerable during and after the crises/war times. Women and young girls are exposed to various shocking threats like gender based violence, sexual abuse, physical injury and psychological consequences. The study under consideration results in massive

population displacement due to military operation against the militants. The hazards of this displacement on female reproductive health and children were severe. Hundreds of pregnant women and children (infant under five year and above) lost their lives during the processes of displacement and in the host area after their settlement.

Government of Pakistan has formulated various policies and legislations to improve reproductive health. Reproductive health is addressed in whole and in part through various national policies and legislation. Governmental policies addressing reproductive health include the 2000 National Reproductive Health Policy, the National Health Policy and the Ninth Five Year Plan. The National Reproductive Health Policy seeks to improve the reproductive health status of Pakistanis within their "cultural and religious milieu."<sup>95</sup>

The above mentioned policies and legislations deal only with reproductive health in normal situations, the reproductive health in emergency situation is completely neglected. Women and girls make up almost half of all the internally displaced population, but there is no integral policy to address their specific needs in terms of health care and reproduction. Almost a third of all IDP women have had an involuntary abortion, or their babies have died during or soon after birth, and only 63% have received medical treatment. Internally displaced women are often turned away from hospitals and clinics because of their inability to pay. Even though 52% of internally displaced women report having suffered physical violence and 36% sexual abuse, according to the Social Protection Ministry, gender-based violence remains without serious attention.<sup>96</sup>

Female in the tribal society are spending their lives under strict cultural traditions and customs. They are bound to their homes, have no decision making powers and very limited social exposure. Female reproductive health in the culture under study prior to the displacement was not satisfying. All the reproductive health problems were dealt under the cultural practices for instance there was no concept of family planning and contraceptive use. These activities were not part of their culture and consider un Islamic. The deliveries were handled by or referred to the traditional

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<sup>95</sup> The Center for Reproductive Rights . (2004). *WOMEN OF THE WORLD: LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES*. New York: The Center for Reproductive Rights

<sup>96</sup> Springer, N. (2006). *Colombia: nternal Displacement-Policies and Problems*. UK: Writenet.

birth attendants. One reason for the negligence in the reproductive health was the already defined social and culture practices and patterns and another reason was the unavailability of health care facilities.

The term used for family planning in native language is "*Qabilay band kawal*". There were female who know about family planning but they were not practicing it. In the post displacement scenario the awareness ratio has increased but the practice of family planning is still very low. There are multiple factors for their unwillingness towards family planning such as lack of awareness, they were unaware of the positive effects of family planning on female health and household (economy), secondly, cultural, social and family restrictions, thirdly, the idea that more male members will contribute more in the family subsistence, fourthly, desire for male children, fifthly, fertile women receives due attention of their husbands and finally, absence of decision making powers of females.

Prior to the displacement family planning practice was six percent which is increased by two percent and reached eight percent after the displacement. There is noted a difference in awareness and practice ratios as well. Seventy four percent of the displaced women were unaware of family planning before the displacement which was reduced to forty percent after the displacement in the host area. Fifty two percent are aware of family planning but only a very small fraction practices it. After the displacement awareness is increased by thirty four percent regarding family planning. In the pre displacement scenario the use of contraceptive was low and the factors again were quite similar such as cultural barriers, lack of female decision making powers, unawareness, misconceptions and many others. Female prior to the displacement have less knowledge about contraceptives only few have the idea but they were also hesitant to use contraceptives. Seventy four percent women prior to the displacement were unaware of contraceptives. Twenty six percent female from the sample size were aware of contraceptives. Among these twenty six percent female six percent were using contraceptives and twenty percent in spite they knew about contraceptives were hesitant to practice it. Two percent female used oral pills, two percent were using inject able and two percent respectively were using IUDs. The condom and surgery ratio was 0%.

There are many practices to control birth rate but the five popular types of contraceptives are 1) condoms, 2) oral pills, 3) injectables, 4) surgery and IUDs. Female were not using contraceptives either by their own choice or due to the pressure of their husbands. Above the data shows that forty two percent (42%) women don't know about contraceptives, fifty eight (58%) female from the sample size were aware of contraceptives, majority of which do not practice use contraceptive only eight percent (8%) use different kinds of contraceptives. Oral pills and injectables are popular among the female and health practitioners. Oral pills use is four percent (4%), IUDs and injectables are two percent (2%) respectively. Condom use is 0% and surgery with the same percentage as 0%. The use of oral pills, injectables and IUDs depend upon its compatibility, easy use and prolongs duration.

People preferred deliveries on the already set forth cultural beliefs in the presence of traditional birth attendant. There were rare cases (complicated cases) when they opted for health practitioners. Male head of the family or husband permission was necessary for outdoor checkups and delivery referrals. Almost all the respondents replied that they need head of the family permission for outdoor referrals. Above the data shows that eighty per cent of the deliveries cases prior to the displacement were performed through traditional birth attendants at home. Sixteen percent women prior to the displacement did deliveries through private LHVs; these private LHVs had opened their own clinics in the area. The government LHV was low only four percent as the BHUs (basic health units) were ill equipped and lack necessary items for delivery handling like labor table, surgical instruments and oxygen flask etc.

The displaced persons faced severe health problems during the processes of displacement (their movement towards the settled areas) and in the host area. Many IDPs were injured due to the military shelling and bombing and many other got sick and caught by various diseases in the process of displacement and soon after their arrival in the recipient area. In urban centers the reproductive health further deteriorated due to the unhygienic conditions, imbalanced diet (malnutrition), overcrowded houses, physical and mental stress. There were no permanent free health facilities for IDPs from where they would do routine checkup. Although they have other opportunities in the form of DHQ (district headquarters hospital) and private



gynecologists and doctors but these IDPs were hesitant to go there due to their poor economic conditions, alien setup and cultural barriers.

The collected during fieldwork shows increase deliveries in public hospitals in the host area which is 30% (post displacement) and 4% prior to the displacement. The ratio for low delivery cases (4%) through government LHV's prior to the displacement was the absence of government health facilities. Deliveries done in private clinics run by LHV's prior to the displacement was 16% which is reduced to 6% after the displacement as in the recipient area they have other options. The per cent age of traditional midwife preference is reduced somewhat almost sixty four per cent (80% before the displacement and 64% after the displacement).

Female reproductive health and children health was affected due to the changed environmental conditions. In winter they have not enough warm clothes to protect themselves from cold and in hot summer there were no proper arrangements to avoid the hot weather conditions. Above is the table of interviews responds, the displaced persons replied as, hundred percent were of the view that overall health has affected due to the displacement, 98% responds that female reproductive health has been affected during the process of displacement. Same responds 98% about the female health problems in the recipient area, infants health has been affected 100% in the new set up.

Dera Ismail Khan with already inadequate health care facilities and infrastructure could not bore extra population. These internally displaced families were considered burden on this limited city both in economic terms and health care. IDPs have limited access to health care facilities the reason behind this lack of access to health facilities was their poor economic situation, sense of alienation, social and cultural barriers. IDPs did not have much money to go to private hospital however, there are public hospitals but they are already overcrowded and patients did not receive proper attention. Social barriers were language and interaction with the locale people although D.I.Khan has Pashto speaking population but majority people speak *Saraike* in this way the IDPs were hesitant to freely move in public offices and hospitals and cultural hurdles were that they prefer spiritual healers (peer, mullah etc) and cautious to bring out their women of homes. Majority of the displaced persons used to go to the unqualified service providers (traditional birth attendants and

medical technicians) as they were cheap, near to their homes and their privacy was kept.

The data gathered during the field work indicates that more than half of the female reproductive health was affected during the process of conflict and displacement. There are no permanent free medical camps and free health services provided to the displaced persons in the recipient area by the government and nongovernmental organizations. There were some free health facilities in the first phase of displacement but with the passage of time they also wind up their activities. Female reproductive health is also affected in the host area (post displacement) due to change environment, overcrowded families, unhygienic condition mal nutrition, unstable economic conditions, psychological suffering and physical trauma.

When people are compelled to flee from their homes in emergency situation they left behind all their belongings movable and immovable (homes, agriculture land, livestock etc). In the host area their life start from the beginning, they engaged themselves in various activities to fulfill their economic needs. The economy of the displaced persons is totally ruined due to this conflict and displacement. Displaced persons who prior to the displacement were associated to certain economic activities are disbanded from previous occupations and started new subsistence means. Total fifty persons who are interviewed either themselves related to some occupation or another bread winner in their family faces it difficult to gain family subsistence after the displacement. To analyze the fragment in economic activities of the displaced persons in the recipient area total fifty persons are interviewed. Among these fifty persons four individuals were on leave and not entitled to full salary and two persons were on duty. The economic activities of twenty seven displaced persons out of total fifty persons have stopped. Seventeen persons started various other economic activities to fulfill their families' needs. They left inherited/traditional occupations and adopt new means of subsistence in the host area.

