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NAVIGATING CONTINUITY AND CHANGE: A QUALITATIVE STUDY ON THE TREATMENT SEEKING BEHAVIOUR AMONG SEDENTRIZED BAKKERWALS IN KASHMIR

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Abstract:
This study delves into the treatment-seeking behaviour among sedentrized Bakkerwal tribals of the jeevan Sahab village of block Pampore in Kashmir. Grounded theory approach was used to gain an in-depth understanding of the phenomenon. Data was collected through in-depth interviews conducted with 20 research participants, recruited through purposive sampling technique. Based on the primary data our study reveals the multiple healthcare practices employed by sedentrized Bakkerwals in seeking treatment for their ailments and diseases. The majority of the participants use modern healthcare practices and medicines, this includes seeking medical advice and prescriptions from doctors, visiting public health outlets, hospitals, dispensaries, local compounders and using allopathic medicines. Moreover, a substantial proportion of participants rely on traditional healing practices, encompassing *(somblu, Sund, Kouth, Peevāk, Kahzubaan, chito chawo,Maidasakh Ratanjog, Koudh, Javain, and Choura,)* visiting shrines and faith healers for treating various minor health issues, including headaches, stomach aches, joint pains, chest pains, asthma and snakebites prevention.

Further it was found that chronic and life-threatening diseases are treated exclusively in hospitals with modern medical facilities, rather than relying on traditional medicines. Findings underscore the complex sociocultural landscape shaping healthcare preferences among sedentrized Bakkerwals. They highlight the importance of culturally sensitive interventions tailored to accommodate the evolving healthcare needs of this community. By understanding and addressing these nuanced dynamics, policymakers, healthcare providers, and community stakeholders can work towards fostering inclusive and effective healthcare initiatives tailored to the unique context of sedentrized Bakkerwal community in Kashmir.

Key words: Health seeking behaviour, traditional healthcare practices, continuity and change, sedentarisation

Introduction

The Bakkerwal community which constitutes of 11.9% of total population of UT of Jammu &Kashmir is one of the transhumant groups in Jammu and Kashmir, illustrates a distinct nomadic lifestyle depends

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on sheep and goat rearing in the western Himalayas (Sharma, 2009). Their nomadic nature involves cyclical movements between high and low altitudes across the rugged terrain of the region, accompanied by their cattle and important possessions. This unique lifestyle, necessary for their socio-economic sustenance relies on the seasonal utilization of natural pastures and resources derived from their flocks (Sofi, 2013). Encompassing diverse ecological zones such as the Shiwaliks, Pir panjal, Kashmir Valley, Side Valleys, and Greater Himalayan ranges, and the geographical expanse from Poonch to Khatua in the Jammu region provides the backdrop for the intricate annual rhythms of the Bakkerwals (Mhajan, 2021). Their nomadic lifestyle, structured around seasonal cycles and spatial movements, embodies profound sociological dimensions of community cohesion, adaptive resilience, and environmental symbiosis within the Bakkerwal social milieu.

Traditional healthcare practices are deeply embedded into the social and cultural life of indigenous and tribal communities, playing a vital role in managing illness and dissases (Joshi, 2013). These practices are not just healthcare methods but are integral part of the collective consciousness transmitted through generations. Among various indigenous and tribal groups, traditional herbal plants have regained wide conformity and acceptance due to growing faith in herbal medicine, considering its lesser side effects and complicacies as compared to allopathic medicine and are meeting the medicinal needs of a substantial proportion of tribal folk (Kala, 2006). In contemporary times, this interest and acceptance is driven by complications over the side effects of allopathic medications and a preference for natural, conventional healing techniques. Traditional healthcare systems are mostly preferred as a safer and more effective for treating various illnesses.

