

A Comprehensive Review on Tribal Health Status in Poonch District of Jammu and Kashmir

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ABSTRACT

The present study aims to examine the health status of tribal communities in the Poonch district of Jammu and Kashmir. Analysis of related literature found that the health status of the indigenous people has worsened than the rest of the population of Jammu and Kashmir. Similar and responsible factors found to be consistent, such as self-medication, traditional and informal healing practices, gender bias, scarcity of knowledge, illiteracy, poverty, socio-cultural and environmental factors, steep location, unemployment, absence of doctors, unavailability of advanced medicine and proper healthcare facilities in the pastoral sites, and strong belief in magic and supernatural forces. The objective of this study is fulfilled by the secondary source of data. The characteristics of the district's tribal population are similar to other pastoral communities residing in different districts of Jammu and Kashmir; due to their shared culture, same economic and educational status, and religious beliefs, rituals, and practices, similar factors are found in the study area which is directly or indirectly contributing in worsening the health status among tribals. More efforts, guidance, and awareness would help the tribals to cope and deal with health-related issues.

Keywords: Health status, Awareness, Tribal, healthcare system, challenges

Health is a crucial dimension of human beings. It plays a significant role in the development of the country. Pindar was an ancient Greek poet who defined health as the harmonious functioning of the organs and focused on the physical aspect of wellness, the proper functioning of the body parts, and a sense of ease and painlessness (Svalastog, 2017). Another dimension of health became the individual's capability of adapting to environmental stimuli to the degree that the person could endure and oppose them. A nation's development is based on its citizens' health because positive and prosperous thinking is developed in a healthy mind. History shows that the reason behind the growth and development of all developed countries is the right men to have good health and a good attitude towards their nation and subjects. A person's health is determined by the education, income, employment, and quality of life of an individual in

society (Braveman, 2014). Health is the basic need for an individual to work hard, earn a living, stay healthy, and live a better life. Health is one of the blessings in the world; that is why it is said that health is better than a thousand blessings. Health is an essential dimension and plays a vital role in the life of everyone in society at large. Hence, the International Health Regulatory Institution, (WHO-1948) defines "Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In the same year, Mahatma Gandhi affirmed this, saying, "It is health that is real wealth and not pieces of gold and silver" as cited by (Charles, 1979). The constitution of India has mentioned in Article 39 (e), Article

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42, and Article 47 the described health. As per the requirement of the nation or by a state they make laws to improve the health system in the country. Furthermore, Article 243 (g) of the constitution says that it requires the State to improve public health and empowers Panchatays and Municipalities to do so (Ministry of External Affairs, 1979). Since independence, the government of India has framed various policies and programs from time to time to strengthen the healthcare system. As mentioned, different definitions of health indicate that health is viewed as an asset that helps an individual live a long and productive life in society.

The focus of this study is tribal health status in the Poonch district of Jammu and Kashmir. The present study is significant for several reasons. Firstly, it sheds light on the unique challenges faced by a significant portion of the population, particularly the scheduled tribes, who reside in remote and inaccessible areas and are highly dependent on sheep and goat rearing for their livelihood. Secondly, it underscores the critical health issues affecting this tribal community, including environmental and socio-cultural factors like migration, poverty, and gender biases. Finally, the research is essential for informing policies and interventions that can improve the health and well-being of these marginalized communities and promote the preservation of their unique cultures in the face of these challenges.

Importance of Health for the Welfare of Society

An individual's health plays a vital role in developing the country's economy. It is complicated to imagine the development of a society or nation without the well-being of its individuals because prosperous thinking is formed in the healthy mind of an individual. It's the only single way to eradicate poverty and promote the well-being of society (Seymour, 2016). Good health is correlated with a healthy lifestyle while the worsened health status of an individual leads to anxiety, depression, and isolation. In this condition, an individual can't do better in society (Corina Dima-Cozma, 2014). As the illness rises, the individual becomes highly reliant on other people, and he is unwilling to fulfill his diverse basic needs, which has adverse effects on his life. In addition, the social environment is

considered a cornerstone of human health. So an individual needs to take dietary meals and build solid social relationships with people to live a healthy life.