There also occurred a reduction in the average monthly income of the displaced persons in the host area. The post displacement average monthly income of the displaced persons is reduced to six thousand from eight thousands prior to the displacement. Prior to the displacement average monthly income of the displaced persons was eight thousand, four hundred and sixty rupees which was reduced to six

thousand three hundred and sixty rupees only after the displacement in the recipient area.

After the displacement there comes a shift in the subsistence pattern. Majority of the displaced persons have changed their subsistence means. Displaced persons who prior to displacement associated with modern, traditional and hereditary occupations and skilled labor have adopted new subsistence means. For instance shopkeepers after the displacement started to work as wage labors. Drivers and other skilled labors adopted very different subsistence means as wage labors and run tea stalls and sell fruits and vegetables. People associated with agriculture and students run auto rickshaws to contribute in their family subsistence. Change in the subsistence pattern has both positive and negative impacts on the displaced persons. The positive aspect is that it benefited them economically and opened diverse economic opportunities for them while the negative impact is that they are side lined from their actual skill/occupations and unwillingly adopt new ones furthermore, their income is decreased which make it difficult to meet families expenditures and also arise the element of lower down of self esteem.

In the Army operation heavy damage is done to the immovable property of the displaced persons. The immovable property includes homes and shops; there were some areas where much destruction was made. These areas included Speankai Ragzi, Chagmali, Khaisore, Makeen, Ladha, Kanigrum and Saraogha other areas were also targeted but not much damage was done there. When people moved out of the area there was no one to take care of their homes the household things. The household things were destroyed and looted by the Army men, Taliban and the local people who remained there during the Army operation. In this Army operation heavy damage is done to the immovable property of the displaced persons. Out of total fifty households, twenty four homes are completely destroyed, seven shops of the displaced person are destroyed in the army operation, nineteen households have no knowledge of their immovable property the net destruction of thirty one homes and shops was done.

The movable property of the displaced persons is also affected in this process of displacement. The displaced persons left their homes and all belongings in homes. Due to the deteriorating situation in the area people knew that they would have to cover the whole distance on foot as the roads were closed and there were no vehicles

so they left all the household things behind. The displaced families covered all the distance on foot. Those displaced persons who found the vehicle also faced difficulty because there were already 2-3 families on the vehicle and they hardly managed to adjust themselves furthermore, the vehicle costs three times more fare than routine days fare. Some livestock was sold during and after the displacement. They sold these animals on low prices due to their unstable economic condition and unavailability of place/shelter. The displaced persons were living in others home and it is difficult for them to keep their animals with them.

The military operation "Rah-e-Nejat" which was conducted in 2009 in the Mehsud inhabited region of South Waziristan has severely damaged the already poor educational infrastructure. There is lack of educational institutions in FATA. The situation further worsened when the schools/colleges were targeted during the military operation. For instance the government higher secondary school Sam, Tehsil Ladha South Waziristan is presently captured by army and used it as warehouse. Sometimes these educational institutions targeted by the radicals, they consider these schools as nurseries of English culture. At many occasions the military also target the extremists, who hide in these schools during the time of war. This situation would result the children to drug addiction and Kalashnikov culture or they will be employed by the hard liners for suicide attacks. Thus it is obvious for the concerned authorities to take essential steps to stop this deviance and formulate positive policies.

The economic condition of IDPs was not sound prior to this forced migration but the displacement further aggravated their economic condition. The displaced persons were not in a position to send their children to the schools in the recipient area because of their poor economic condition. Although there were some government schools in the recipient area and SSG (special services group) started evening classes in the schools but displaced children were hesitant to go these schools.

The interviews responses shows that almost all the respondents placed poor economic conditions as hurdle in continuing their education. Seventy eight percent replies were about the classes in progress, majority of the students (88%) have no credentials due to which they face problems in getting admission in the host area. Seventy six percent were complaining about the lack of facilities in the government initiated schools for displaced persons. A huge majority about ninety two percent



replied that psychological trauma is the main reason for displaced students, that they take no interest in study after the displacement in the recipient area.

The displaced persons also faced many problems during and after the displacement. The displaced persons traveled in the extreme cold they covered almost all the distance on foot from South Waziristan to the recipient areas which took two to three days to reach the recipient areas. The routine routes were closed and the displaced persons covered the distance through the mountainous terrains to reach the recipient area. When they reached the recipient area, there was no shelter for them nor was there food or clothing, these displaced persons mostly went to their family friends and relatives in the recipient area and these basic human needs (shelter, food and clothing) were provided by the recipient at first when the displaced persons had entered the recipient area.

The military operations made life quite miserable for the people of the region by going through unutterable incidents and events of difficulties. Apart from causing severe blow to their health, education, economy, social fabric, the most severe repercussion was measured on the demography of the people. People of the area were known for their ego and self-esteem and looked at the mendacity as a social taboo but the post operation era also not left the cultural code and outlook unchanged. They became quite lethargic and highly dependent on the government ration which is distributed among them at the end of the month. Nevertheless, the operation also gave them at least some positive things as by products. For example, people became quite health conscious. They were exposed to the world view of the big cities and thus got an opportunity to undertake some steps for earning by physical engagement to feed their offspring.



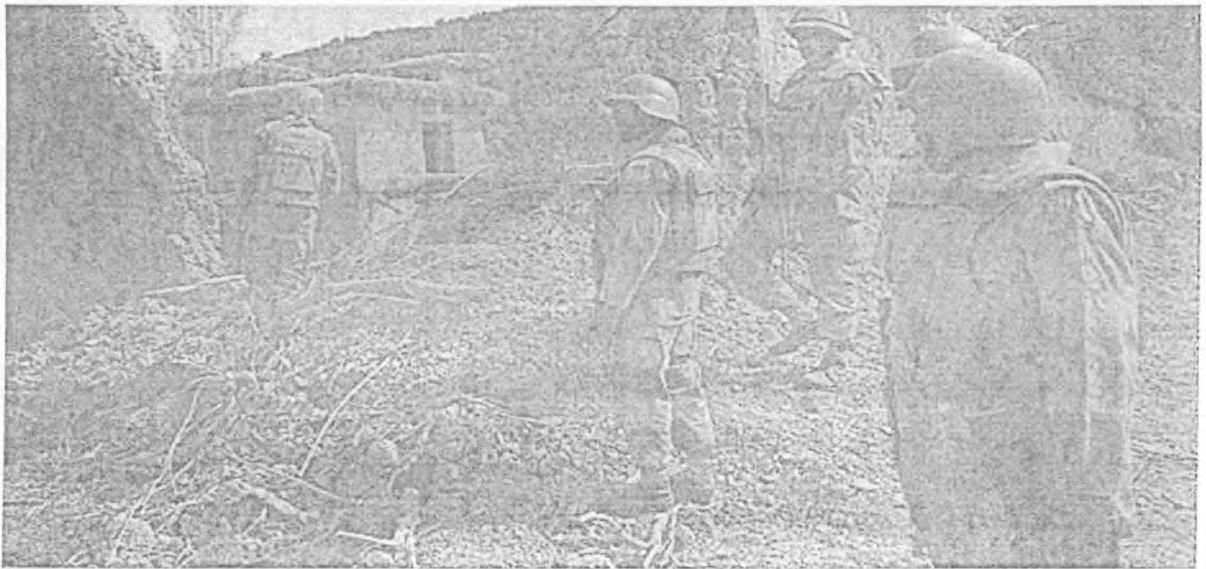
## ANNEXURE-1

Plat: 1 Daily The News 07/11/2009



An army personal in South Waziristan Agency

Plat: 2



Security forces claimed killing at least 28 militants as operation Rah-i-Nijat continued in South Waziristan. Five militants were also arrested while five soldiers lost their lives. Troops combating militants in South Waziristan maintained their advance on Friday and moved into the hometown of the late Taliban chief, Baitullah Mehsud, and blew up his house.

Plat: 3



*DERA ISMAIL KHAN: Internally displaced tribesmen from South Waziristan wait for relief food, Thursday. — AP*

Displaced persons wait in queue for relief food. The relief goods included food items and non food items distributed at various centers in the host area i.e. District Dera Ismail Khan of the Khyber Pakyunkhaw.

