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Status of Women in Majnu Ka Tilla : A Case Study In New Delhi

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Abstract : This study investigates the status of women in Majnu ka Tilla, New Delhi, focusing on their social and economic conditions, as well as their health. Through a combination of primary quantitative observations and secondary literature, this research reveals how economic activities profoundly shape the lives of women in this area. Despite limited access to primary healthcare facilities due to their refugee status, cultural harmony remains a defining feature of this vibrant Tibetan enclave in North Delhi.

Keywords : Majnu ka Tilla, Women, Health, Employment

INTRODUCTION

The traditional Tibetans have had the highest status of women in Asia, yet there are some gaps in dominance. But it is very true to say that Tibetan community has gender equality because Tibetan women have empowered themselves much more than women from other communities. They are loyal to their communities and have an official website known as Central Tibet Relief, through which they coordinate relief efforts with the Government of India.

According to the Central Tibet Relief Committee, there are 8 major hotspot areas of Tibetans refugees in India, as follows-

Dehradun	Delhi
Manali	West Bengal
Sikkim	Meghalaya
Dharmshala	Arunachal Pradesh

TABLE 1 - Table showing the major hotspots of Tibetans in India (Source- Central Tibet Administration)

Majnu ka Tilla is one such place where Lhasa residents live with their 4rth generation. They are engaged in their cafes and traditional ornaments but face some issues that need to be addressed, especially in terms of women's health and education. Migration and the issues related to it are one of the most important socio- economic and political concerns of our times, with close to 25, 000 living in Delhi alone.

When it comes to the Tibetan community, they are widely scattered across Majnu ka Tilla, Kashmiri Gate, Trilok Puri and other parts of Delhi. A significant number of Tibetans reside in a narrow-laned, small locality named New Arjuna Nagar.

Inferences and Research Gap

- Most studies conducted in this area focus on the economic status of its residents; however, very few have examined women's participation in the local economy.
- While studies have assessed the economic status of the residents, the health and education of women remain largely unexplored.

Therefore, this paper will provide valuable insight into the challenges and opportunities for overall development in New Arjuna Nagar, an aspect that has not been studied by others.

Objectives

1. To examine women's involvement in different economic activities.

2. To evaluate their health status and the essential services provided by the Government of India.

Research Questions

1. What are the key economic activities carried out by women in Majnu ka Tilla?

2. What are the major health issues, available health services, and government initiatives for the Lhasa community in Majnu ka Tilla?

Study Area

Majnu ka Tilla, officially known as New Arjuna Nagar Colony, Chung Town, and Samyeling, is a locality in Delhi, India, established around 1950.Situated along the Yamuna River (NH-1) near ISBT Kahmere Gate, it lies within the North Delhi district. The colony's coordinates are 28.7003 N latitude and 77.2276 E longitude. Majnu ka Tilla is divided into 12 blocks, housing approximately 350 registered families. Often referred to as 'Little Tibet", it serves as a cultural hub for Tibetans in Delhi and a key stop for travellers heading to the city. The colony is in dose proximity to Delhi University's campus, making it a meeting point for Tibetans and a gateway for both domestic and international tourists to Tibet. The governing body of the colony consists of 7 elected members who serve 3-year terms. The permanent population is around 3,000people, although the area is not officially recognized as a legal settlement. In March 2013, the Delhi Government included new Arjuna Nagar in its list of 895 colonies to be regularized. Despite being a mall area with narrow streets and tightly packed houses, the colony is home to around 8,000 Tibetans. Though houses are typically two- story, brick-built structures, the limited space has resulted in cramped living conditions. The land is managed by the Delhi Development Authority but falls under the jurisdiction of the Central Ministry of Urban Development.