Tribal population in Jammu and Kashmir

The erstwhile State of Jammu and Kashmir is the newly created U.T. of India under the Re-organization Act 2019, which is an integral part of the Indian country. This union territory comprises twenty districts in which Baramulla, Pulwama, Kapwara, Budgam, and Poonch are mostly comprised of the Himalayan Mountains, fascinating valleys, scenic beauty, and ponds. This nonesuch valley is the account of tourist attraction. It is one such region that has been the subject of contention since 1947 between India and Pakistan and 1962 between India and China. The Jammu and Kashmir's line of control, aside from the Pakistani-occupied areas like Gilgit Baltistan and Azad Kashmir from the northwest and similar to China from the northeast. Jammu and Kashmir share common boundaries with Indian Punjab and Himachal Pradesh to the South and the U.T. of Ladakh to the east. As per the census data 2011, the total population of Jammu and Kashmir is (1.25 cr.) with a territory of 2,22,236 sq. km, which the proportion of the tribal people is 1,493,299 represents 11.9 percent population of the State which One-fourth of them is the nomadic tribe (Sekar, 2020). The constitution of Jammu and Kashmir has declared twelve scheduled tribes under the Schedule Tribe (Amendment-Act, 1991), like 1 Balti 2. Beda 3. Bot, Boto 4. Brokpa, Drokpa, Dard, Shin 5. Changpa 6. Garra 7. Mon 8. Purina 9. Gujjar 10. Bakarwal 11. Gaddi 12. Sippi. As per the data of the Tribal Research and Cultural Foundation (TRCF), 66 percent of pastoralist communities in the State of Jammu and Kashmir are living in extreme poverty while 71 percent are unaware of the initiatives taken by the provincial and federal government for improving the quality of life (Koundal, 2011). These two tribal clans are almost entirely Muslim and found in every corner of the territory. A good proportion of these community's population is located in the Kargil, Rajouri, and Poonch districts. This community moves from one grazing place to another in search of food and fodder for the livestock. This continuous movement not only affects their child's education but also

influences the health of whole community members, either men or women, child or elderly. The cultural component of a community's health should be given specific attention to providing holistic growth to any society. Similarly, special attention is required to the health of the Gujjar and Bakerwal tribes because it is a deprived community in the U.T. of Jammu and Kashmir.

Review of available literature on the Tribal Health status in Jammu and Kashmir

The results of various studies show that the health status of the indigenous population has worsened, particularly in pastoral communities in India and abroad, due to their solitude, distance, and absence of prerequisite resources to the development of the State (Chakrabarty, 2010; Deb Roy *et al.* 2023; Jadhav, 2022; Moosan *et al.* 2019; Sinha, 2018). Similarly, the health status of the Gujjar and Bakarwal communities is worse than the rest population in the U.T. of Jammu and Kashmir due to numerous factors such as illiteracy, lack of knowledge regarding the health programs, inadequate dietary food, and nomadic lifestyle (Akhtar, 2023; Dwivedi, 2018). Despite having many health issues in everyday life, even during pregnancy, they did not seek medical help because they believed that diseases are indeed caused by black magic or hostile spirits (Khan and Pathak, 2022). In rural and tribal belts, indigenous women suffer from severe anemia and maternal malnutrition is a significant health concern for tribal women, particularly those who have several births in a short period. This State of Health also shows that complicated socioeconomic circumstances, low health awareness, poor socio-cultural, and environmental levels of qualification, health-seeking behavior, and political factors significantly impact their overall health (Dar *et al.* 2015; Nayak and Sreegiri, 2016; Saha *et al.* 2017). Tribal women did not follow appropriate dietary meals as per their requirements. Most of them were unaware that sanitation could play a significant role in maintaining a healthy lifestyle. Moreover, the teenager's weight is insufficient and showed the highest prevalence of malnutrition among 13-year-old girls with signs of weakness and yellow eyes (Tepuhoto Khieya, 2021). The gender and age variations are significantly found in nutrient intake and health hazards. The prevalence of overweight

and fatness is higher in males than females, whereas many girls are underweight. There is a rising rate of respiratory disorders (Ganie *et al.* 2021). Hypertension, prehypertension, dyslipidemia, thyroid dysfunction, and vitamin D deficiency are rampant among the tribal youth in India. Moreover, sociocultural factors like unemployment, low fiscal status, gender biases, and level of qualification all are associated with prehypertension (Kumar *et al.* 2020). A study reported that the established PHCs and Sub-centers are not enough to solve the health issues of indigenous people. Because scarcity of well-qualified staff, the availability of drugs and equipment, is a serious matter. The main barrier to expanding healthcare assistance among tribal areas is isolation, inadequate funding, shortage of health worker, infrastructure, and technology gap (Gizaw *et al.* 2022). The healthcare service, medical knowledge and skills, categorization, and causation are all referred to as the tribal Old Medical System because it is wholly based on homeopathic psychological therapy techniques. While herbs, wildflowers, seeds, animals, and other natural ingredients were the core elements of healing, it was constantly tied with mystical, spiritual belief, and magic, leading to distinct magical-religious practices (Craig, 1999; Kigen *et al.* 2017; Ngarivhume *et al.* 2015). The tribal community in the territory of Jammu and Kashmir also uses summer forage products (also recognized as Dhoks natively) have a rich archive of biodiversity that is being used to treat numerous chronic and non-chronic diseases, including joint pain, skin infections, hypertension, breathing and sexual abnormalities, and non-chronic illnesses such as influenza, cold and flu, abdominal pain, and digestive issue. Moreover, traditional and remedial plants are commonly used and Malnourishment is an extensive health problem among tribal belts in the whole region of Jammu and Kashmir (Abdullah *et al.* 2021; Kumar *et al.* 2020; Pushpangadan and Atal, 1986).