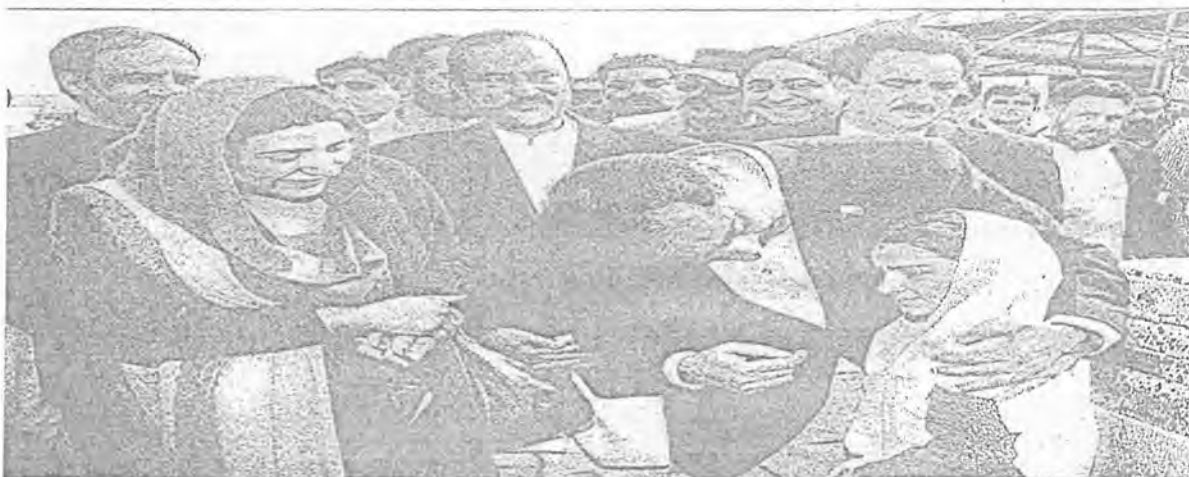
Plat: 4



*Internally displaced tribesmen from South Waziristan Agency queue up for aid at a distribution point in Dera Ismail Khan on Monday. — APF*

In the above picture displaced persons are waiting at distribution center in District Dera Ismail Khan.

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**DERA ISMAIL KHAN:** Prime Minister Syed Yousaf Raza Gilani talking to a girl from a displaced family at an IDP's centre on Tuesday. — APP

Prime Minister Yousaf Raza Gilani on November 17<sup>th</sup>, 2009 visited an IDP's center in District Dera Ismail Khan.

Plat: 6

## Away from home, once more

Unlike IDPs of Swat, the displaced people of Waziristan are not being facilitated by the government

By Javed Aziz Khan



This is not for the first time the tribesmen of the restive South Waziristan have been forced to leave their homes and take shelter in the nearby settled districts in search of peace and security. They have already done this twice in the past, in 2004 and again in 2007 — perhaps because they were the first victims of the "War on Terror" since it was launched in the region.

Over 350,000 internally

displaced persons (IDPs) from the South Waziristan's Lardha, Maken, Shaki, Badar, Manja, Lathka and other towns had registered their names till Nov 3 at the registration points in two districts Dera Ismail Khan and Tank. The figure does not include those coming to Bannu, Hangu and Kohat.

Unlike IDPs of Swat, who were welcomed when they came down to the settled

Nowshera and Pedawar districts after the government kicked off military operations against the militants in Malakand, the displaced people of Waziristan are not being facilitated. Foreign and local NGOs have yet to come to their rescue. Even the United Nations has pulled out its humanitarian staff from the region. Not even official tent vil-

People coming to register their names at the registration points have been thrashed by police on the pretext of maintaining law and order. The displaced individuals have complained of lack of medical facilities and drinking water.

According to the United Nations High Commissioner for Refugees (UNHCR), over 321,791 individuals of 44,492 families have been registered so far at the registration points in DI Khan and Tank. These include 243,007 people of 33,412 families that left their homelands after Oct 13 while 80,500 individuals of 11,080 families were those who registered with the organisation in last August. Among those newly registered families 21,823 have come to DI Khan and 12,353 to Tank. The two districts border North and South Waziristan agencies. The National Database and Registration Authority (Nadra) claims to even check all registered cases to streamline their registration.

Thousands still remain trapped in Waziristan due to curfew and fierce clashes between militants and security men. Also, a large number of families and individuals have gone missing after they supposedly left their homes in the war-torn districts of North and South Waziristan.

Some of the foreign NGOs that were denied access to the troubled agency include the International Committee of the Red Cross (ICRC), Medicine Sans Frontiers (MSF) and some others. "The government is not encouraging foreign NGOs to directly assist IDPs from South Waziristan due to security concerns," argues Chairman Special Support Programme (SSP) Lt



General Nadeem Ahmed.

Though the United Nations has pulled out its foreign staff from NWFP and FATA at this critical stage, the local staff of its sub-organisations is making efforts for the rehabilitation and support of IDPs. "The UNHCR is distributing relief items like kitchen sets, sleeping mats, quilts and other items to the registered IDPs. Even those who are yet to be verified have been assisted," says Spokesman for the UNHCR Pakistan, Gaiser Khan Afridi, adding the UN body has so far provided relief kits to more than 20,406 families in DI Khan and Tank, living with least possessions, including more than 13,957 since Oct 21 when distribution resumed. He adds, the UNHCR also supports the registration of the displaced people which is an important first step in receiving recognition of their status as displaced citizens and leads to the provision of other assistance.

The people of Waziristan ask why the government has not come to their rescue. Only Alal Sattar Edhi, his four daughters and his ten work-

ers have visited IDPs from

Waziristan. Edhi distributed five truckloads of relief goods among them.

President Asif Zardari, Prime Minister Yousaf Raza Gilani and Chief Minister Amner Haidar Hoti have so far not visited the affected people. Even top politicians

2009.

Not one official tent will

been established for it

settled districts. People

register their names at

registration points hav

thrashed by police on

of maintaining law and

order.

From DI Khan, including JUI-

F Chief Maulana Faruk Rah-

man, his federal minister

brother and their rival

National Assembly Deputy

Speaker Fazal Karim Kund,

head of the ruling Awami

National Party Asfandyyar

Wali, PPP's Chief Atif

Ahmed Khali Shairpuri, JUI-

Som Chief Maulana Sami

Ullah

The above news paper cutting describes IDP's condition in the process of their displacement. It stated IDP's figures in the initial days of displacement, their registration process and relief activities.

Plat: 7



**DERA ISMAIL KHAN:** A policeman maintains a queue of internally displaced persons from South Waziristan at a relief assistance distribution point, Sunday. — Reuters

A policeman maintains a queue of displaced person at distribution center.

Plat: 8



**LADHA:** Troops retaking Pakistan, one hill at a time. — AP

## Troops to hunt militants in forests

In the above picture troops hunting militants in forests (South Waziristan Agency).



## جنوبی وزیرستان محسود قبائل کے جنوں قتل عام کا رونا

پہن کائی رغنئی بازار سمیت چکملائی، کوٹکائی اور حسیورہ میں محسود قبائل کے مکانات کو بارود اور بلڈوزروں سے مسمار کیا گیا

سڑک کے قریب مکانات کو اس لئے زمین بوس کیا گیا ہے کہ ان سے فوجی اہداف کو نقصان نہ پہنچایا جاسکے

جنوبی وزیرستان، 31 جنوری (کاروان قباک نیوز) - جنوبی وزیرستان کے مختلف علاقوں چکملائی، کوٹکائی اور حسیورہ میں محسود قبائل کے مکانات کا رونا مسمار کر کے زمین بوس کر دیا گیا۔ اہداف یا قاتلوں پر حملوں کے لئے استعمال نہ کیا جاسکے۔ انہوں نے کہا کہ مسمار ہونے والے مکانات میں طالبان

کمانڈر قاری حسین اور بعض دیگر طالبان کے مکانات شامل ہیں۔ ذرائع نے بتایا کہ اس قسم کی کارروائی آئندہ بھی جاری رہے گی۔ دریں اثناء محسود قبائل نے مطالبہ کیا ہے کہ بے گناہ قباکلوں کے مکانات کو مسمار کرنے سے گریز کیا جائے۔

South Waziristan: Mehsud tribe's dozen houses had been destroyed. These houses have been destroyed in various areas in South Waziristan Agency.



قبائل کے علاقوں میں جاری کشیدہ صورتحال کے حوالے سے تصویر کا ایک رخنہ جنوبی وزیرستان کا رہائشی ایک غریب شخص جس کے بیٹے روح اللہ کا پیش تو ان اچھائی خراب ہے اور مانی حالات ٹھیک نہ ہونے کے باوجود بہت زیادہ علاج معالجہ کروایا لیکن روح اللہ ٹھیک نہ ہو سکا اور ابھی بھی کمر توڑی آپریشن اور ساری کشیدگی نے پوری کر دی اور غریب والدین کی کمر ٹوٹ گئی جب اس کے پاس اپنے جگر گوشہ کیلئے کوئی راستہ باقی نہ رہا یہ غریب والد اور بد نصیب بچہ کسی خلیفہ عمر یا کسی حمانہ رنج کا انتظار کر رہے ہیں جو اس کے بہتے آسدا اور رستے دشمنوں کی دوا بن سکیں اور یہ ہم سب کی سخاوت کے بھی منتظر ہیں

Pictured an old IDP along with his insane son.