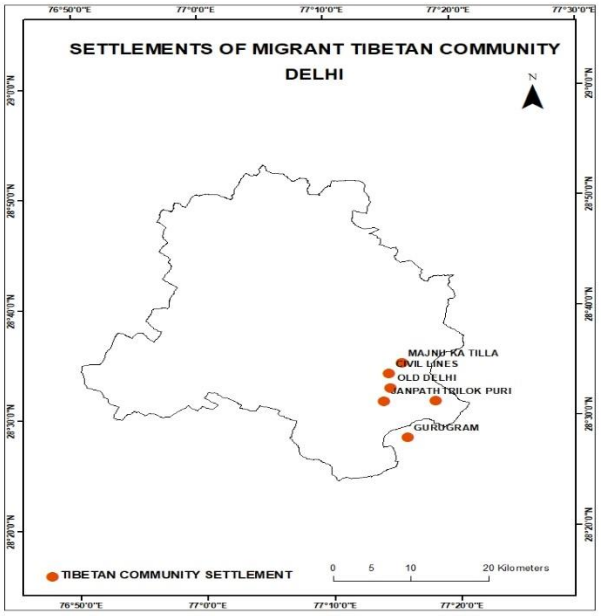


Image 1- Map showing study area

Data sources and Methodology

The study was conducted using primary data collected through a well-structured questionnaire

schedule in Majnu ka Tilla area, specifically New Arjuna Nagar. Secondary was also utilized to develop a factual understanding and provide a clearer interpretation of facts and figures. Simple Random Sampling was adopted to select the sample from the chosen households.

Before selecting the sample, the sample size was determined based on the total number of households, which is 800. A 6.5% sample size was chosen, meaning 6.5% of 800 households= 52 households. Therefore, 50(approx.) households were selected by using this method. The table below presents the research tools used during the conduction of survey-

S. No	Research Question	Indicators	Data source	Research Methodology
1.	What are the major market activities doing by women in Majnu ka Tilla?	Workforce Participation Income Expenditure	Primary	Direct Questioning through questionnaire. Observation
2.	What are the major health issues, amenities related to the health services and government initiative for the Lhasa people at Majnu ka Tilla?	Illness which includes Physical and mental frequency to visit doctor. Accessibility to free medicines Place to delivery Immunization	Primary and Secondary	Direct questioning through questionnaire and websites such as Central Tibetan Association

For Data Processing, Analysis and Representation, various Pie charts, maps, columns, tables, graphs have used to make the analysis more meaningful and comprehend easily.

Social and Economic Status of Women

The community of Majnu ka Tilla is firmly anchored in its rich cultural and religious traditions, along with its shared communal rituals. Family ties play a pivotal role, with multi- generational households offering robust support and fostering unity. Family bonds are central to the community, with multi- generational households providing strong support and unity. However, the area's status as a refugee settlement within an urban environment poses significant social challenges. Three key factors- limited access to mainstream opportunities, language barriers and cultural adaptation complexities- hinder integration and upward mobility.

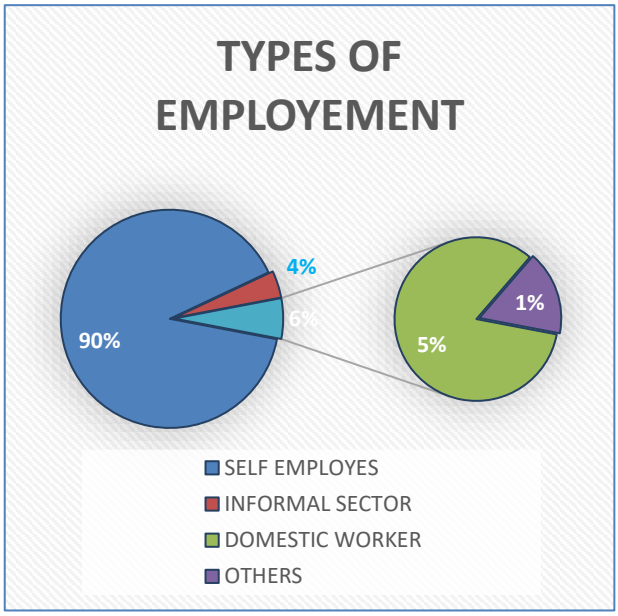


Figure 1- Pie chart showing a type of employment for Tibetan population in Majnu ka Tilla (data source- Primary data)

The local community has developed its own market, often referred to as “Little Tibet”, which serves as a hub for thriving local businesses. Women play a significant role in the local economy, with approximately 90% being self-employed. They operate small shops, cafes or sell jewellery and ornaments to support their families. In addition to those ventures, others contribute by working in small scale industries or as domestic helpers, thereby generating creating employment opportunities and sustaining their households. Initiative such as Tibetan Women’s Handcraft Centre further empower women artisans by providing skill development programs and access to markets, enabling them generate income and enhances their economic independence.