Correlation between the health and department

The correlation between health and the Department of Health is profound and fundamental. The Department of Health, typically a government agency or ministry, plays a central role in formulating and implementing public health policies and initiatives.

Its primary mission is to safeguard and promote the health and well-being of the population. It oversees healthcare systems, monitors disease outbreaks, manages health emergencies, and enforces health regulations. A good number of studies found that the health status is seen as good among those groups that are conscious regarding their health and sound locality healthcare system (Bhatia and Behera, 2017; Brosseau *et al.* 1979; Uhrich, 1969). While the majority of deaths are due to some common factors such as the long distance, scarcity of prerequisite equipment, unavailability of specialized doctors, and delay in consultation (Dussault and Franceschini, 2006; Elford, 1997; Felton, 1998; Sundari, 2020; Weinhold and Gurtner, 2014). The department's effectiveness directly impacts the overall health of a nation, as it ensures the provision of essential healthcare services, prevention of diseases, and response to public health crises. In essence, the Department of Health is at the forefront of shaping and safeguarding the health of a society, making the correlation between health and this department pivotal for the population's well-being.

Objectives of the Study

- ❑ To evaluate the health status of the tribal population residing in the Poonch district.
- ❑ To identify the specific health challenges and issues faced by the tribal communities in the region.

Methodology

To examine the tribal health status and challenges faced by the pastoral communities in the study area secondary sources of data have been gathered such as the Indian census, reports on the health sector in Jammu and Kashmir, journals, articles, reports of WHO, India's National Human Development Report, etc.

Health Status of Tribal Community in Poonch District

The Poonch district, situated in the remote corners of Jammu and Kashmir and sharing its borders with Pakistan on three sides, faces unique challenges. As per the Ministry of Panchayati Raj GOI, 2006, Poonch is the most rearward and remotest district and receives funds from the Backward Region Grant Fund (BRGF). In 2011, the district covered

an expanse of 1,674 square kilometers with a population of 476,835; in which the proportion of the rural population is 91.9%, and 8.1% settled in urban areas. Notably, the tribal community, consisting of Gujjar and Bakarwal whose population is 176,101 represents 36.93 percent total population of the district which is higher than the state-level tribal population. Despite this demographic, the healthcare system in the district is not sound; only government hospitals provide health services to the whole population of the district. The tribal people of the Poonch district lead a nomadic way of life, characterized by seasonal migrations with their livestock across various regions. Their livelihood is intricately tied to animal husbandry, with a primary focus on rearing sheep, goats, and cattle. As the summer season unfolds in Jammu and Kashmir, the herders from Poonch embark on their annual migration, moving their livestock from lower altitudes to the higher reaches of the Himalayan mountains. This traditional practice not only sustains their way of life but also underscores the intricate relationship between these tribal communities and the natural environment of the region.

The Gujjar and Bakarwal communities confront many challenges during their seasonal migrations, encompassing shelter, timely food, heavy traffic, building networks, and adverse weather conditions. Among these challenges, healthcare accessibility is a significant concern, particularly in the rugged terrains and remote areas they traverse (Tufail, 2014). The health status of these tribal communities in Poonch district, Jammu and Kashmir, is a cause for concern. Many individuals suffer from a range of health issues, including anemia, cold and fever, malnutrition, diarrhea, and joint pain. Social constraints and limited healthcare facilities hinder their ability to receive prompt and adequate medical treatment, underscoring the urgent need for improved healthcare infrastructure and services for these communities (Avishake Raina and Sajad Ahmed, 2022).

The literature consistently identifies key factors affecting healthcare access among pastoral communities, including self-medication, traditional healing practices, gender bias, limited knowledge, illiteracy, poverty, socio-cultural and environmental factors, remote locations, migration, dietary

meals, unemployment, shortage of specialized medical professionals in public hospitals, and unavailability of healthcare facilities in pastoral areas. Additionally, scarcity of essential resources such as shelter, sanitation, required equipment, drug shortages, poor road and mobile networks, insufficient technical staff, overcrowding in existing health institutions, and unsatisfactory healthcare service all combine to create substantial obstacles and result in loss of lives.