A Study conducted by Mitalaya et al. (2003), support the firm acceptance and faith in the lesser side effects and effectiveness of traditional herbal medicines. Despite recent developments in rural health services, many Indigenous communities, including the Gujjars and Bakkerwals inhabiting in different villages and hemlets in Kashmir, still continue to rely on these age-old practices. Ishtiyak and Hussain (2017) found that the Gujjar community in Kashmir is still significantly using herbal folk medicines for common dissases like coughs, colds, fevers, headaches, body aches, constipation, dysentery, burns, cuts, scalds, boils, ulcers, skin diseases, menstrual complicacies, and other sexual problems. This continuous adoption of traditional forest medicines emphasizes its cultural importance and the trust the community places in these remedies. Among the gujjar and Bakkerwal communities of Kashmir, traditional health-seeking behaviours are still prevalent and practiced by a good number of tribal populations. The most common ailments cured with traditional herbal medicines by the Gujjars and Bakkerwals include colds, coughs, fevers, diarrhoea, dysentery, worm infestations, wound healing, and body aches (Shah et al., 2015).

The continued use of herbal remedies reveals a pragmatic and conventional approach to healthcare, given the limited availability and dearth of modern medical facilities, and a strong cultural tradition and societal acceptance of traditional healing practices. The prevalence of traditional health-seeking behaviours among the sedentrized Bakkerwals in Kashmir reflects a complex relationship between cultural heritage, practical healthcare needs, and socio-economic factors. These practices are not just relics of the past but are dynamic and adaptive strategies that continue to be vital for the health and well-being of these communities.

The knowledge of traditional healthcare systems and the protocols associated with it are passed down from one generation to the next as folklore among the tribal people, typically through verbal transmission However; this invaluable knowledge is on the verge of extinction in certain areas due to various socio-economic and environmental pressures. (Rajadurai et al., 2009).

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Since India's independence, Himalayan pastoralists, including the Bakkerwals, have experienced significant transformations due to political and economic upheavals (Firdos, 2022). These shifts have profoundly altered various aspects of the traditional pastoral system, including migratory cycles and health-seeking behaviour. A notable consequence of these changes has been the sedentarisation of pastoral communities. Driven by the benefits of reservation policies and urban opportunities, pastoralists like the Bakkerwals are increasingly transitioning from nomadic to settled lifestyles (Bhat, 2018). This shift has brought about new difficulties, such as diminished availability of herbal and medicinal plants as a result of forest degradation (Islary, 2014). In recent decades, the lifestyle patterns of the Bakkerwals in Kashmir have undergone a profound transformation, departing from their traditional nomadic practices (Zutshi, 2000).

Historically, the Bakkerwals traversed the rugged terrain of the region with their herds, embodying a nomadic existence intertwined with their cultural heritage and economic sustenance. However, recent years have witnessed a trend toward permanent settlement in the plains, catalysed by factors such as the scarcity of essential amenities in remote mountainous regions and restrictions on nomadic movements (Verma et al., 2019). This transformation has directly impacted the treatment-seeking behaviour of sedentrized Bakkerwals. The sedentarisation process, exposure to contemporary culture, social and cultural interactions with mainstream society, and easy access to modern healthcare facilities have significantly influenced the treatment-seeking behaviour of sedentrized Bakkerwals (Verma et al., 2019). While traditional healthcare practices rooted in forest medicinal plants and cultural recognition are undergoing substantial changes, the transition from nomadic to sedentary living brings about profound shifts in healthcare practices and treatment-seeking behaviour (Dar et al., 2020). Despite an increasing reliance on modern healthcare practices and facilities, traditional healing practices remain significant for addressing health issues among tribes (Dar et al., 2020).

Against this backdrop, the present study delves deeper into the treatment-seeking behaviour among sedentrized Bakkerwal tribals residing in the Jeevan Sahab village of Pampore Block in the Kashmir Valley. Employing a grounded theory approach, this research aims to gain an in-depth understanding of the strategies employed by sedentrized Bakkerwals in seeking treatment for their ailments and diseases. Through meticulous examination of the interplay between traditional and modern healthcare practices and the sociocultural factors shaping healthcare preferences, this study seeks to contribute to the existing literature on healthcare disparities and sociocultural dynamics within sedentrized Bakkerwal communities.