CAFES IN MAJNU KA TILLA

Image 2- Image depicting the cafes in Majnu KA Tilla (New Delhi) Source- Primary survey

Surveys indicate that most of their earnings are reinvested in their businesses, with the remaining funds used for household needs. Interestingly, mobile phone ownership nearly universal in the community.

The area is a rich hub for small business activities, including eateries, garment shops, hotels and restaurants, which serve as a key source of livelihood. A strong sense of belonging and fellowship fosters mutual support and financial stability. Observation from the field highlight that individuals are deeply committed to their

community and always strive to contribute to its well-being having become and indispensable tool for daily life. This case study illustrates the complex socio- economic dynamics of refugee life, demonstrating how displaced individuals can thrive in a foreign land despite the formidable challenges of displacement, and successfully integrate into a new country, far from their native roots.

However, regarding their educational status, it was found that none of them pursued higher studies in college. However, it is interesting to note that they received their primary education exclusively in Buddhist Language monasteries. As a result, communication challenge arose during the survey, particularly among the older groups.

Education qualification of women in Majnu ka Tilla, New Delhi

EDUCATIONAL QUALIFICATION	NUMBER OF WOMEN
UPTO 8Th STANDARD	20
UPTO 10Th STANDARD	15
UPTO 12Th STANDARD	11
GRADUATE	4
POST GRADUATE	0
DOCTORATE	0

Figure 2- Table showing the Educational Qualification of women in Majnu ka tilla in 50 households which contains 50 women overall (Source- Primary data).

The Department of Education currently oversees 73 Tibetans schools comprising pre-primary sections and private institutions across in India and Nepal operating under various autonomous administrative bodies. These schools cater to approximately 24,000 students and have a staff strength of around 2,200. The autonomous school administrative bodies include-the Central Tibetan Schools Administration (28 schools), Tibetan children's village (18 schools), Tibetan Homes Foundation (3 schools), Sambhota Tibetan Schools Society (12 schools), and Snow Lion Foundation (12 schools)"- (source: Department of Education, Central Tibetan Administration website).

Regarding accessibility, survey findings provide valuable insights into the ease of access to various facilities. Notably, all surveyed individuals being refugees possessed both a refugee card (100%) and an Aadhar card (100%).

However, other facilities, such as ration cards/credit debit cards, and fixed deposits, were not readily available. Interestingly, debit and credit cards were found to be more accessible than ration cards. This can be attributed to their economic activities, which involve frequent financial transactions and consequently necessitate to banking services for running their businesses.

Access to cards for women in Majnu ka Tilla

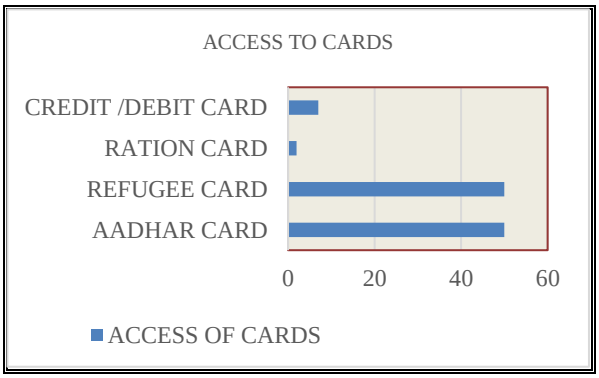


Figure 3- Line graph showing the access to cards for women (source- Primary data).

