

Negotiating Reproductive Health Needs in a Conflict Situation in Kashmir Valley

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EXECUTIVE SUMMARY

Kashmir has been in conflict with the Government of India over the issue of an independent state for the last 16 years. The years of turmoil have resulted in a breakdown of the state machinery, especially the health infrastructure. This breakdown is more visible in the villages, where development has come to a grinding halt.

Kashmir has tough mountainous terrain that creates problems of access and connectivity. The years of conflict also virtually halted life after sunset with curfews after dark being routine for many years. Though these restrictions no longer exist, people are careful even now not to go out after dark. The years of conflict have physically and emotionally scarred the people of the state, especially the women. The number of patients suffering from psychological problems has grown manifold, as has the dependence on sedatives and anti-depressants.

Health care suffered a major setback with the breakdown of peripheral facilities and the migration of doctors. The doctors who are available now are concentrated in the cities. People in the villages have thus become dependent on "local doctors" who have mushroomed all over. Their professional qualifications do not matter. Their one qualification, which was most important during the years of conflict, was reliability. People preferred them to the professionals because they were available at all times. On their part, these "local doctors" were careful not to try to treat what they thought was beyond their powers. Still they caused a lot of harm, especially among women.

Over the years of conflict women had to face many restrictions from both the family and society. The threat of sexual harassment, abduction, and rape, was ever present. They had to bear the cross of "family honour," resulting in many hardships. Women were not allowed to move out of the house alone. They had to conform to strict social etiquette. They were not allowed to pursue education beyond a point, or consult a gynaecologist. Parents would arrange their marriages as soon as possible.

Along with these social restrictions came the dicta of the fundamentalists banning family planning services. Women were left with no choice but to depend on the "local doctors" and illegal abortion centres or fall back on traditional systems of medicine. As religious beliefs became stronger women started depending on seers more than in the past.

At times like these, women's health, especially reproductive health, was not thought of at all. Reproductive health would start and end with pregnancy. Women who participated in the study said they were well taken care of during pregnancy. But at all other times, as long as they could move about and do their work they were considered fit.

This study tries to look at the ways in which Kashmiri women coped with the restrictions placed on them by society, the family, and circumstances. How did they survive in spite of the negligible medical options?