Difficulties in Accessing Healthcare Services in the Poonch district

Accessing healthcare services can be particularly challenging for pastoral communities in the Poonch district, which is located in the Jammu and Kashmir region of India. Several factors contribute to these challenges:

- ❑ **Lack of proper infrastructure:** Inadequate health infrastructure is a big issue in the public hospitals of the district and most of the patients are referred to the neighboring district hospital or state hospital every year.
- ❑ **Geographical isolation:** Many pastoral communities in the Poonch district reside in remote and geographically isolated areas, which makes it difficult to access healthcare facilities. The rugged terrain and lack of proper road infrastructure can hinder their ability to reach healthcare centers quickly in case of emergencies or for regular check-ups.
- ❑ **Limited healthcare infrastructure:** The Poonch district has limited healthcare infrastructure, and many healthcare facilities are concentrated in urban areas. Pastoral communities often have to travel long distances to access even basic healthcare services, leading to delays in seeking medical attention.
- ❑ **Inadequate medical staff:** The availability of qualified healthcare professionals, including doctors and nurses, is often limited in rural and remote areas. This shortage of medical staff can result in longer waiting times and reduced quality of care for pastoral communities. Most of the time people prefer state hospitals in Jammu or Kashmir due unavailability of specialized doctors/nurses.

- ❑ **Lack of transportation:** The pastoral tribe of the district is living in remote and inaccessible areas due to its far-flung and low-density of population there is no road and network connectivity. Most of the rural people covered 8 to 10 km on foot for the treatment.
- ❑ **Language and cultural barriers:** Language and cultural differences can act as barriers to effective communication between healthcare providers and pastoral communities. This can hinder the accurate understanding of symptoms and the delivery of appropriate healthcare services.
- ❑ **Limited financial resources:** Many pastoral communities in the Poonch district live in poverty and have limited financial resources. The cost of healthcare services, including consultation fees, medications, and transportation, can be a significant barrier to accessing necessary care. Even, patients of poor backgrounds are unable to buy medicine from chemist shops and don't complete the course prescribed by the doctor.
- ❑ **Lack of health awareness:** Pastoral communities may have limited access to information about healthcare practices, preventive measures, and the importance of regular check-ups. This lack of health awareness can lead to delayed or neglected health concerns.
- ❑ **Seasonal migration:** Some pastoral communities are nomadic and engage in seasonal migration. This lifestyle can disrupt their continuity of care, as they may not be able to access healthcare services in their new locations or during their migration periods.
- ❑ **Infrastructure and technology limitations:** The lack of reliable electricity, internet connectivity, and scarcity of machinery such as Ultrasound, MRI, CT-Scan, Endoscopic, and telemedicine services in remote areas can further impede pastoral communities' access to modern healthcare technologies and telehealth services.
- ❑ **Gender disparities:** In some pastoral communities, gender disparities can be a challenge, with women facing additional barriers to accessing healthcare services due to cultural norms and restrictions.
- ❑ **Scarcity of awareness camps:** The lack of awareness programs is a big disadvantage for

these migrational communities. Due to poor knowledge regarding health and wellness tribal women suffer from prenatal and postnatal diseases.

- ❑ **Traditional healing practices:** Some pastoral communities may rely on traditional healing practices and may be hesitant to seek modern healthcare services. This can result in delayed or inadequate treatment for certain medical conditions.

Addressing these challenges requires a multi-faceted approach, including improving healthcare infrastructure, increasing the availability of medical staff, promoting health awareness, providing financial support for healthcare, and culturally sensitive healthcare delivery methods to ensure that pastoral communities in the Poonch district can access the healthcare services they need.

CONCLUSION

The study findings highlight the myriad challenges encountered by pastoral communities in Poonch district. The characteristics of the district's tribal population are similar to other pastoral communities residing in different districts of Jammu and Kashmir. Their shared culture, financial, educational status, geographical isolation, limited healthcare infrastructure, seasonal migration, low awareness, limited financial resources, lack of transportation, scarcity of medical staff, gender disparities, spiritual belief, and environmental factors that collectively hinder their access to essential healthcare services. Tackling the healthcare access challenges faced by pastoral communities in the Poonch district is not just a matter of improving their physical well-being but also a matter of addressing longstanding disparities in healthcare services directly or indirectly contributing in worsening the health status among tribals. More efforts, guidance, and awareness would help the tribals to cope and deal with health-related issues.

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