The low uptake of ration cards among refugees in Majnu Ka Tilla is likely influenced by a complex interplay of factors, which can differ significantly depending on the specific circumstances and context of the refugee population. Here are some reasons why refugees have limited access to ration cards-

1. **Legal Status**- Refugees often face struggle to in obtain identification documents and legal recognition in their host countries. Without proper documentation, they may be ineligible for ration cards or other forms of government assistance reserved for citizens or recognized residents.
2. **Bureaucratic Hurdles**- Refugee may face obstacles and administrative challenges when trying to access government services and benefits such as including ration cards. Complicated application procedures, language barriers, and unfamiliarity with local regulations can hinder their ability to navigate the system effectively.
3. **Discrimination**- Refugees, particularly those from marginalized communities or ethnic minorities, may encounter discrimination and exclusion from mainstream programs and services. Host communities might prioritize their own citizens for government aid, seeking refugees at a disadvantage when accessing essential resources like food subsidies through ration cards.
4. **Lack Of Information**- Many refugees may be unaware of their rights and entitlements under the host country's welfare system, including access to food assistance through ration cards. Limited access to information, coupled with language barriers and cultural differences can impede refugees' ability to advocate for their needs and navigate the available support mechanisms.
5. **Inadequate Legal Framework**- Some sheltering countries may lack clear legal frameworks or policies governing the inclusion of refugees in social protection programs such as the distribution of ration cards. In the absence of legal provisions specifically addressing the needs of refugees, they may be overlooked existing welfare through the cracks of existing welfare systems and remain excluded from essential assistance schemes.
6. **Resource Constraints**- Host countries and humanitarian organizations often face resource limitations when assisting populations. Insignificant funding, logistical challenges, and competing priorities can reduce the reach and coverage of humanitarian aid programs, including food distribution initiatives that could rely on ration cards.
7. **Security Concerns**- In regions affected by conflict or instability, security issues can hinder the delivery of humanitarian aid and the establishment of formal assistance mechanisms for refugees. In such environments, the safety of aid workers and the logistical difficulties of reaching displaced populations can hinder efforts to distribute ration cards and provide food assistance effectively.

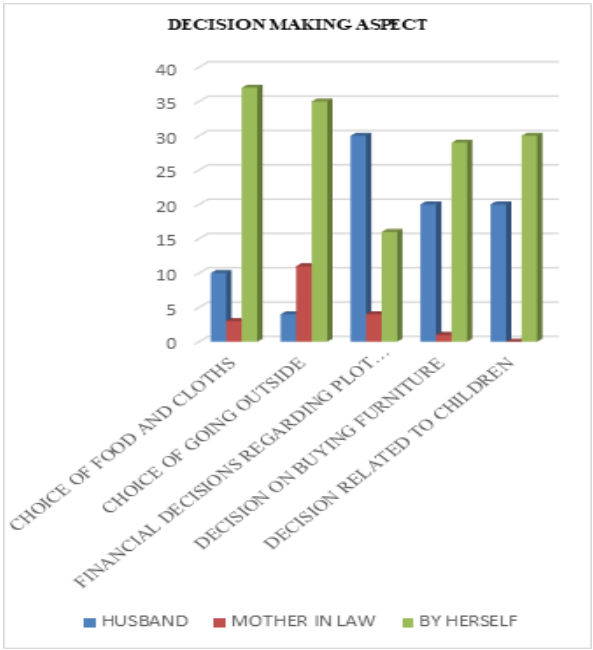


Figure 4- Bar graph illustrating the decision-making aspect of women (source-Primary data).

The data reveals that husband and wives share almost equal role in the decisions related to their children, purchasing furniture or matters handling related to land or property. However, decisions regarding the choice of food and clothing choices are typically made by mother-in-law. This dynamic promotes the representation of women in the household economy and ensures equal opportunities and participation for both men and women within their homes. The dominance of Mother-in-law in certain decision-making area is also a reflect cultural, social and family dynamics. In some societies, especially those with traditional or patriarchal settings, mother-in-law may wield significant influence and authority within the family structure.

Health status- The health condition in Majnu ka Tilla characterised by disparities and limited to access to healthcare. There is growing awareness regarding Covid-19 vaccination and maternal health, a sense of responsibility is evident. However, many women in this area grapple with limited education, and precarious employment, both of which increase their vulnerability to poor health. Economic constraints often force women to prioritize immediate needs over long term healthcare, further exacerbate their health struggles. Compared to other parts of Delhi, disparities in healthcare infrastructure and resources persist. Public healthcare facilities in the area are often overcrowded and under- resourced, deterring women from seeking timely care. Additionally, cultural and linguistic further complicate can exacerbate the challenges of navigating the healthcare system, particularly for marginalized communities such as Tibetan refugees.