MATERIALS AND METHODS

STUDY VILLAGE:

Jeevan sahab is a small village in Pulwama district of South Kashmir. The village is spread on 45 hectares of land consisting of 52 households with having population of 261. Out of this population 127 are male and 134 females (2011) census.primarly the village is dominated by tribal population the village is located in the south-east direction about 27 kms from the district headquarters and about 11 kms from the saffron town pampore. It is situated in the foothills on the Ranglam- sarbal-tral annual migration route of Bakkerwals to the pastures of sarbal-nai. Bakkerwals in this village bought land by selling their cattle and settled down here one after another and established a full-fledged tribal village with due course of time. During field study it is found that the first family came to settle down there some time back in 1989. After that few more families settled down in 1990s and most of the families settled down later since 1997 after construction of pucca road which linked it to the nearest villages and pampore town.

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Approach and participants

In aligning with the study's objectives, we adopted the grounded theory approach proposed by Glaser and Strauss (1967). Grounded theory methodology aims to develop theories by systematically extracting and analysing concepts from the gathered data (Baker, et.al 1992). Utilizing this approach was imperative as it allowed us to explore the phenomenon without preconceived notions or guiding theories. Participant selection followed a convenience sampling method, wherein all eligible individuals were invited to participate. Participants were recruited based on specific inclusion criteria, including being above the age of 18, having personal experience with illness or having a sick individual within their household, and demonstrating a willingness to engage in the research process. Additionally, prospective participants were required to have personally experienced sickness at some point in their lives. This criterion ensured that participants could provide first-hand insights into the treatment-seeking behaviours and experiences related to illness.

Moreover the sample was stratified to include individuals from different age groups, allowing for a comprehensive exploration of healthcare practices across generations within the sedentrized Bakkerwal community. By including participants from diverse age groups, the study aimed to capture variations in healthcare-seeking behaviours influenced by generational differences, cultural norms, and societal changes.

The sample composition for this study was carefully designed to ensure representation across various age groups and healthcare provider perspectives. Specifically, 10 participants aged 45 and above, along with 08 individuals falling between the ages of 21 and 44, were included. Additionally, one local compounders and one traditional Hakeem were incorporated to provide insights from different healthcare provider perspectives. In total, 20 participants were interviewed, allowing for a comprehensive exploration of healthcare-seeking behaviour among sedentrized Bakkerwal tribals.

Participant profile

Participant Id	Age	Gender	Occupation	Educational qualification	Ration card type
1	46	Female	Housewife	Primary	BPL(below poverty line)
2	53	Male	Contractor	Primary	APL(above poverty line)
3	47	Male	Govt employee	M.A economics	APL(above poverty line)
4	49	Male	Woodcutter	Primary	BPL
5	42	Male	Teacher	B.A	APL
6	39	Female	Housewife	Primary	AAY
7	62	Male	Not Interested to disclose	Below primary	BPL
8	24	Male	Driver	Matriculate	BPL
9	35	Male	Stone quarry worker	Below primary	BPL
10	58	Male	Shopkeeper	Middle pass	APL
11	32	Female	Sweater weaver	Primary	BPL
12	45	Female	Anganwadi	12^{th}	APL

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			worker		
13	36	Male	Contractor	Primary	APL
14	23	Male	Labour	12th	BPL
15	32	Male	Mason	Primary	BPL
16	65	Male	Shopkeeper	12th	APL
17	31	Male	Private employee	B.tech	APL
18	42	Male	Labour	Primary	BPL
19	64	Male	Compounder	b.sc	APL
20	59	Male	Traditional Hakeem	Matriculate	BPL

Source: Field Work, 2024

Traditional Healthcare Practices

In certain regions, despite the presence of advanced healthcare services, traditional treatment techniques endure, particularly within rural communities. Utilizing medicinal plants for addressing common ailments remains a prevalent practice, valued for its immediacy and perceived effectiveness (Gogoi,et.al 2019). This reliance on herbal remedies is deeply ingrained in society, with individuals in tribes possessing extensive knowledge of the healing properties of various medicinal plant species (Gogoi et.al, 2019). The acceptance of traditional medicine as an integral aspect of cultural heritage, coupled with limited access to modern healthcare facilities, contributes to the persistence of traditional treatment methods (Shil, Choudhury, & Das, 2013). Additionally, the rich abundance of natural resources further supports and sustains this practice. These factors underscore the resilience of traditional treatment techniques and emphasize the need for a nuanced understanding of sociocultural dynamics in shaping healthcare preferences within communities.