## نقل مکانی کر نیوالے محسود قبائل شدید مشکلات کا شکار

عمومیت اور دیگر بیماریوں کی وجہ سے اب تک 6 بچے جاں بحق، کئی کی حالت تشویش ناک

قبیلے کے خلاف آپریشن کی وجہ سے ہزاروں خاندانوں نے گرداوی بیراج کے میدانی علاقوں میں بغیر ساز و سامان کے بے ہوئے ہیں۔ انہوں نے کہا کہ نقل مکانی کر نیوالے قبائلیوں کے لئے علاقہ گول کے عوام نے کیٹیاں تشکیل دی ہیں۔ جو نقل مکانی کرنے والوں کو گول میں رہائش پزیر شہریوں کے گھروں میں جگہ دینے کا کام کرتی ہیں۔ جبکہ وہاں پر باقی بچے خاندانوں کیلئے گول کے رہائشیوں سے 2 وقت کا کھانا اکٹھا کر کے ان تک پہنچاتے ہیں۔ انہوں نے کہا کہ شدید سردی کی وجہ سے گرداوی بیراج پر پناہ لینے والے خاندانوں میں نمونیا اور دیگر بیماریوں پھیلنے لگی ہیں۔ جس کی وجہ سے اب تک 6 بچے جاں بحق ہو گئے ہیں۔ جبکہ کئی کی حالت تشویش ناک ہے۔

ٹانک، 25 جنوری (نمائندہ کاروان قبائل) جنوبی وزیرستان میں محسود قبائل کے خلاف جاری آپریشن کی وجہ سے ہزاروں خاندان نقل مکانی کر کے ٹانک، ڈیرہ اسماعیل خان اور درگول پہنچ گئے، رہائش کی عدم دستیابی کی وجہ سے ہزاروں خاندان کھلے آسمان تلے پڑے ہوئے ہیں، شدید سردی سے 6 بچے جاں بحق ہو گئے جبکہ سینکڑوں نمونیا اور دیگر بیماریوں میں مبتلا ہو گئے۔ تفصیلات کے مطابق جنوبی وزیرستان ایجنسی میں محسود قبائل کے خلاف جاری فوجی آپریشن کی وجہ سے ہزاروں خاندان نقل مکانی کر کے ٹانک، ڈیرہ اسماعیل خان اور گول پہنچ گئے، ضلع ٹانک کے قریبی علاقہ گول میں نقل مکانی کرنے والے ایک خاندان کے سربراہ مہتاب نے آئی این پی سے گفتگو کرتے ہوئے کہا کہ جنوبی وزیرستان ایجنسی میں محسود

Displaced families faced very difficult situation during the process of displacement. They had moved from their area of origin in extreme cold due to which they were caught by various diseases.



# جناب گورنر صوبہ سرحد

## لاؤٹننٹ اسحق شہین

### ایچیل بی نام

**جناب عالی!**

ہم قوم محسود جنوبی وزیرستان ایجنسی کے عمائدین ملک و قوم کے وفادار تھے ہیں اور ہمیشہ رہ گئے۔ ملک کیلئے قربانیاں دیں ہیں مگر اس وقت ہم چند ناگزیر مسائل سے دوچار ہیں۔ ہم آپ سے پر زور اپیل کرتے ہیں کہ

1. **لاؤٹننٹ اسحق شہین** کے ساتھ برسرِ کار ہو کر ان کی مشکلات کو حل کیا جائے۔
2. **محسود قبائل** کو اپنے علاقہ میں منتقل کرنے کیلئے سرکاری آج پر اجازات سکے جائیں۔
3. **محسود قبائل** کے دو (2) لاکھ چار سو روپے (400000) روپے کو ٹانک کیلئے وصول کیا جائے۔
4. **محسود قبائل** کے دو (2) لاکھ چار سو روپے (400000) روپے کو ٹانک کیلئے وصول کیا جائے۔

آپ کا یہ احسان تاحیات یاد رکھیں گے۔

مہتاب، عمائدین قوم محسود جنوبی وزیرستان ایجنسی

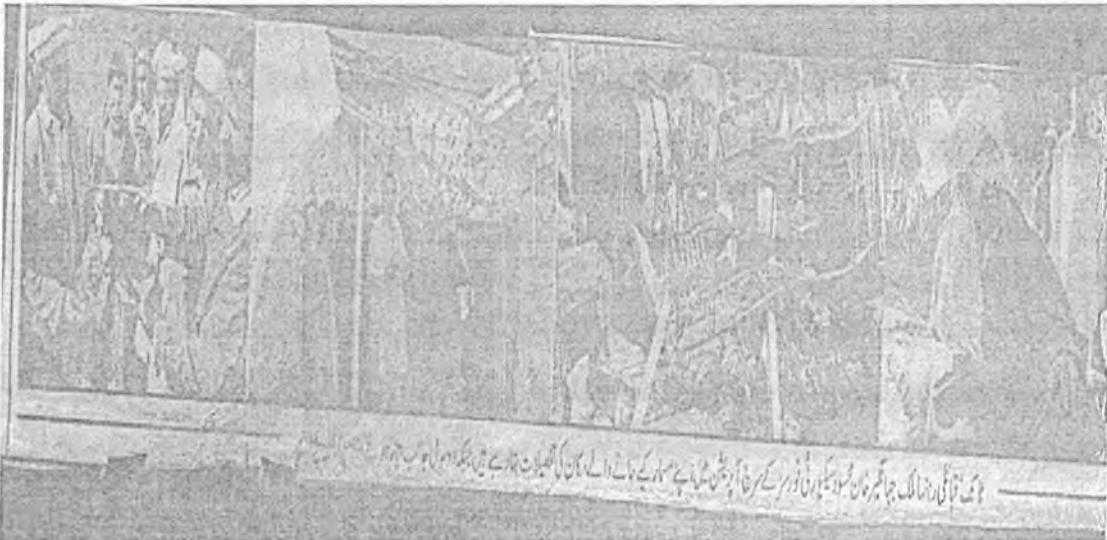
Plat: 13. The weakly Karwan-e-Qabil, Islamabad, 3rd - 15th February, 2008



Plat: 14. The weakly Karwan-e-qabil, Islamabad, 3rd - 15th February, 2008



Plat: 15. The Weekly, Karwan- e- Qabial, 16 to 31 January 2008



The above picture shows destroyed homes and household things.

Plat: 16. The Weekly Karwan-e- Qabil, Islamabad, 30<sup>th</sup> May- 5<sup>th</sup> June, 2008



A displaced person watching his destroyed home in South Waziristan Agency.

Plat: 17. The Weekly, Karwan- e- Qabial, 16 to 31 January 2008



Pakistan army destroyed homes of Mehsud tribals in settled areas of district Tank of the KPK.

Plat: 18 The Weekly, Karwan- e- Qabial, 16 to 31 January 2008)

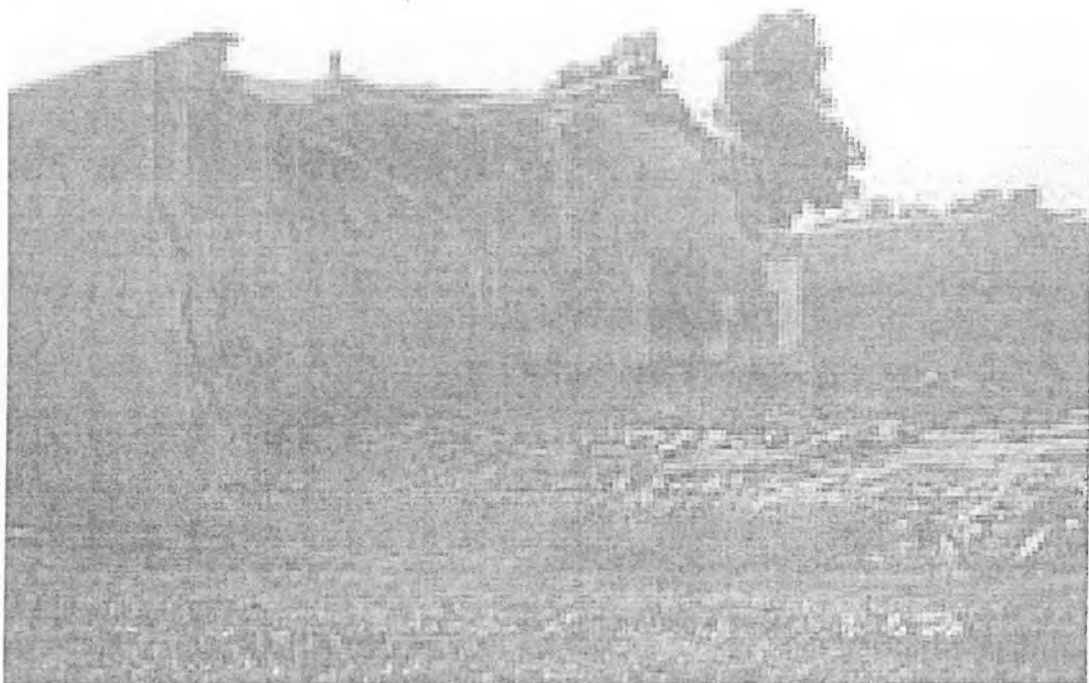


Plat: 19 The Weakly Karwan-e- qabil, Islamabad, 30<sup>th</sup> May- 5<sup>th</sup> June, 2008



A small girl outside her destroyed home in South Waziristan Agency.

