



A review of public health hygiene of Gujjar community of District Pulwama in Jammu and Kashmir

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Abstract:

Gujjars and Bakerwals make up the third largest ethnic group in Jammu and Kashmir. There are two subtribes of the Gujjar people, the Gujjar and the Bakerwal. The Gujjars are a settled people that raise buffalo and engage in agriculture to a significant degree, whereas the Bakerwals are a nomadic people who focus on raising goats. The Bakerwals are a transhumant clan of their parent tribe, always on the move in quest of new grazing grounds. With this research, we want to better understand the geographical distribution, educational attainment, occupational composition, and financial stability of these two families. Both of these families' socioeconomic situation was analyzed using a conventional measure. All of the gathered data has been scored, and cross tab analysis has been performed using the SPSS program to determine the frequency and percentage of responders in each category. The research found that although members of both the Gujjar and Bakerwal clans are living in poor conditions, those of the Gujjar clan have a higher socioeconomic status. The Gujjar clan respondents are more educated and aware of available options than their peers.

Keywords: “Ethnomedicinal plants, Gastrointestinal disorders, Conservation, Jammu and Kashmir”.

Introduction:

Adivasi, Vanyajati, Vanvasi, Pahari, Adimjati, and Anusuchit Jan Jati are all names for the indigenous people of India, although the constitutional term is Anusuchit Jan Jati. At the time of independence, much attention was focused on the two previously mentioned groups—colonies and princely states—while a third group—tribals living in woods, hills, or even the plains, but cut off from the rest of society—was largely overlooked. There was a widespread movement toward drawing sharp contrasts between native populations and their European occupiers. Some anthropologists hold the idea that there is no meaningful distinction between a tribe and a caste. Anthropologists have debated how to precisely define a "tribe" for decades. In ancient times, when Greek and Roman city-states were still relatively young empires, the word "tribe" first appeared. In India, tribal groups are often defined in terms of their separation from the wider Indian population, rather than their relationship to the central government. There is no agreed-upon meaning of the word "tribe" since it has been so variously interpreted by many academics. While the Constitution of India has provisions meant to protect tribal people, no clear definition of the term seems to exist.

Scheduled Tribes are defined as "tribes or tribal communities or segments or groups within tribes or tribal communities" as designated by the President of the United States via official public notice. Although some anthropologists and sociologists have attempted definitions of the word "tribe," some of the most prevalent meanings found in tribal literature are as follows. The Latin word "tribus" refers to "a community of people who share a common ancestry and a shared language." A tribe is "a social group, generally having a fixed region, dialect, cultural homogeneity, and unifying social structure," as defined by the Dictionary of Anthropology. However, the term's meaning has changed through time, and now it is defined as "Any of numerous systems of social organization encompassing multiple local villages, bands, districts, lineages, or other groupings and having a similar ancestry, language, culture, and name." He adds that a tribe is "a huge family" as well as "a collection of people with a shared



vocation, hobby, or habit." From the Indian point of view, "a tribe is a collection of families or groups of families bearing a common name, members of which occupy the same territory, speak the same language, observe certain taboos regarding marriage, profession or occupation, and have developed a well-assessed system of reciprocity and mutual obligations" is the most accurate description of a tribe. The role of health in human progress is crucial. The state of public health is indicative of a crucial aspect of human progress. Thus, it can be concluded that a nation's human capital benefits greatly from the presence of both intellectual and physical prowess. Human beings are the driving force behind all growth plans. Furthermore, human health is a fundamental part of economic and social policy. The growth can't be gauged by only monetary metrics alone. The greatest possible fulfilment of human needs, including access to basic health care, enough food, sanitation, clean water, etc., is one of the primary goals of development. Life expectancy at birth, mortality rates (especially the infant mortality rate [IMR]), and the prevalence of various health facilities, such as the number of doctors and paramedical staff, hospitals, health centers, and public health facilities are all relevant variables for assessing a society's health.

As the most essential social service industry, health care has an inextricable link to human flourishing. The main goal of this industry is to use the demographic dividend to create a healthy labor force and to perform social welfare for a state. In terms of meeting people's needs for medical care and other health services, J&K did really well. Having access to medical professionals and facilities (such as clinics and hospitals) is a good barometer of a state's level of progress in this area. The state has a low infant mortality rate, a high life expectancy rate, a low crude birth rate, and a low rate of births that occur in hospitals.

Except for a small number of families, all Gujjars in Jammu and Kashmir are nomadic, semi-nomadic, pastoralists, or agro-pastoralists and practice Islam. Again, in contrast to neighboring states like Uttarakhand and Himachal Pradesh, J&K is not home to any permanent populations of Gujjar, who work the land as farmers. Eight percent of J&K's overall population is tribal, with the Gujjars making up 88% of the tribal population. After Kashmiri Muslims and Dogra Hindus, Gujjars make up the state's third biggest ethnic, cultural, and linguistic group. Their population is dispersed and they go to different areas of the state, however the Poonch district has the highest number (40%) followed by the Rajouri region. Population density is also high in the undivided districts of Doda and Udhampur in Jammu province, and Anantnag in south Kashmir. Gujjars are one of the most economically deprived groups in Jammu and Kashmir. Some of them work in agriculture, but most focus on raising buffalo, cows, and sometimes goats and sheep. The Gujjar community has a terrible education and job market. Due to a lack of education, Gujjars are underrepresented in government services, and despite reserves provided by the Scheduled Tribe Act, they still have not been able to find employment rates that are commensurate with their population. Although much work has to be done to really ameliorate these populations' socioeconomic profile, the advantages of reservation in employment and selection for medical and engineering universities have percolated to them.