During interviews, participants openly shared their diverse treatment-seeking behaviour, which reflected a blend of socio-cultural traditions and modern biomedical practices. It was found that many participants, while incorporating various traditional medicines and herbal remedies, also sought assistance from spiritual healers and engaged in shrine visitation as part of their healthcare system. These practices underscored the community's multifaceted approach to addressing health issues, highlighting the significance of cultural beliefs and spiritual interventions in their quest for well-being include traditional methods which comprises of applying various traditional herbs like *somblu, Sund, Kouth, Peevāk, Kahazubaan, chitochawo,Maidasakh Ratanjog, Koudh, Javain, and Choura* and visiting faith healers and shrines

Participant 6 Kulsoom 39, stated:

"Last year, my elder daughter fell ill. She was often gripped by fear, experiencing insomnia for about four to five months. She kept complaining of ghosts haunting her during sleep. Whenever this happened, she would cry and sometimes even lose consciousness. I took her to Abdullah Chacha, the nearest spiritual healer. He gave her seven **taweez** amulets to burn while sleeping and advised us to visit the shrine of Baba Jee Sahab Larwi (RA) in Baba Nagri Kangan Ganderbal for three consecutive Thursdays. He also told us to tie a piece of cloth to the shrine's grill and rub its steps on my daughter's face and heart. I followed his instructions, and thankfully, she recovered. Whenever she felt scared again, I would immediately take her to Baba Jee's shrine"

Embedded within the fabric of Bakkerwal culture, traditional healing modalities endure as pillars of

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resilience amidst societal transformation. Drawing upon indigenous knowledge systems and cultural heritage, sedentrized Bakkerwals in the study village continue to rely on age-old remedies such as *(somblu, Sund, Kouth, Peevāk, Kahzubaan, chito chawo,Maidasakh Ratanjog, Koudh, Javain, and Choura see figure)* for addressing a myriad of health ailments. This persistence reflects not only the efficacy of traditional practices but also their symbolic significance in maintaining cultural identity amidst rapid sociocultural change. The preference for using traditional healthcare practices is particularly common among labourers, drivers' carpenters and shopkeepers. Individuals belonging to lower socio-economic categories, including those under the Below Poverty Line (BPL) and Antyodaya Anna Yojana (AAY), predominantly resort to traditional remedies for minor ailments and prefer to adopt allopathic medicines for chronic dissases.

Participant 1 Meema Akhter, 46, stated: *"Once, I got really sick it seems that my stomach was* burning oven, and my whole body felt like it was on fire and i felt that i was going to die. I went to the nearby compounder (Ghulam Mohammad) and visited Pampore hospital, and Khrew hospital, and consumed so much English medicine (allopathic medicine), but I didn't feel any better. Then, a relative who was a shepherd came, after seeing my condition he send a traditional medicine patrees , and I crushed it using a mortar and consumed it. Surprisingly, just two days later, I started feeling better. It was like a miracle.

Traditional medicines and their application for various ailments: Insights from Participants and Local Hakeem Ab Samad (Aged 69).