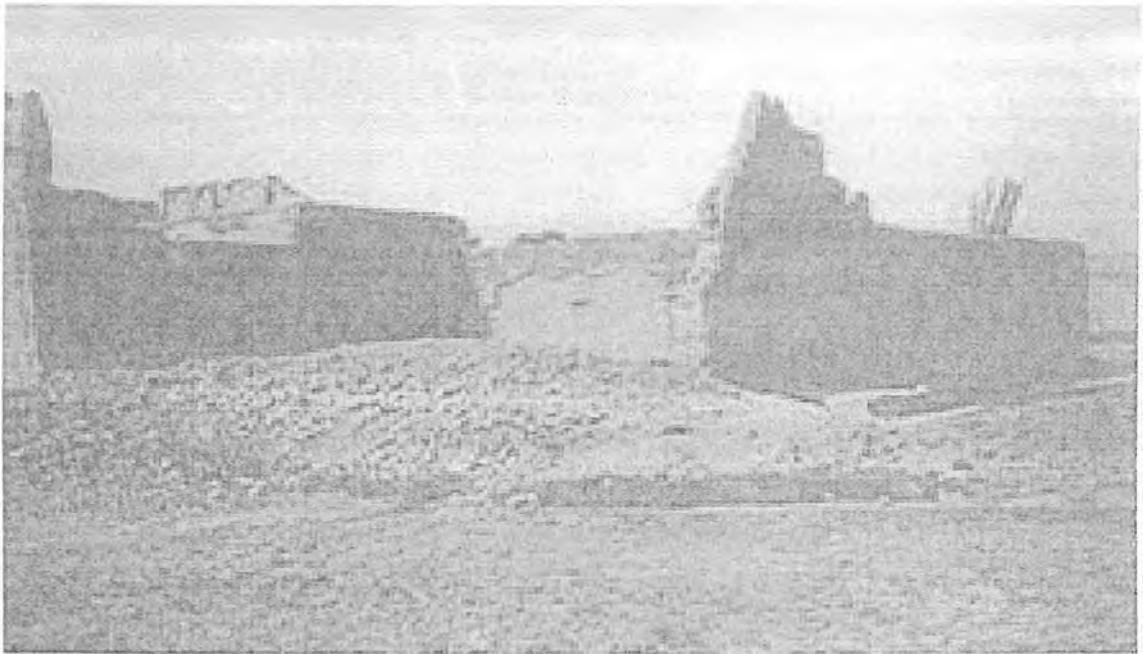
Plat: 20



A view of a demolished house in South Waziristan Agency



Plat: 21



View of a demolished house in South Waziristan Agency. During military operation Pakistan army destroyed many homes and commercial places in the area.

Plat: 22



People stand in queue for relief goods( Dera Ismail Khan Distribution center).

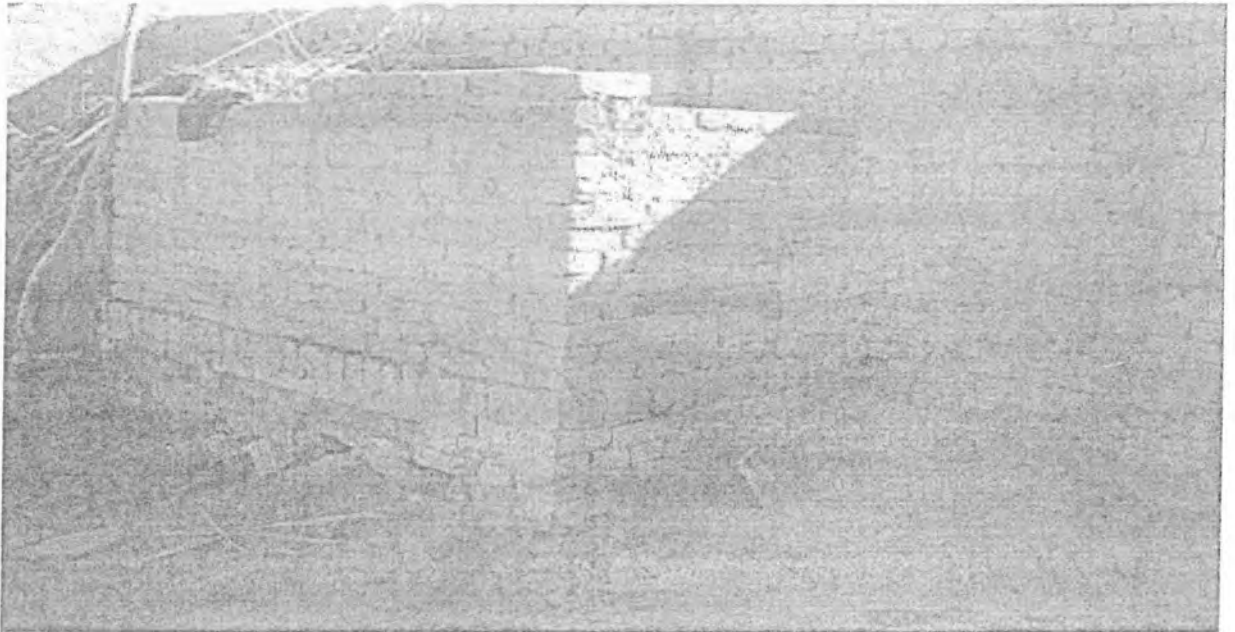


Plat: 23



Displaced people collect relief goods. Various governmental and nongovernmental organizations distributed relief goods.

Plat: 24



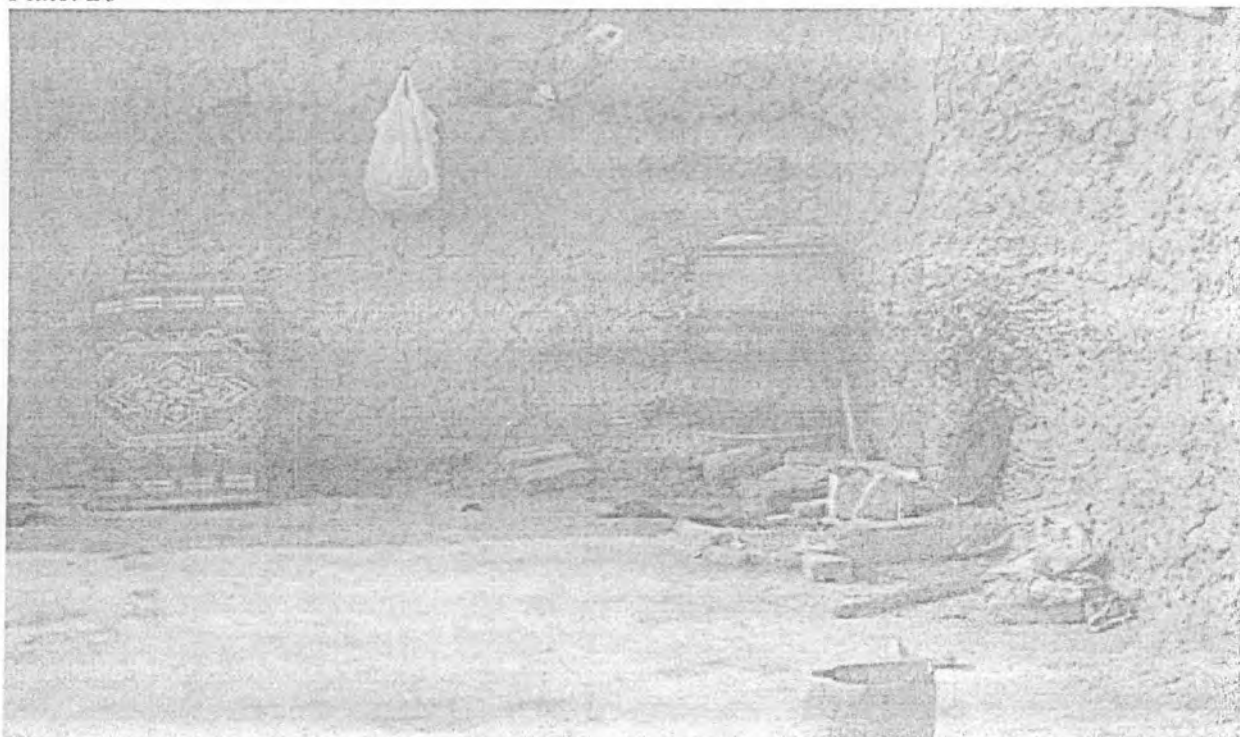
An inside view of IDPs residence that shows the pathetic hygiene condition.

