



Analytical study of public health hygiene of Gugjer community of Jammu and Kashmir. A case study of district Pulwama

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Abstract

Since late 1989, a civil war has raged in the region of Kashmir. “Over 100,000 civilians have been killed in the fighting between Islamist insurgents and Indian security forces. As a result, people have lost their centuries-old traditions. Nearly every family has had a member killed by a security guard or a militant. In the sake of safeguarding national sovereignty, long-standing patterns of militarism in Kashmiri society have resulted in unimaginable socioeconomic hardship for local people. Since knowledge of history strengthens communal and national identity, Kashmiris work hard to maintain their sense of history while being labeled as dangers to national order and detained, both physically and metaphorically, as prisoners of the state. However, in a society under attack, the only means of retaining a sense of 'social self' and ethnic collectivity are the sharing of stories and the recollection of memories, which allow victims of trauma to collectively express their anguish. This thesis aims to provide a comprehensive overview of the situation in Kashmir before going on to describe in detail the various methods by which Kashmiri society creates and lives trauma collectively in order to maintain identity and strive for the perceived cause. These methods include commemoration, narrative telling, oral history, symbolism, theater, language, and memory”, among others. Society's search for identity and reinvention of ethnicity often involves revisiting past traumas.

Introduction

Because the British intentionally overlooked the fundamentals of nation-building while establishing Jammu and Kashmir in the complicated Hindu-Muslim milieu of India, the state has been plagued by violence and anarchy ever since it was founded. According to this explanation, "Statehood is, of course, a question of degree — of the degree of monopolization of force, of the degree of centralized rule-making and rule-enforcement, of the amount of control over institutions of socialization of commonality of culture." Since India and Pakistan were split in half in 1947, the war has mutated in many ways. In 1989, an armed uprising was launched in the Indian-occupied state of Jammu & Kashmir. Surging on the tide of public opinion, “hundreds of young men ventured over the border into Pakistan in search of weapons and training. Since the Hindu monarch of the former princely state acceded to India in 1947, India has insisted that Jammu and Kashmir is a proper and necessary component of the nation. Because it is a Muslim majority country, Pakistan believes it has a right to it.

A culture of dread and collective trauma has developed over time as a result of huge governmental repression and abuses by the Indian counter-insurgent forces and the degradation of the militant movement with extortions and human rights violations of their own”. This created an environment where Islamophobia might flourish. Because of this, a group of fundamentalists known as the All Groups Hurriyat Conference (APHC) came together to further the cause of Kashmiri independence by uniting 26 different separatist parties. Since then, Pakistan has repeatedly advocated for the conglomerate in an effort to legitimize its claim to the portion of Jammu and Kashmir that is controlled by India under the guise of supporting independence for the Kashmiris. Despite Kashmir's prominence in the media since the conflict began in 1989, the issue has been mostly disregarded by the rest of the world. To a large extent, the years of twisted media news and government propaganda that have disseminated misinformation and prevented people from understanding the awful human suffering in Kashmir are to blame. Kashmir's Muslim and Hindu communities have been at odds since the 1947



partition of India, and the outbreak of militancy in 1989 further fanned the flames. As a result of the subsequent armed conflict between Indian security forces and Islamist terrorists, the whole Kashmir Valley is now a ghost region where everyday existence is marked by the visible reality of death and devastation. Disturbances in people's social, cultural, and mental health have emerged as a direct result of these atrocities and losses. The most noticeable psycho-social impact is the generation of widespread "collective trauma" due to the persistent violence that has grown ubiquitous in modern society.

Objectives

1. To promote “cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
2. To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes”.
- 5.

Research Methodolog

This chapter discusses the research approach chosen for this analysis based on “research priorities, based on the findings of a literature review.

Various factors affect a student's method of learning. These include the opinion of the researcher, the essence of the question of science, the status of scientific research & hypotheses if the question is important. Where a study aims to test a hypothesis, define or predict factors that affect the result, a quantitative approach is generally better. Based on these results, a popular technique for the analysis was the quantitative approach”.

Data Analysis

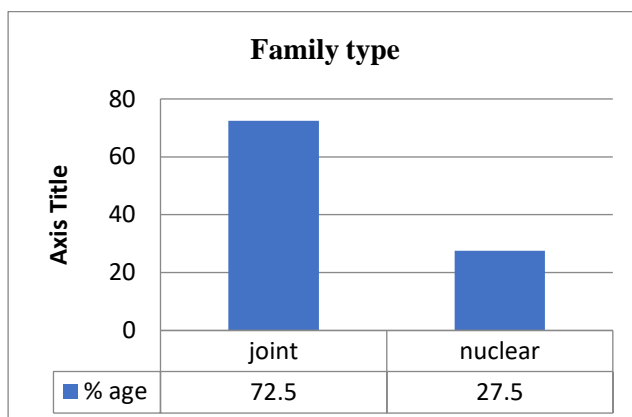
“Data analysis is the process of cleaning, transforming, and modeling data to extract useful insights for managerial decision making. The goal of every data analysis project should be to get actionable insights from the data and base decisions on” those learnings. Our everyday decision-making is clouded by apprehension about past experiences and potential outcomes. Nothing exists apart from our perception of the past or the future, and the decision-making machinery that follows from it. For this reason, we are collecting photographs from the past and visions of the future. To sum up, it was only an assessment of the available facts.