Traditional medicine	**Disease/ailment**	**Method of use**
Somblu	Diabetes	Root of a thorny shrub (somblu) about 70 centimetres tall is boiled in water and consumed on an empty stomach for controlling blood sugar
Kouth	Joint pain	Kouth, a shrub that grows to a height of about 20 centimetres. The roots of this plant have to be washed, dried ground and mixed with goat milk and then consumed to alleviate pain.
Javain	Fever Typhoid, Chest Infection	*Javain* herb is boiled in water, then that water is used for bathing or allows it to evaporate for inhalation.
Choura	Snake repellent	It is a herb that grows up to one meter tall. Its leaves are dried and burned to repel snakes.
Maidasakh	Fractured bones	The outer peel of the Maidasakh plant is ground up and placed near broken bones
Chitin chawo	Stomach aches/loss of appetite	The leaves of this herb, which is 10 to 15 centimetres long, are boiled in water and consumed on an empty stomach.
Kahazubaan	Asthma	Kahazubaan is a shrub about 60 centimetres tall. Its leaves are boiled and the resulting liquid is consumed to alleviate asthma symptoms
Sund	Headache	It's a ginger-like shrub that grows to about half a meter tall. The tuber is ground up and applied to the forehead.
Peevak	Chest pain	Peevāk is a short plant, around 20 centimetres tall, with blue flowers. Its tuber is ground, mixed with cold water, and then consumed

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Patrees	Anti-acid/anti inflammation	The leaves and roots of the small plant *patrees* are crushed in a mortar and then mixed with water. Drinking this water is recommended whenever one feels acidity or inflammation.

In the study village, it was found that traditional medicines and healing methods continue to hold significance in addressing healthcare needs within the community. Despite the availability of modern medical facilities, a good proportion of sedentrized Bakkerwals still rely on traditional remedies for managing various health ailments. This reliance on traditional healthcare practices is substantiated by the community's access to local healers and herbalists, as well as their cultural beliefs in the efficacy of traditional treatments. For instance, the use of herbal concoctions and spiritual rituals for addressing minor health issues reflects the enduring relevance of traditional medicines in everyday healthcare practices.

Participant 4 Mohammad Mukhtar kalukhel said, *"Whenever I get a fever, typhoid, or throat and chest infections, I never go to Ghulam Mohammad, the local compounder. Instead, I use Javain and Kahazubaan for treating these illnesses*.

Sedentarisation and the changing healthcare practices

The transition towards sedentarisation among Bakkerwal tribals in Kashmir has catalysed a discernible evolution in healthcare practices, marked by a growing reliance on modern medicines and healthcare facilities. Our study reveals a prevailing trend among individuals facing illness, a pronounced preference for modern medical interventions. This inclination manifests in seeking medical advice and prescriptions from modern doctors, visiting public health outlets, hospitals, and engaging with nearby compounders. This shift towards modern healthcare modalities is underpinned by a nexus of interrelated sociological factors. The findings underscore the multifaceted nature of this transition, revealing key drivers shaping healthcare-seeking behaviours within the community.

The key factors which shape the health seeking behaviour of sedentrized bakkerwals are discussed as under:

In the evolving landscape of healthcare among sedentrized Bakkerwal tribals, the exposure to contemporary cultural traits mostly to younger generation and accessibility and availability of modern medicines emerge as pivotal influencers. Our study reveals the profound impact of established healthcare facilities in nearby towns and villages, facilitated by improved transportation networks. This accessibility translates into a tangible preference for modern medicines over traditional ethno-medicines.

In the study village, we observed a prevalent reliance on a diverse array of modern medications. Beyond the commonly prescribed paracetamol for fever and azithromycin for throat and chest infections, participants also favoured other modern remedies. These included antibiotics like amoxicillin and ciprofloxacin, pain relievers such as ibuprofen and diclofenac, and antacids like omeprazole and ranitidine. Furthermore, chronic conditions like diabetes and hypertension prompted the use of modern drugs like metformin and losartan. The ready availability of such medications underscores their acceptance and efficacy among the community. This shift towards modern healthcare reflects a pragmatic response to the evolving healthcare landscape, where modern medicines offer convenience, reliability, and effectiveness in managing a diverse range of health issues.