In the terms of health status, women in Majnu ka Tilla are generally physically active as they are engaged in small businesses, such as running cafes or sell ornaments, mobile covers and similar items. However, older women are significantly more susceptible to diseases compared to younger counterparts. This is primarily due to the weakening of the immune system with age, making them more prone to conditions such as heart disease, diabetes, arthritis and cancer. In addition to health concerns, older may often face social and economic challenges including limited access to healthcare, inadequate nutrition, and social isolation, which further highlights their vulnerability to disease.

Due to the lack of identity card and legal status as refugees, prevent many individuals from accessing struggle primary healthcare facilities, despite their entitlements at various public healthcare centres. Another factor contributing to the high prevalence of diseases is the close correlation between refugee and migrant health and social determinants, such as employment, income, education and housing. Addressing these social determinants is essential for improving the overall health status of the community in Majnu ka Tilla.

Medical facilities in the area are not in adequately developed, which hinders healthcare advancement. The factors which lead to poor health among refugees are as-

Factors lead to health problems

TRAUMA AND STRESS	LIMITED ACESS TO HEALTHCARE
POOR LIVING CONDITIONS	NUTRITIONAL CHALLENGES
PYSCHOSOCIAL CHALLENGE	LANGUAGE AND CULTURAL BARRIER

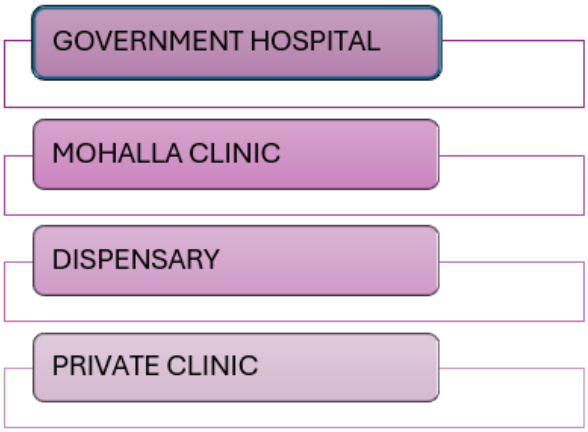
Figure 5- Table showing the factors causing poor health among refugees (source-Primary data).

1. **Trauma and stress** – Many refugees have experienced traumatic events, such as

violence, or displacement (here 1st generation people) which led to mental health including PTSD (Post Traumatic stress disorder), anxiety and depression.

2. **Limited access to healthcare**- Refugees frequently encounter barriers in accessing healthcare services due to language difficulties, lack of documentation, financial constraints, and unfamiliarity with the healthcare system in their host countries.
3. **Poor living conditions**- Refugees often reside in overcrowded camps or temporary shelters with inadequate sanitation facilities. This increases their risk of contracting infectious diseases, such as respiratory infections, diarrheal diseases, and vector- borne illnesses.
4. **Nutritional challenges**- Limited access to nutritious food and clean water can result in malnutrition and micronutrition deficiencies, particularly affecting children and pregnant women.
5. **Psychological challenges**- Displacement and uncertainty about the future can contribute to social isolation, loss of social support networks, and feelings of hopelessness, all of which can impact mental health and wellbeing.
6. **Language and cultural barrier**- Differences in language, culture and healthcare practices between refugees and the host population can hinder effective communication and limit access to culturally sensitive healthcare services.

In addition to the Tibetan hospital, other primary healthcare facilities are provided by authorities such as Mohalla clinic, dispensaries, private clinics. However, addressing the healthcare needs of refugees requires a comprehensive approach. This involves providing access to healthcare services, psychosocial support, education, and livelihood opportunities. It also includes promoting social inclusion and advocacy for their right and wellbeing. According to WHO, migrants and refugees generally have good overall health. However, they are at risk of falling ill during transitions or while settling in receiving countries due to poor living conditions or lifestyle adjustments. Refugees and migrants often face challenges in accessing healthcare due to their legal status, language barriers, and discrimination. Some national health strategies may overlook the specific healthcare needs of refugees and migrants or their access to services. WHO urges all countries to implement policies that guarantee healthcare services for all migrants and refugees, regardless of their legal status. Government attempts to provide healthcare facilities for also use them. For instance, the elderly women shared us that whenever they feel ill or face misfortune, they seek medical assistance at Tibetan Hospital.