Plat: 25



IDPs in the host area

Plate: 26



View of IDPs kitchen, majority of the displaced person either live with their relatives or in rented homes.

Plat: 27



Children beside their tents, due to overcrowded families IDP have placed tents in the courtyards to adjust members.

Plat: 28



Displaced persons settled themselves where they find place. In the above picture they settled in open fields after placing tents.

Plate: 29



An IDP child

Plat: 30



A displaced family in vehicle waiting at a check post for entering to host area.

## **Annexure- 2**

### **Respondent's Profile**

**1. Name: Shereen Bibi**

Age: 34 years

Occupation: Housewife

Education: illiterate

No: of children: 4

**2. Name: Fatima Bibi**

Age: 37 years

Occupation: housewife

Education: illiterate

No: of children: 5

**3. Name: Mehnaz Bibi**

Age: 24 years

Occupation: housewife

Education: illiterate

No: of children: 3

**4. Name: Sakina Bibi**

Age: 25 years

Occupation: housewife

Education: Middle

No: of children: 3

**5. Name: Hadiqa Bibi**

Age: 39 years

Occupation: housewife

Education: illiterate

No: of children: 5

**6. Name: Ayesha Bibi**

Age: 38 years

Occupation: housewife

Education: illiterate

No: of children: 7

**7. Name: Naik Bibi**

Age: 35 years

Occupation: housewife

Education: illiterate

No: of children: 5

**8. Name: Maryam Bibi**

Age: 50 years

Occupation: housewife

Education: illiterate

No: of children: 9



**9. Name: Parmena Bibi**

Age: 32 years

Occupation: housewife

Education: illiterate

No: of children: 4

**11. Name: Akal jana**

Age: 45 years

Occupation: housewife

Education: illiterate

No: of children: 8

**12. Name: Guldasta**

Age: 40 years

Occupation: housewife

Education: illiterate

No: of children: 10

**13. Name: Noor Bibi**

Age: 48 years

Occupation: housewife

Education: illiterate

No: of children: 11

**14. Name: Shabnam**

Age: 22 years

Occupation: housewife

Education: primary

No: of children: 3

**10. Name: Shahzia Bibi**

Age: 29 years

Occupation: housewife

Education: illiterate

No: of children: 5

**15. Name: Ruksana**

Age: 37 years

Occupation: housewife

Education: illiterate

No: of children: 5

**16. Name: Fatima Bibi**

Age: 18 years

Occupation: housewife

Education: illiterate

No: of children: 3

**17. Name: Safia Bibi**

Age: 24 years

Occupation: housewife

Education: illiterate

No: of children: 4

**18. Name: Maleena**

Age: 25 years

Occupation: housewife

Education: illiterate

No: of children: 4

**19. Name: Shahista Bibi**

Age: 30 years

Occupation: housewife

Education: illiterate

No: of children: 5

**20. Name: Shaleena**

Age: 35 years

Occupation: housewife

Education: illiterate

No: of children: 5

**21. Name: Shakwra**

Age: 22 years

Occupation: housewife

Education: illiterate

No: of children: 3

**22. Name: Shakira Bibi**

Age: 28 years

Occupation: housewife

Education: illiterate

No: of children: 4

**23. Name: Noormina**

Age: 37 years

Occupation: housewife

Education: illiterate

No: of children: 6

**24. Name: Dil naz**

Age: 25 years

Occupation: housewife

Education: illiterate

No: of children: 2

**25. Name: Wazira Bibi**

Age: 30 years

Occupation: housewife

Education: illiterate

No: of children: 5

**26. Name: Akhtara**

Age: 36 years

Occupation: housewife

Education: illiterate

No: of children: 7

**27. Name: Mer bano**

Age: 33 years

Occupation: housewife

Education: illiterate

No: of children: 5

**28. Name: Saadia Bibi**

Age: 28 years

Occupation: housewife

Education: illiterate

No: of children: 4

**29. Name: Naik Bibi**

Age: 37 years

Occupation: housewife

Education: illiterate

No: of children: 6

**30. Name: Haseena Bibi**

Age: 19 years

Occupation: housewife

Education: illiterate

No: of children: 1

**31. Name: Asiya Bibi**

Age: 30 years

Occupation: housewife

Education: illiterate

No: of children: 2

**32. Name: Shahnaz Bibi**

Age: 22 years

Occupation: housewife

Education: illiterate

No: of children: 2

**33. Name: Shabnam**

Age: 20 years

Occupation: housewife

Education: illiterate

No: of children: 1

**34. Name: Naheeda**

Age: 25 years

Occupation: housewife

Education: illiterate

No: of children: 4

**35. Name: Farzana Bibi**

Age: 26 years

Occupation: housewife

Education: illiterate

No: of children: 3

**36. Name: Umar Bibi**

Age: 29 years

Occupation: housewife

Education: illiterate

No: of children: 5

**37. Name: Sameena Bibi**

Age: 22 years

Occupation: housewife

Education: illiterate

No: of children: 3

**38. Name: Nazia Bibi**

Age: 25 years

Occupation: housewife

Education: illiterate

No: of children: 4

**39. Name: Anar Bibi**

Age: 40 years

Occupation: housewife

Education: illiterate

No: of children: 7

**40. Name: Gull Bibi**

Age: 39 years

Occupation: housewife

Education: illiterate

No: of children: 7

**41. Name: Jana Bibi**

Age: 23 years

Occupation: housewife

Education: illiterate

No: of children: 3

**42. Name: Yasmina Bibi**

Age: 29 years

Occupation: housewife

Education: illiterate

No: of children: 4

**43. Name: Nor Jana**

Age: 27 years

Occupation: housewife

Education: illiterate

No: of children: 3

**44. Name: Meera khaila**

Age: 37 years

Occupation: housewife

Education: illiterate

No: of children: 5

**45. Name: Nadia**

Age: 22 years

Occupation: housewife

Education: Middle

No: of children: 1

**46. Name: Aamna Bibi**

Age: 32 years

Occupation: housewife

Education: illiterate

No: of children: 4

**47. Name: Noorena**

Age: 27 years

Occupation: housewife

Education: illiterate

No: of children: 2

**48. Name: Masta Bibi**

Age: 45 years

Occupation: housewife

Education: illiterate

No: of children: 8

**49. Name: Ezata Bibi**

Age: 49 years

Occupation: housewife

Education: illiterate

No: of children: 5

**50. Name: Bibi Hajra**

Age: 31 years

Occupation: housewife

Education: illiterate

No: of children: 4



## Annexure-3

### Respondent's Profile

**1. Name: Kalo Khan**

Sex: Male

Age: 53 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**2. Name: Banat Gull**

Sex: Male

Age: 70 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**3. Name: Darya Khan**

Sex: Male

Age: 41 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**4. Name: Tehsildar Khan**

Sex: Male

Age: 43 years

Education: literate

Occupation: Govt: servant

Area: UC Zafar Abad

**5. Name: Shahzad Khan**

Sex: Male

Age: 42 years

Education: Illiterate

Occupation: Driver

Area: UC Zafar Abad

**6. Name: Alitaz Khan**

Sex: Male

Age: 55 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**7. Name: ADalat Khan**

Sex: Male

Age: 46 years

Education: Illiterate

Occupation: Driver

Area: UC Zafar Abad

**8. Name: Azbal Khan**

Sex: Male

Age: 61 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**9. Name: Abdullah Khan**

Sex: Male

Age: 55 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**10. Name: Janat Gull**

Sex: Male

Age: 70 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**11. Name: Mola Jan**

Sex: Male

Age: 53 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**12. Name: Gula Jan**

Sex: Male

Age: 41 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**13. Name: Kalandar Khan**

Sex: Male

Age: 53 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**14. Name: Khandan Khan**

Sex: Male

Age: 45 years

Education: Middle

Occupation: Driver

Area: UC Zafar Abad

**15. Name: Sydatan Khan**

Sex: Male

Age: 35 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**16. Name: M. Arif Khan**

Sex: Male

Age: 53 years

Education: Matric

Occupation: Business

Area: UC Zafar Abad

**17. Name: Gula Khan**

Sex: Male

Age: 39 years

Education: literate

Occupation: Wage labour

Area: UC Zafar Abad

**18. Name: Izat Khan**

Sex: Male

Age: 31 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**19. Name: Zaray Gul**

Sex: Male

Age: 49 years

Education: Illiterate

Occupation: Driver

Area: UC Zafar Abad

**20. Name: Alif Khan**

Sex: Male

Age: 27 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**21. Name: Bahawal Khan**

Sex: Male

Age: 41 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**22. Name: Jalat Khan**