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Regarding the efficacy and accessibility of modern medicine participant 13 Abdul Wahid Bajard 36 recounted experiencing recurrent back pain and initially resorting to traditional remedies such as Kouth and Maidasakh oil massage, along with olive oil. While these provided some relief, he found their efficacy limited, Subsequently, Abdul Wahid sought medical advice from Dr.Younis Kamal, a senior orthopedician who sees his patients in a nearby town, Pampore, where he underwent an X-ray examination followed by the prescription of three different medications and an injection. Expressing gratitude, Abdul Wahid attested to the effectiveness of modern medical intervention, stating that he has since recovered and resumed his daily activities.

In our study, a significant majority of participants highlighted the scarcity of traditional medicines and their commercial exploitation as primary drivers behind the widespread adoption of modern medical practices. Participants expressed frustration over the diminishing availability of traditional remedies, attributing it to government regulations that restrict the collection of herbs. Additionally, they lamented the commercial exploitation of these remedies by intermediaries, which has led to inflated prices, rendering them financially inaccessible to many community members. Consequently, faced with the challenges of obtaining traditional medicines, individuals have increasingly turned to modern medical practices as a pragmatic alternative. The perceived efficacy, accessibility, and affordability of modern medicines compared to traditional remedies have led to their widespread adoption among community members, signalling a significant shift towards the medicalization of illness within sedentrized Bakkerwal communities.
Participant 11 sarwa banoo said, "These days, it's hard to find old herbal remedies. If someone in our village gets a headache, we either go to Ghulam Mohammad's shop a local compounder or visit the hospital. They give us two tablets, and we quickly feel better.

2.3 Socio-Economic Considerations: Delving into the fabric of the study village, our field research uncovered the intricate influence of socio-economic factors on healthcare choices among sedentrized Bakkerwal communities. In the study village, we observed that households facing economic struggles tend to rely on traditional remedies, seeing them as more affordable. The preference for using traditional healthcare practices is particularly common among labourers, drivers' carpenters and shopkeepers. Individuals belonging to lower socio-economic categories, including those under the Below Poverty Line (BPL) and Antyodaya Anna Yojana (AAY), predominantly resort to traditional remedies for minor ailments and prefer to adopt modern health care systems for chronic dissases.

Participant 18, Mohammad Aslam Kalukhel, aged 42, labour by profession stated: *"In August, I fell ill with a fever that turned out to be typhoid. I went to a nearby compounder who gave me two injections and prescribed eight tablets and charged me 300 rupees. He told me to return for a check-up in four days, but I couldn't afford it then. So, I tried a traditional remedy. My son gathered Javain shrubs from the nearby forest, and I boiled the roots in water. I steamed myself under a blanket with the boiled water for 15 to 20 minutes every day for five days and bathed with it. I also applied another traditional medicine, Sund, on my forehead. Surprisingly, within a few days, I started feeling better and eventually recovered."*

Households with government employment or engaged in trade pursuits opt for modern medical interventions. Their willingness to seek care from local doctors or compounders, despite the associated higher costs, underscores the perceived efficacy and trust placed in modern healthcare system.

Participant 3, Mohammad Lateef Poswal, aged 47 a government employee by profession said, *"My wife*

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often suffers from upset stomach and acidity. She vomits almost every day, especially on an empty stomach at dawn." Initially, I took her to Khyber Hospital in Khayam, Srinagar, but despite medication for 20 days, there was no improvement. Seeking further help, I took him to a senior gastroenterologist, Dr.Gul Javaid. After examining her and recommending endoscopy, Dr.Javaid prescribed medication for a month. Mohammad expressed hope, saying, "We'll wait and see how my wife responds to the new medication. She started taking it yesterday."
The on-the-ground observation underscores the complex interplay between economic circumstances and healthcare decision-making within the study village. While traditional remedies remain a primary recourse for many due to their perceived affordability and familiarity, access to modern medical interventions is also pursued by certain segments of the population, especially those with government employees in home or higher financial means.