Regarding the frequency of doctor visits, 60%of women need to visit once a month, while nearly 20%visit are once every 3 months. Interestingly, 7% women go for weekly checkups.

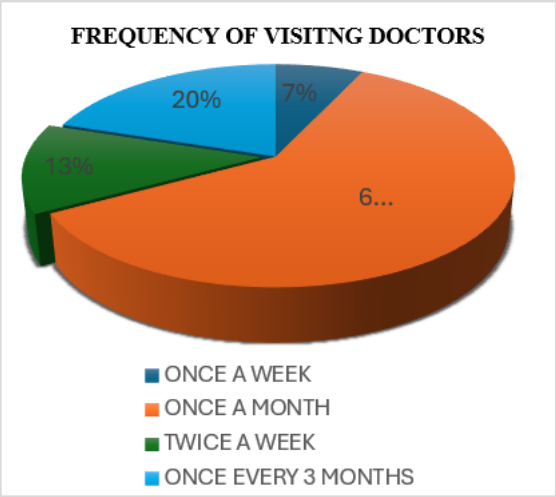


Figure 6- Pie chart showing the number of times women visiting doctors

Women may have various reasons for visit a doctor for physical examinations, including the following-

1. **Prolonged sitting in shops**- Regular physical examinations are essential for monitoring overall health. Long hours dedicated to their economic activities vary dominantly affect spine, brain and muscles which ultimately cause back pain, lower pain, muscle weakness and most importantly poor postures.
2. **Negligible attitude towards their health**- In terms of their health conditions, women are more negligible. They are mostly busy in either their cafes or their household chaos, which results to worsen the condition.
3. **Monitoring chronic conditions-** For individuals with chronic diseases conditions such as diabetes, asthma or hypertension, regular physical examination are essential for monitoring disease progression, evaluating treatment effectiveness, and making adjustments to the treatment plan as needed.

Overall, regular physical examination plays a crucial role in maintaining optimal health and with being preventing disease, and addressing health concerns in a timely manner. In terms to availability of free medicines, 30 women reveal that they do not have access to free medicines, although remaining 20 women said that they have access to free medicines.

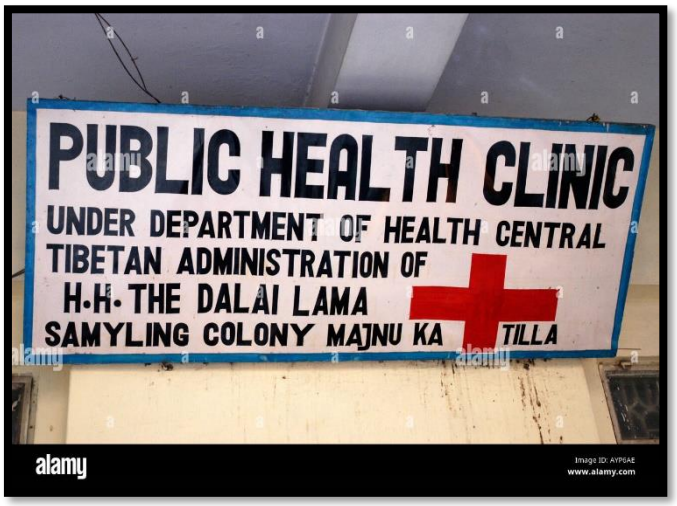


Image 3- Image showing Tibetan hospital (source- Internet)

Survey also reveals that one woman has 1-2 children, which is quite low as compared to other marginal refuges like Rohingyas, Pakistan migrants etc.