Sex: Male

Age: 31 years

Education: primary

Occupation: Driver

Area: UC Zafar Abad

**23. Name: Painda Khan**

Sex: Male

Age: 29 years

Education: Metric

Occupation: Private job

Area: UC Zafar Abad

**27. Name: Salar Khan**

Sex: Male

Age: 26 years

Education: FA

Occupation: Driver

Area: UC Zafar Abad

**24. Name: Turkistan Khan**

Sex: Male

Age: 21 years

Education: middle

Occupation: Wage labour

Area: UC Zafar Abad

**28. Name: Jangi Khan**

Sex: Male

Age: 33 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**25. Name: Waly Gul**

Sex: Male

Age: 33 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**29. Name: Zinda Khan**

Sex: Male

Age: 53 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**26. Name: Maqbol Khan**

Sex: Male

Age: 55 years

Education: Illiterate

Occupation: Driver

Area: UC Zafar Abad

**30. Name: Shazar Khan**

Sex: Male

Age: 23 years

Education: primary

Occupation: Driver

Area: UC Zafar Abad

**31. Name: Naseeb Ullah**

Sex: Male

Age: 30 years

Education: literate

Occupation: Business

Area: UC Zafar Abad

**32. Name: Hafty Khan**

Sex: Male

Age: 76 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**33. Name: Azad Khan**

Sex: Male

Age: 30 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**34. Name: Meera Jan**

Sex: Male

Age: 53 years

Education: Illiterate

Occupation: Driver

Area: UC Zafar Abad

**35. Name: Kifayat Ullah**

Sex: Male

Age: 25 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**36. Name: Ghazi Khan**

Sex: Male

Age: 36 years

Education: primary

Occupation: Wage labour

Area: UC Zafar Abad

**37. Name: Ayaz Khan**

Sex: Male

Age: 28 years

Education: literate

Occupation: Daily wage

Area: UC Zafar Abad

**38. Name: Zarma Jan**

Sex: Male

Age: 53 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad



**39. Name: Sona Khan**

Sex: Male

Age: 60 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**40. Name: Laltain Khan**

Sex: Male

Age: 63 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**41. Name: Daftar Khan**

Sex: Male

Age: 53 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**42. Name: Lajmir Khan**

Sex: Male

Age: 66 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**43. Name: Gulam**

Sex: Male

Age: 30 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**44. Name: Bismillah Jan**

Sex: Male

Age: 40 years

Education: Illiterate

Occupation: Wage labour

Area: UC Zafar Abad

**45. Name: Razi Khan**

Sex: Male

Age: 53 years

Education: primary

Occupation: business

Area: UC Zafar Abad

**46. Name: Sharmal Khan**

Sex: Male

Age: 58 years

Education: Illiterate

Occupation: N/A

Area: UC Zafar Abad

**47. Name: Zahoor**

Sex: Male

Age: 35 years

Education: literate

Occupation: Wage labour

Area: UC Zafar Abad

**48. Name: Nawab Khan**

Sex: Male

Age: 30 years

Education: literate

Occupation: Wage labour

Area: UC Zafar Abad

**49. Name: Khair badshah**

Sex: Male

Age: 40 years

Education: Illiterate

Occupation: Driver

Area: UC Zafar Abad

**50. Name: Abdul Jamal**

Sex: Male

Age: 43 years

Education: literate

Occupation: Wage labour

Area: UC Zafar Abad

## Glossary

Azaan	Call to prayers or profession of faith
Badal	Revenge
Betak	Hujra
Burqa	Seclusion
Cheegha	The enthusiastic gathering of the members of one's own clan
Coke	A wheat bread made with eggs, desi ghee and Sugar
Chaganiye	Sugar cane crush mashine
Chagmali	A area in South Waziristan
Dhol	Drum
Dodaye	A thick bread made with maze flour
Draina	Third day of the death
F.P	Family Planning
Ghaliawenke	Hide and Seek
Gharn khat	A traditional dress
Ghotti	Game played by little girls with stone
Iskath	The amount or other eatable things given to the people attending funeral
IDPs	Internally displaced persons

Jirga	Local Meeting, Council of elders
Janazy lminz	Funeral prayer
Kacha	Made of mud
Kali	Family
Karkara	Crane (a bird)
Katteena	Beds
Khairath	Charity
Khaisore	A place in South Waziristan
Kor	House/ family
Kot	A walled endosure of mud, or mud and stones, ten to fifteen feet high
Laltin	Oil Lamp
Landa	Catapult
Lashkar	An armed party which goes out for warlike purpose
Lminz	Prayer

Loshye caoude	Utensils
Losniwai	Betrothal
Lungi	Turban
Madrassa	Seminary
Marchistun	Graveyard
Mazzar	Shrine
Malik	Heads of the tribes
Miaad	Modus-Vivendi
Mullah	Religious leader
Naan	Bread
Naghan	A thick bread made with wheat flour
Nang	Courage
Naway jara	Bride dress
Nikah	Wedlock



Pakka	Made of bricks and cements
Pardah	Seclusion or wearing of veil
Pashtunwali	Pashtun code of conduct
Postai	A thin bread of wheat flour
Qalang	Taking money by force
Rabab	String instrument
Salate	A metal board
Salwesthi	40 <sup>th</sup> day of the death
Sararogha	A place in South Waziristan
Sar kharyal	Head shave
Soobath	A traditional food item
Soonath	Circumcision of a male child
Spalmaka	A local herb
Speankairagzai	A place in South waziristan
Talai	Courtyard

Takti	Wooden board
Tawiz	Amulet/written expression of Quranic verses
Tharbeer	Patrilineal cousin
Tharwaypay	Lassi
Wale	A turn of water for fields
Wrrou	Marriage
Zamaye	A local herb
Zarraï	A cash reward for the breaking of good news to the near relatives.

## Bibliography

- ACT International. (2009). *Security Hinders Assistance from Reaching Many IDPs*. Geneva: Church World Service-Pakistan/Afghanistan and Norwegian Church Aid.
- Bernard, H. (1994). *Research methods in Anthropology: Qualitative and Quantitative Approaches*. California: Sage publications.
- Cox, F. D. (2006). *Human intimacy: marriage the family & its meaning*. USA: Thomson.
- Cross, R. Z. (2006-07). Pakistan Demographic and Health Survey. NIPS.
- DAWN. (2008, January 29). Mass exodus as clashes continue in South waziristan. Tank, KPK, Pakistan.
- Dhakal, D. R. (2004, February 1). Plight of Internally Displaced Persons (IDPs) In Nepal: A call for an Urgent Intervention by The HMG/Nepal, United nations and International Community. Kathmandu, Nepal: CSWC.
- Farooqui, M. N. (1994). Interpersonal Communication in Family Planning in Pakistan. *The Pakistan development review* 33:4 part II, 678.
- FMO. (n.d.). *FMO online*. Retrieved from <http://www.forcedmigration.org/about/whatisfm/what-is-forced-migration>: [http://www.google.com.pk/#hl=en&site=&q=www.+Forced+migration.org.com+&btnK=Google+Search&oq=&aq=&aqi=&aql=&gs\\_sm=&gs\\_upl=&bav=on.2,or.r\\_gc.r\\_pw.,cf.osb&fp=253ac80e9e222586&biw=1280&bih=709](http://www.google.com.pk/#hl=en&site=&q=www.+Forced+migration.org.com+&btnK=Google+Search&oq=&aq=&aqi=&aql=&gs_sm=&gs_upl=&bav=on.2,or.r_gc.r_pw.,cf.osb&fp=253ac80e9e222586&biw=1280&bih=709)
- Global Protection Cluster Working Group. (2007). *Handbook for the Protection of Internally Displaced Persons*. Geneva: PCWG.
- Goldschdider, C. (1983). *Urban migrants in developing nations: patterns and problems of adjustment*. Boulder, Colorado : Westview Press.
- Hugo. (1994). In S. Castles, & M. J. miller, *The age of migration: International population movements in the modern world* (p. 27). New York: palgrave Macmillan.
- IDMC. (2008, May 15). *Internal displacement Monitoring centre*. Retrieved January 5, 2012, from [www.unhcr.org](http://www.unhcr.org): <http://www.unhcr.org/refworld/docid/482d32972.html>