The sedentrized Bakkerwal communities interface closely with the outer group, particularly due to their proximity to the local village of Ladhoo. This continuous interaction exposes them to the prevalent use of modern healthcare practices among members of the outer group, thereby influencing their own health-seeking behaviors.Within these interactions, peer networks play a crucial role. Community members often seek guidance and advice from their peers within the outer group when making healthcare decisions. The normalization of modern healthcare practices within these social circles, combined with peer recommendations, contributes to the widespread adoption of modern medicines among sedentrized Bakkerwal individuals. Additionally, the dissemination of health-related information through mass media channels and healthcare campaigns further reinforces the influence of modern healthcare practices. Exposure to information about the benefits of modern medicines and healthcare facilities amplifies the inclination towards these practices within sedentrized Bakkerwal communities. In summary, our findings highlight how the interface with the outer group, coupled with peer networks and access to health-related information, shapes the adoption of modern healthcare practices among sedentrized Bakkerwal tribals.

Continuity and Change in traditional healthcare practices
In the study area, traditional healing practices such as *somblu, Sund, Kouth, Peevāk, Kahazubaan, chito chawo, Maidasakh Ratanjog, Koudh, Javain, and Choura* continue to hold sway over the health-seeking behaviour of sedentrized Bakkerwal tribals, particularly for addressing minor health issues like headaches, stomach aches, joint pains, chest pains, asthma, and snakebite prevention. These practices, deeply ingrained in the cultural heritage of the community, represent a steadfast continuity in their approach to healthcare, drawing upon centuries-old indigenous knowledge systems.

Traditionally, Bakkerwals have relied on indigenous knowledge systems and herbal remedies to address various health ailments. These practices, deeply rooted in cultural heritage, persist among sedentrized communities despite the availability of modern healthcare facilities. Participants in the study village recounted instances where traditional remedies are preferred over modern medical interventions for ailments like fever, typhoid, and chest infections. This adherence to traditional practices underscores their enduring relevance in everyday healthcare.

However, the process of sedentarisation has brought about notable changes in healthcare practices. Improved accessibility to modern healthcare facilities, coupled with socioeconomic considerations, has led to a growing reliance on modern medical interventions. Participants expressed frustration over the diminishing availability of traditional remedies and the commercial exploitation of herbal resources, prompting many to turn to modern medicines as a pragmatic alternative.

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Moreover, socio-economic factors play a pivotal role in shaping healthcare decisions within the community. While households facing economic struggles tend to rely on traditional remedies due to their perceived affordability, those with higher financial means or government employment opt for modern medical interventions despite the associated higher costs. This socioeconomic divide underscores the nuanced nature of healthcare decision-making among sedentrized Bakkerwal communities.

Overall, the coexistence of traditional healing practices and modern medical interventions reflects a dynamic continuum of healthcare preferences shaped by sociocultural, economic, and environmental factors. While traditional remedies continue to hold cultural significance and serve as accessible options for minor ailments, the increasing accessibility and perceived efficacy of modern healthcare facilities have led to a gradual shift towards modern medical interventions for chronic and life-threatening diseases. This nuanced understanding of continuity and change in healthcare practices among sedentrized Bakkerwal tribals highlights the importance of culturally sensitive interventions tailored to accommodate evolving healthcare needs within the community.

Discussion

The findings of this study shed light on the nuanced interplay of socio-cultural factors shaping healthcare-seeking behaviours among sedentrized Bakkerwal tribals in Kashmir. Through a comprehensive exploration of traditional and modern healthcare practices, as well as the socio-economic and social influences at play, several key insights emerge.

Firstly, the transition from nomadic to sedentary living has brought about a discernible shift in healthcare practices among the Bakkerwal community. Traditional healing modalities, deeply ingrained in cultural heritage, persist as essential pillars of resilience amidst societal transformations. However, the growing reliance on modern medicines and healthcare facilities reflects a pragmatic response to the evolving healthcare landscape, driven by factors such as accessibility, affordability, and perceived efficacy.

The accessibility and availability of modern medicines emerge as pivotal influencers in healthcare decision making. Our study reveals the profound impact of established healthcare facilities in nearby towns and villages, facilitated by improved transportation networks. The ready availability of modern medications underscores their acceptance and efficacy among community members, prompting a notable preference over traditional ethno-medicines.