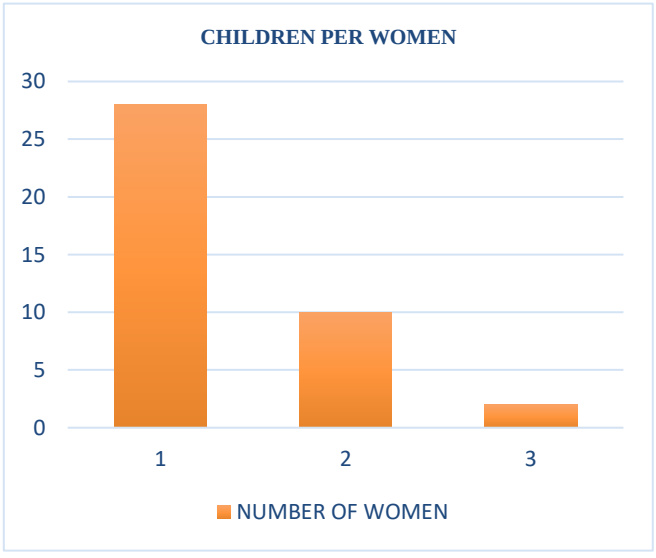


Figure 8- Line graph depicting the children born by per women in Majnu ka Tilla, New Delhi

The figure show that 28 women has 1 child while 2 children are from 10 months each. However, 2 women are having 3-4 children. Therefore, it shows the awareness regarding low fertility rate which is admirable not only for their good family planning but also for the country as a whole. Small family gives greater economic stability as resources is more concentrated. Parents can allocate more financial resources per child for education, healthcare, and overall, wellbeing. Not only this, smaller families provide more intimate and close-knit emotional support networks, fostering strong bonds among family members.

According to the data, it is also evident that these migrants are very much aware about the maternal health. As it is clearly shown from the columnar diagram that the government hospital receives highest number of delivery ease, followed by home and dispensaries. About 36women delivered their children in government hospital, while 10 **women** give birth at their home.

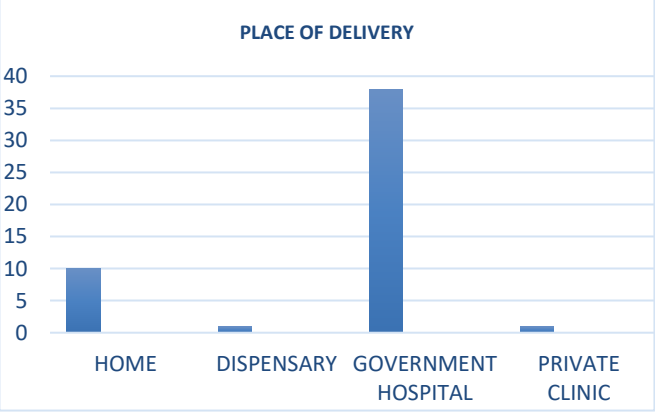


Figure 9- Line graph illustrating the places where the children are being delivered(source- Primary data).

Another significant finding is found in New Arjune Nagar is that almost every household member is Covid vaccinated. People in this area therefore, are much aware about their health and effects on health of Covid-19. The major reason for their impressive percentage is the sense of purpose. They know their sense of responsibility towards their residence, Figure environment and people, these are in their roots, and for this reason, they are much more aware about the prevention of infectious disease. Having this kind of behavior is beneficial for any region and then any country.

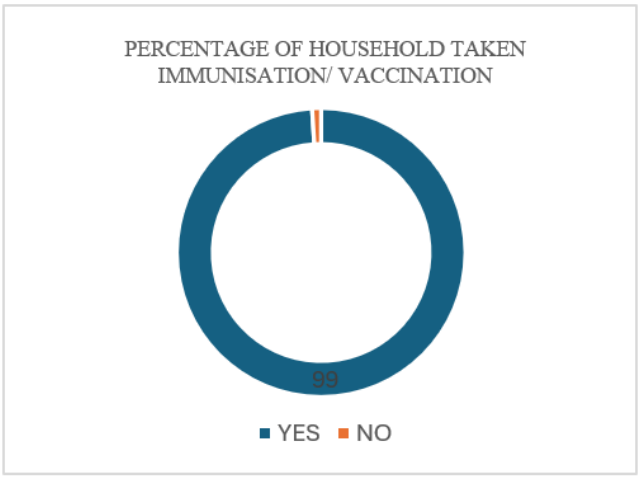


Figure10- Pie chart showing the percentage of household taken vaccination against Covid19 (source- Primary data).