- Jackson, J. A. (1986). *Migration*. New York: Longman Publisher.
- Kaplan, B. A. (1988). In C. G. Tylor, & G. W. Lasker, *Biological aspects of human migration* (p. 221). New York: Cambridge University Press.
- Koskinen, P. (2005). *Internally displaced persons and the right to housing and property resituation*. Institute for human rights Abo Akademi.
- Kwaak, A. V. (1991). Women and Health. *Vena Journal* 3 (1) , 2-33.
- Mehsud, A. (1991). *Waziristan from Kurrum to Gommal*. D.I.Khan: Waheed Art press.
- Meyers, J., Lobis, S., & Dakkak, H. (2004). UN Process Indicators: key to measuring maternal mortality reduction . *FMR* 19 , 16-18.
- Mooney, E. (2005). The Concept of Internal Displacement and the Case for Internally Displaced Persons as a category of concern. *Refugee Survey Quarterly* Vol.24, Issue 3 , 9-26.
- OCHA, UN. (2004). *Guiding Principles on Internal Displacement*. Geneva: United nation.
- PMA. (2010). World Populatio Report. *Journal of Pakistan Medical Association* , 402.
- Population Census of Pakistan. (1975). *1972: District Census Report Dera Ismail Khan*. Islamabad: Population Census of Pakistan.
- Prothero. (1977). In C. G. Taylor, & G. W. Lasker, *Biological aspects of human migration* (p. 218). New York: Cambridge University Press.
- Prothero. (1988). Massive Population Increases Result in Large-scale Population Redistribution. In M. T. CGN, & G. W. Lasker, *Biological aspects of human migration*. Cambridge: Cambridge university Press.
- Roundy. (1983). In B. Wisner, P. Blaikie, T. Cannon, & I. Davis, *At Risk: Natural Hazards, People's Vulnerability and Disasters* (p. 176). London: Routledge.
- S. Castles, & M. (2003). *The age of migration: International population movements in the modern world*. New York: Palgrave Macmillian.
- Shinwari, N. A. (2010). *Understanding FATA: Attitudes Towards Governance, Religion & Society in Pakistan's Federally Administrated tribal Areas*. Islamabad: CAMP.

- South Asia Partnership-Pakistan. (2009). *Profile of district Dera ismail Khan with focus on livelihood related issues* . Lahore: South Asia Partnership-Pakistan.
- Springer, N. (2006). *Colombia: Internal Displacement-Policies and Problems*. UK: Writenet.
- Stephen Castles, M. J. (2003). *The age of migration: international population movements in the modern world*. New York: Palgrave Macmillan.
- Streefland. (1989). In G. K. Lieten, O. Nieuwenhuys, & L. S. Sandbergen, *Women migrants and tribals survival strategies in Asia* (p. 21). New Delhi: Manohar Publishers.
- The Center for Reproductive Rights . (2004). *WOMEN OF THE WORLD: LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES* . New York: The Center for Reproductive Rights .
- UN OCHA. (n.d.). Retrieved from [ochaonline.un.org:  
http://ochaonline.un.org/HumanitarianIssues/ProtectionofCiviliansinArmedConflict/Wataretheissues/ForcedDisplacement/tabid/1127/language/en-US/Default.aspx](http://ochaonline.un.org/HumanitarianIssues/ProtectionofCiviliansinArmedConflict/Wataretheissues/ForcedDisplacement/tabid/1127/language/en-US/Default.aspx)
- UNHCR. (2004). *Internally Displaced Persons: Questions and Answers*. Geneva: UNHCR.
- Wazir, B. G. (2003). *The Faqir of Ipi*. Peshawar: The Aayans Press.
- Wazir, M. M. (2011). Geopolitics of FATA AFTER 9/11. *IPRI Journal XI, NO.1* , 59-76.
- WHO. (2009). *Mental health aspects of women's reproductive health : a global review of the literature*. Geneva: WHO.
- WHO. (2000). *Reproductive Health during Conflict and Displacement*. Geneva: WHO.
- Wood, S. (1992). In B. Wisner, P. Blaikie, T. Cannon, & I. Davis, *At Risk: Natural Hazards, People's Vulnerability and Disasters* (p. 176). London: Routledge.

#### Other sources

- *"The migrated mehsud tribe faces severe difficulties, up till now 6 children have been dead several in critical conditions due to Numena and other diseases"*, The Weekly, Karwan- e- Qabial, 16 to 31 January 2008.
- *"Tribal people, reaching Tank district from the far off and troubled Sarawaki and Tormande areas due to excessive bombing and artillery shelling on civilian localities"*, The Daily News on Wednesday, 30<sup>th</sup> January 2008.
- *"Request of Mehsud elders to the Governor of NWFP"*, The Daily, Mashriq on Tuesday, 20<sup>th</sup> May 2008..
- *"Hundred of families living in South Waziristan Agency and its adjacent areas have become homeless due to the war like situation"*, The daily Nation on Thursday, 16 September 2004.



## SOCIO- ECONOMIC AND CENSUS SURVEY FORM

Area: .....

[illegible]

[illegible]

[illegible]

[illegible]

Sr #	Pre displacement income					
	Occupation	No, of persons	Income per month			
			0- 6	6- 8	8- 10	Above 10
	Average income per head					

Sr #	Post Displacement income							
	Occupation	No, of persons	Business closed	Unemployed	Income per month			
					0- 6	6- 8	8- 10	Above 10
	Average income per head							



[illegible]

[illegible]

[illegible]

## Interviewee's Profile

Name: -----

Sex: -----

Age: -----

Caste: -----

Profession: -----

Area: -----

## INTERVIEW GUIDE

Q 1: Why you were displaced?

Q : How long you are living here ?

Q: Is your whole family with you here?

Q2: Whom you consider responsible for this displacement?

Q3: What was your profession before displacement?

Q4: What are you doing now?

Q5: What is your education level?

Q6: What was your source of income before displacement?

Q7: What is your source of income after displacement?

Q: Are you facing hurdles in gaining subsistence?

is there occurred any decrease in average monthly income after the displacement?

Q8: What are the difficulties you people facing in the urban centers?

Q9: What are the difficulties you people faced after the displacement regarding health?

Q10: What was the first reaction of the recipients?

Q11: What was the affect of displacement upon the education of your children?

Q12: Are women suffered from this displacement?

Q: Is female health affected due to this displacement?

Q Is this displacement affects female reproductive health?

Q What are the factors that affect female health?

Q13: what happened to your immovable property left behind?

Q14:" What happened to your movable property? Have you bring that with you?

Q15: Are you facing difficulties in the new culture?

Q: What changes occurred in your family in the urban centers?

Q: Is there any changes in the traditional customs (birth, death and weeding ritual  
and

Ceremonies)?

Q. what is the effect of displacement on children?

Q. Is their health affected by this displacement?

Q16: What is the role of government in the whole scenario?



Q17: Are there any free health services provided to the displaced persons?

Q18: Have you any relative before the migration in the recipient area?

Q19: Where are you living now?

Q20: Where are your other relatives and neighbors after the displacement?

Q: What is the hygiene condition?

Q21: Is there any availability of pure water for the migrants?

Q22: How you feel in the new weather conditions?

Q: Is the new environment suits you?

Q23: What is your future planning?

Q24: Are you thinking of back to your area of origin?

# DISPLACEMENT AND FEMALE REPRODUCTIVE HEALTH

## Questionnaire

### Profile interview Respondent

Name

Age

Occupation

Education

No: of children

1. How you perceive good health?
2. In your opinion what a healthy female/mother is?
3. Does this displacement affect your health?
4. Whom you refer when get sick/ill?
5. In your opinion what is the suitable age for female marriage?
6. What was your age when you got married?
7. Did your opinion was asked in marriage?
8. Do you know about the signs of pregnancy?
9. Do you know about the precautionary measures during pregnancy? If yes
10. What are these measures?
11. Whom you refer for the delivery? Prior to the displacement (Mention)
  - a) Gynaecologist govt: hospital
  - b) Gynaecologist private hospital
  - c) LHV
  - d) Traditional birth attendant
12. Whose decision is considered for the delivery referral?
13. Do you know the safe precautions about newborn?
14. In your opinion which method breast feeding or bottle feeding is good?
15. What method you are using for child feeding?
16. Did you have knowledge of the term family planning (FP)? prior to the displacement if yes
17. Have you ever adopted this method (FP)?if NO
18. Then why you not practice this (FP)?

19. Have you any idea of contraceptives prior to the displacement? If yes /if NO
20. Which method of contraceptive you prefer?
21. Why you have not used contraceptives?
22. Are you using contraceptive after the displacement?
23. Does this displacement affect female health?
24. Does this displacement affect children health (infant under 5 and above)?
25. Does this displacement affected female reproductive health?
26. Does female RH affected during the process of displacement?
27. After displacement whom you refer deliveries? Mention
  - a) Gynaecologist govt: hospital
  - b) Gynaecologist private hospital
  - c) LHV
  - d) Traditional birth attendant
28. After the displacement you have learnt anything about FP & contraceptives?
29. Who told you about these things FP & contraceptives?
30. Does this displacement affect your diet patterns?
31. Did you get proper food to eat/or proper diet?
32. Have you any idea of the negatives of mal nutrition on female?
33. Does the new environment affect your health?
34. Does this changed environment affected children health?
35. Have you people/female face psychological problems due to this displacement? If  
yes/
36. What kind of psychological problems you have faced?

37. Do these problems affect female health?

38. What kind of other problems that affect your health?

39. Have you access to transportation, health facilities etc?

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ANNEXURE-2

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GLOSSARY

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