Table 1

I	Family Type	% <u>age</u>	frequency
(a)	Joint	72.5	290
(b)	Nuclear	27.5	110
	Total	100	400



Graph 1

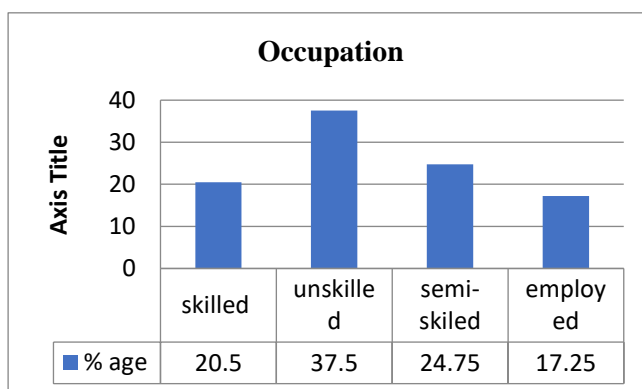


“From the analysis we found that the respondent who responded were from different age groups as 72.5% of respondents belonged to joint family where as 27.5% of people belonged to nuclear family”.

Table 1.1

2	Occupation	% age	frequency
(a)	Skilled	20.5	82
(b)	Unskilled	37.5	150
(c)	Semi-skilled	24.75	99
(d)	Employed	17.25	69
(e)	Total	100	400

Graph 1.1



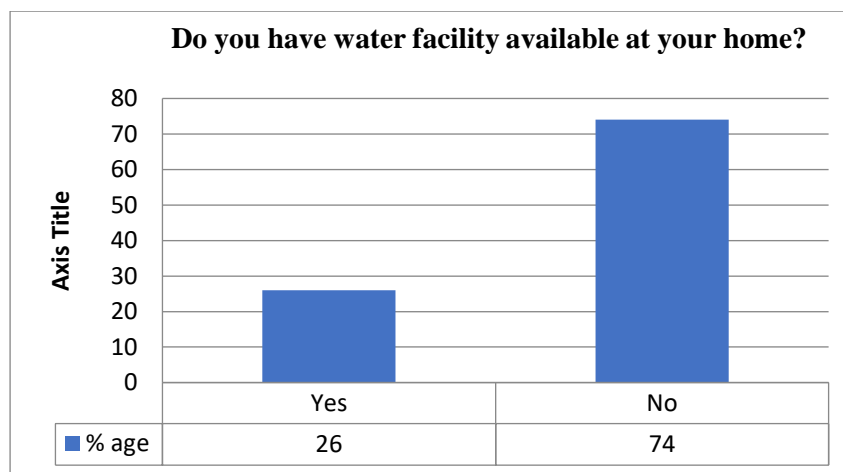
“From the analysis we found that the 20.5% people from the respondents were skilled 37.5% respondents were unskilled whereas 24.25% persons were semi skilled and 17.25% had a job as a occupation”.



Table 1.3

	Do you have water facility available at your home?	% age	frequency
3			
(a)	Yes	26	104
(b)	No	74	296
	Total	100	400

Graph 3



“From the analysis we found that 26% of 400 respondents had water facility avail with them and 74% of the people had no water availability”.

Conclusion

The health of Jammu and Kashmiris is far worse than that of the rest of the state. The ongoing criminal activity over the last several years is the primary motivating factor. This has led to widespread poverty throughout the state. Their fortunes have improved in several ways during the last few years. The birth rate dropped from 34 per million to 20 per million annually after the year 1990. The annual death rate has been falling for the same reason. The year was 1998, and the temperature was about 5°C. In 1999, the year, the temperature was 7.900. Comparing the IMR of Jammu and Kashmir to that of the rest of India reveals a 45-point gap. It's lower than the U.S. national average of 71.6 per 1,000 people. That this state has such a low rate of infant mortality is highlighted.

Women and children are the most vulnerable members of society everywhere. Women have a poor position in society in terms of their education, health, income, and political representation. Girls are not making the most of their educational prospects, as seen by their low enrollment ratio and high dropout rates.

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