The Gujjars' dismal literacy rate may be attributed to a number of different factors. Due to a combination of factors, including ignorance, societal taboos, outdated ways of thinking, and general sluggishness, residents of this town are hesitant to send their children, particularly girls, to schools. Due to broken mobile schools, few educational options are available for nomadic people. Women among the nomadic Gujjar population continue to face educational disadvantages since there are seldom any schools located near to their homes. This population of women has little financial or social incentives to further their education or to encourage the education of their daughters. For some communities, the proximity of their homes to their local schools is an advantage. However, in certain locations, children must travel three to four kilometers on average just to go to class. Regular school instructors are in short supply in the locations where these schools are located. The impoverished nomad kids, especially the girls, suffer



academically because instructors from other regions do not want to serve in the outlying areas where Gujjars live. Those teachers who are placed in the outlying mountainous areas often shift to the schools in the metropolitan areas or resort to absenteeism.

In recent years, militant activities have engulfed the mythical Vale of Kashmir, known variously as the "front porch of the Himalayas," a valley of apple borchards and almond groves, willow forests and saffron fields, an exotic destination for tourists and trekkers, and a refuge so wonderfully endowed that it might fairly be called paradise. The political instability in the state has caused a schism in the region's politics, culture, and economy. The social aspects of human growth are significantly slowed. At a time in human history when all countries are formulating ambitious development programs, this region still hasn't figured out what it wants out of its future.

Review of literature

(Lakshminarayanan, 2011) studied "*Role of government in public health: Current scenario in India and future scope*" A new demographic and epidemiological shift To solve these issues, basic health care must be reinstated in conformity with the principles established at Alma-Ata in 1978. The government's involvement is not limited to affecting public health in the health sector, but it may and does have a role in a number of other areas as well. Essential areas of the health sector include: system strengthening; human capital and capacity expansion; and public health regulation. Contributions to public health generally target "social determinants" such housing, food, water, healthcare, education, early childhood development, and social security. Population stabilization, gender mainstreaming and empowerment, mitigating the consequences of climate change and health crises, and so on are all crucial areas in which to intervene. While public health is ultimately a matter of politics, collaborative efforts like these are essential if we want it to get its fair share of funding from all sectors. Efforts to improve people's health in India have been difficult and have met with various obstacles..

(Wahabi, 2018) Studied "Effectiveness of Health Education in Reducing Secondhand Smoke Exposure among Pregnant Women Visiting the Antenatal Clinic in Saudi Arabia: A Randomized Controlled Trial" Significant health hazards, including as poor foetal development, deformity of congenital animals, premature birth, and increased perinatal mortality for foetuses, newborns, and future adult patients, have been linked to exposure to smoke during pregnancy. Many adult problems, such as obesity and hypertension, have been linked to prenatal exposure to tobacco smoke. Pregnant women in Saudi Arabia are exposed to secondhand smoke (SHS) at a rate of 20%-30%, with husbands being the primary sources of SHS in the home, according to recent research.

(Khan, 2019) Studied "Awareness about Reproductive Health in Adolescents and Youth: a Review" Deaths, illnesses, and overall quality of life for men and women of all ages associated with the reproductive system, its processes, and related events are all relevant and taken into account when discussing reproductive health. The World Health Organization (WHO) defines reproductive health as "a state of fundamental, physical, emotional, and social well-being and not only the absence of reproductive illness or infirmity." Sexual and reproductive health include all ages, sexes, and reproductive functions and systems. It follows that for a person to be considered to be in good reproductive health, they must be able to conceive children at will and control the number of children they have, as well as have a stable and satisfying sex life. Access to adequate health services, ensuring women's safety during pregnancy and childbirth and giving patients the best possible chance of having



a healthy child, are inextricably linked with the right of men and women to receive an education and to have access to safe, effective, easily accessible, and appropriate methods for controlling their fertility.

(2020) studied "Community Hygiene: Definition, Facts, and Impact in Rural Villages" And noticed Public, private, and community-based institutions all benefit from improved environmental health to reduce the likelihood of disease transmission. People who take the time to maintain their appearance on a daily basis tend to have lower rates of disease and illness. The youngest children in the globe have a fighting chance because to improvements in community health. Diarrhea is the second largest cause of death among infants worldwide, according to some estimates. Hygiene education that works will inspire both short-term and long-term behavioral changes. Positive outlooks on illness prevention measures are also promoted. Everyone, regardless of age, money, or level of knowledge, should be able to accomplish it. However, in terms of hygiene, the organization as a whole must depend on its individual members' heightened level of consciousness and diligence to prevent the spread of illness. This is true worldwide, but it becomes more apparent in poor and middle-income nations where sanitation and hygiene education are not widely available to the general people. Communities in need in Eastern Africa and Southeast Asia benefit from Lifewater's efforts to improve their sanitation and access to clean water. Cleaning up the environment and the surrounding area is the first step in ensuring a population has safe water to drink.

Conclusion

Our country's Health Management Information System is under intense scrutiny as it increasingly plays a crucial role in the NRHM's expansion into rural areas. The primary goal of this program is to consolidate health-related data from public and commercial institutions located in and around major cities. With this information, health policy decisions may be made with more precision. These decisions are supported by solid evidence. Therefore, the most significant approach for NRHM to fulfill its goals is to enhance its data collecting, analysis, and reevaluation capacities in order to assist preparation, observation, and management that are based on accessible data. The information management system is structured to efficiently collect and share information about a given program. A manager is responsible for monitoring the program as a whole, assessing its performance, and developing its future directions. Information from healthcare institutions may be collected, organized, communicated, analyzed, and used with this system in place. Decisions that improve access to medical care may be informed by this data. Health management data contains the information policymakers, clinicians, and the providers of healthcare facilities need to enhance and safeguard patients' health. It is presumed that when health management information systems are properly implemented, the efficiency of medical camps increases. Thus, it achieves its aims.

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