Furthermore, socio-economic considerations play a crucial role in shaping healthcare choices within the Bakkerwal community. While traditional remedies remain a primary recourse for many due to their perceived affordability and familiarity, access to modern medical interventions is also pursued by certain segments of the population, particularly those with higher economic standing or government employment. This economic disparity underscores the complex interplay between financial means and healthcare decision-making, highlighting the need for equitable access to healthcare services.

Moreover, the interface with the outer group, particularly due to the proximity to the local village of Ladhoo, exposes sedentrized Bakkerwal tribals to prevailing modern healthcare practices. Peer networks within the outer group contribute to the normalization of modern healthcare practices, further reinforcing their adoption among community members. This underscores the influence of social

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dynamics and external interactions on healthcare behaviours, emphasizing the importance of community-level interventions and culturally sensitive healthcare initiatives.

This study offers valuable insights into the evolving healthcare landscape among sedentrized Bakkerwal tribals in Kashmir. By examining the intricate web of socio-cultural, economic, and social influences shaping healthcare-seeking behaviours, we gain a deeper understanding of the complexities inherent in healthcare decision-making within the community. Moving forward, targeted interventions aimed at bridging healthcare disparities and promoting culturally appropriate healthcare practices are essential for ensuring the well-being of sedentrized Bakkerwal tribals and fostering community resilience in the face of socio-cultural change.

Conclusion:
The study delving into the health-seeking behaviour of sedentrized Bakkerwal tribals in Jeevan Sahab village of Pampore Block, Kashmir, reveals a rich tapestry of continuity and change within the community's healthcare practices. Grounded in a comprehensive exploration of traditional and modern healthcare modalities, as well as the socio-cultural, economic, and social influences at play, several key insights emerge, underscoring the dynamic interplay of factors shaping healthcare decision-making. Firstly, the enduring presence of traditional healing practices among sedentrized Bakkerwal tribals serves as a testament to the resilience of indigenous knowledge systems and cultural heritage. Despite the transition from nomadic to sedentary living, traditional remedies such as *(somblu, Sund, Kouth, Peevāk, Kahzubaan, chito chawo,Maidasakh Ratanjog, Koudh, Javain, and Choura* continue to hold sway over the community's approach to health issues, reflecting a steadfast continuity in healthcare practices.

However, alongside this continuity, a notable shift towards the adoption of modern healthcare systems is observed, particularly among male members of the community. Driven by factors such as accessibility, affordability, and perceived efficacy, individuals increasingly seek medical advice and prescriptions from modern doctors, visit public health outlets, and hospitals. This transition signifies an adaptive response to the evolving healthcare landscape, wherein modern medicines offer convenience, reliability, and effectiveness in managing a diverse range of health issues. The accessibility and availability of modern medicines emerge as pivotal influencers in healthcare decision-making, facilitated by improved transportation networks and established healthcare facilities in nearby towns and villages. Socio-economic considerations further shape healthcare choices, with individuals from lower socio-economic backgrounds relying more on traditional remedies due to perceived affordability, while those with higher economic standing or government employment opt for modern medical interventions. Moreover, the influence of social dynamics and external interactions, particularly with the outer group, plays a significant role in shaping healthcare behaviour. Peer networks within the outer group contribute to the normalization of modern healthcare practices, reinforcing their adoption among sedentrized Bakkerwal tribals. This underscores the importance of community-level interventions and culturally sensitive healthcare initiatives in promoting well-being and fostering resilience within the community. In conclusion, the study provides invaluable insights into the nuanced dynamics of continuity and change in the health-seeking behaviour of sedentrized Bakkerwal tribals. By examining the complex interplay of socio-cultural, economic, and social factors, the findings offer a deeper understanding of healthcare decision-making within the community. Moving forward, targeted interventions aimed at bridging healthcare disparities and promoting culturally appropriate healthcare practices are essential for ensuring the well-being and resilience of sedentrized Bakkerwal tribals amidst socio-cultural change.

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