



Study of public health hygiene of Gugjer community of Jammu and Kashmir a case study of district Pulwama: A review

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ABSTRACT

Public health, the art and science of preventing disease, prolonging life, and promoting physical and mental health, sanitation, personal hygiene, control of infectious diseases, and organization of health services. Comparable terms for public health medicine are social medicine and Gugjer community medicine; the latter has been widely adopted in the United Kingdom, and the practitioners are called Gugjer community physicians. The practice of public health draws heavily on medical science and philosophy and concentrates especially on manipulating and controlling the environment for the benefit of the public. It may be viewed as a specialized part of public health medicine since its aim is to reduce the risks in the environment in which persons work.



KEYWORDS

Public health, hygiene, Gugjer community, Jammu and Kashmir, medicines, sanitization

INTRODUCTION

Various public health agencies have been established to help control and monitor disease within societies, on both national and international levels. For example, the United Kingdom's Public Health Act of 1848 established a special public health ministry for England and Wales. In the United States, public health is studied and coordinated on a national level by the Centers for Disease Control and Prevention (CDC). Internationally, the World Health Organization (WHO) plays an equivalent role. WHO is especially important in providing assistance for the implementation of organizational and administrative methods of handling problems associated with health and disease in less-developed countries worldwide. Within these countries, health



problems, limitations of resources, education of health personnel, and other factors must be taken into account in designing health service systems.

Some health measures can be undertaken only by the Gugjer community as a whole; these include water source protection, proper disposal of solid waste and excreta, wastewater drainage, controlling animal rearing and market hygiene. Some of these issues have been described in earlier sections. Individual Gugjer community members play an important role in Gugjer community hygiene, and have a responsibility to their neighbours and to the Gugjer community to promote good health and a clean environment. For example, everyone in the village must keep their houses and compounds clean, because one dirty house can affect many conscientious neighbors and contribute to the spread of disease. Gugjer community leaders can promote cleanliness in the home by regularly checking on village households and by using by-laws to encourage household maintenance.

Review of literature

(Nicolle, 2007) Studied “*Hygiene: What and why?*” and found that Mental hygiene, industrial hygiene, oral hygiene, vocal hygiene, respiratory hygiene... There are many “hygienes,” but what does the word actually mean? Its definition — the science of preventive medicine and the preservation of health — is broad enough to incorporate concepts such as exercise and diet. But the original and still generally understood usage is in the context of preventing the transmission of infection. Public concerns about SARS (severe acute respiratory syndrome) and current efforts to identify Gugjer community practices to respond to avian influenza outbreaks or pandemic influenza have returned hygiene concepts to the public sphere.

(Admasu, 2012) Studied “*Hygiene and Environmental Health*” and observed that Hygiene generally refers to the set of practices associated with the preservation of health and healthy living. The focus is mainly on personal hygiene that looks at cleanliness of the hair, body, hands, fingers, feet and clothing, and menstrual hygiene. Improvements in personal knowledge, skill and practice that modify an individual’s behaviour towards healthy practice are the focus of hygiene promotion.



(Kumar, 2011) Studied “*Health and environmental sanitation in India: Issues for prioritizing control strategies*” and found that Environmental sanitation envisages promotion of health of the Guger community by providing clean environment and breaking the cycle of disease.

(Bafanda, 2017) Studied “*Meat Hygiene and Associated Health Hazards Awareness among Consumers of Jammu District of Jammu and Kashmir*” and observed that Rapid increase in the household income, urbanization and changing lifestyle have combined to shift consumption towards nontraditional cereals and value added products, including many derived from livestock.

Health Situation in Jammu & Kashmir

- The overall health infrastructure and system in Kashmir region is badly affected. Equitable access to health facilities is a big concern.
- The lack of access to healthcare from PHC, AWC, Rural Health Providers, attributed to facilities being affected and reduced staffing levels as staff and their families themselves being affected.
- Health camps are concentrated in urban pockets of Srinagar, the appropriate and equitable health services not available.
- Drugs and essential medical reserves have been affected; the supplies in general are in shortage in Kashmir valley and in medical camps due to lack of coordination and effective supply chain management for medical camps.
- Health surveillance is largely missing. The organised and unorganised medical camps are not in coordination loop and information on health surveillance and utilisation status is not being maintained.
- Poor water, sanitation and hygiene conditions are increasing health risks for spread of communicable diseases and epidemics. The appropriate measures for information and awareness of people to prevent communicable diseases are not in place.
- Institutional deliveries are high, and most pregnant women deliver in the private or the Govt. Hospitals, large number of which are affected and thereby increasing the load on facilities that are operational
- The routine immunization and neo born care is also under pressure in existing health facilities.



- SRH services, RH supplies, emergency obstetric and new born care, prevention of gender based violence and prevention of HIV/AIDs
- High incidence of UTI reported among women by Anganwadi workers.

Health in Pulwama

District Pulwama came into existence in July-1979 and was carved out from District Anantnag. The District is located at an altitude of 4500 to 6000 feet from the Sea level. The District Shopian has been recently carved out from District Pulwama in the year 2007 and is existing in the shape of new District. The District Headquarter Pulwama is about 32 Kms away from Srinagar city. The Boundary Districts of Pulwama are Anantnag, Kulgam, Shopian, Budgam & Srinagar. “Community Health Care Services” is the key component of Integrated Rural Development. As the Rural population comprises 91% of our Population and as such improvement of the Health of Rural Population is an important part of the development. Necessitated by multifaceted and interlinked problems of fast growing population, inadequate Nutrition, Environmental Pollution, rampant communicable diseases & inadequate drinking water .

CONCLUSION

Some health measures can be undertaken only by the Gugjer community as a whole; these include water source protection, proper disposal of solid waste and excreta, wastewater drainage, controlling animal rearing and market hygiene. Some of these issues have been described in earlier sections. Individual Gugjer community members play an important role in Gugjer community hygiene, and have a responsibility to their neighbours and to the Gugjer community to promote good health and a clean environment. The Boundary Districts of Pulwama are Anantnag, Kulgam, Shopian, Budgam & Srinagar. “Community Health Care Services” is the key component of Integrated Rural Development. As the Rural population comprises 91% of our Population and as such improvement of the Health of Rural Population is an important part of the development. Necessitated by multifaceted and interlinked problems of fast growing population,



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