About insurance policy and any debt, the surveys depicts that every household have not any kind of insurance policy related to their vehicle, or for their shops. Either they know much about this nor they take benefit from this.

Overall, the low level of debt reflects a combination of cultural, economic regulatory, and access related factors that influence borrowing behavior. While low debt levels may indicate financial prudence and stability in some case, they may also reflect limitations in access to credit and constraints on economic growth and development.

On the other hand, in the survey, it is shocking that the government schemes for citizens are not effectively known. The main schemes of India were asked and the results were not in the favor of policy awareness. Only Mohalla clinic is prominent in this

area, whereas, PM Aawaz Yojana are heard by the people which is negligible in number. However, when it comes to health-related schemes, almost no one is heard of this.

The knowledge of government schemes among certain populations can be attributed to several factors:

1. Lack of Government schemes- Government schemes may not always be effectively promoted or advertised, leading to low awareness among the target population. Inadequate communication strategies or limited outreach efforts can result in many individuals not knowing about available schemes in Majnu ka Tilla.

2. Complexity- Some government schemes may have complex eligibility criteria, application processes, and documentation requirements, making it challenging for individuals to understand and navigate the system. Bureaucratic hurdles and red tape can deter people from accessing the benefits they are entitled to.

3. Digital divide- Many government schemes may require online registration or application process, which can pose barriers for individuals with limited access to the internet or digital literacy skills. Those who are not comfortable with technology or lack internet connectivity may struggle to access information about government schemes.

4. Language barrier- Government information about schemes may not always be available in multiple languages or in formats accessible to people with disabilities. Language barrier can prevent certain population form understanding the details of government programs, especially if they speak languages other than the official or dominant language.

5. Distrust on Government- In some cases, there may be a lack of trust in government institutions or skepticism about the effectiveness of government schemes. Past experiences of corruption, inefficiency, or mismanagement can erode trust in the government and discourage people from seeking out or participating in government programs.

Conclusion

The social and economic status of women in Majnu ka Tilla is a complex interplay of cultural traditions, economic challenges, and systematic barriers. As a refugee settlement, the community embodies both resilience and struggle, where women play a critical role in sustaining their families and preserving their cultural identity. However, despite their contributions, they continue to face significant hurdles in terms of economic empowerment, healthcare access, and social inclusion. Women in this area are pivotal to the local economy, with many engaged in self-employed through small business such as shops, cafes and handicraft ventures. Initiatives like the Tibetan Women's Handicraft Center have played a vital role in providing skill development opportunities and market access, allowing women artisans to generate a sustainable income. Despite these positive contributions, women still struggle with economic vulnerabilities. Limited access to mainstream employment opportunities due to language barriers, refugee status, and lack of formal education constrains their financial growth. Many women work in small scale industries or as domestic helpers, often receiving low wages with minimal job security.

Healthcare access remains a significant challenge for women in Majnu ka Tilla. While awareness regarding maternal health and vaccinations, including COVID-19 immunization, is noticeable, many women face barriers to receiving adequate healthcare. A combination healthcare infrastructure exacerbates their health vulnerabilities. The absence

of well-equipped public healthcare facilities in the vicinity further complicates access to medical services, forcing many to rely on informal or alternative healthcare providers.

Addressing the low prevalence of ration cards among refugees require concreted efforts from governments, international organizations and civil society actors to overcome legal, administrative, and socio- economic barriers. This includes streamlining bureaucratic procedures, enhancing outreach and awareness campaigns, combating discrimination and marginalization, and strengthening the legal frameworks to ensure that refugees are included in social protection and programs on an equal basis with host communities. By prioritizing the needs of refugees and recognising their right to food security and dignified living condition, policymakers can help to mitigate the challenges they face in accessing essential resourced like ration cards.

In case of decision making in the home and related to children either governed by her husband or her mother-in-law

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