

Impact of armed conflict on reproductive health of women in Kashmir-India.

Introduction

Kashmir has been in conflict with the Government of India since its partition in 1947. The struggle for Right of Self Determination/Independence continued in various forms till 1988 and was by and large peaceful. However, Muslim resistance to Indian rule in Kashmir escalated and with some youth resorting to violent means to achieve their objective of achieving Independence. Huge public rallies in 1990 and subsequent violence led to the suspension of the State Assembly and direct Presidential rule was imposed in the State.

The government of India used all its means to suppress this movement for independence through its presence of about 7,00,000 military and paramilitary troops in Kashmir and soon this movement turned into a brutal blood bath between the militants and the armed forces. The army and the para military forces equipped with impunity under draconian laws like Armed Forces Special Powers Act (AFSPA), Disturbed Areas Act, Prevention of Terrorist Activities (POTA) and Public Safety Act (PSA) have been committing various kinds of Human rights violations in Kashmir. The army used curfews, crackdowns, search operations, arrest, torture, custodial killings, disappearances of youth, firing, shelling, rape, locals as shields and genocide of the Kashmiris, as a weapon to suppress the movement. The armed forces also resorted to the destruction of private property, occupied land and orchards, educational institutions, health care facilities, child care centres etc for accommodation. The militants both local and foreign also imposed different tactics to counter the military might of the government of India. They resorted to shutdowns, grenade attacks, bomb blasts, killing and torturing of informers, destruction of public property. Communication networks like bridges and telecommunications were set ablaze by the militants to restrict the movement of troops. Besides, buildings of educational institutions, health facilities. Tourist huts were set ablaze so that they are not used by the armed forces for accommodation. They also tried to enforce a dress code for women, banned sale of wine, closed cinema halls and also banned provision of family planning services.

All these measures during the armed conflict in the State have inflicted a devastating impact upon the well being of the civilian population, particularly women, children and youth. There is hardly any sphere of life which remained unaffected due to this armed conflict. The economy of the state, tourism, agriculture, trade, industry, tourism, education, social welfare and health sector all suffered a set back. It has been estimated that around one lakh people mostly youth have lost their lives in this conflict and more 10 lakh have been injured. It has also been estimated that about 80,000 children have been orphaned as a result of conflict. The number of persons disappeared is 3744. Wartime sexual violence against women not only occurs but also is a necessary aspect of conflict history. In Kashmir both the security forces and the militants have systematically used it to punish, intimidate, coerce, humiliate and degrade the locals. However most of the rapes in Kashmir through the security agencies went

unnoticed because the victims used to face intimidation and social stigma associated with rape.

These years of turmoil has left its mark on the health of the inhabitants of Kashmir. Due to the collapse of the rural health infrastructure, pressure on the city-based secondary and tertiary based health care facilities increased manifold. The insurgency forced the exodus of a large number of medical and paramedical professionals creating a vacuum in the provision of basic health care and leaving people vulnerable to disease.

As stated earlier women were one of the worst sufferers of his conflict situation. They have become indirect victims of arrest, torture, disappearance, displacement and loss of loved ones and direct victims of the physical violence of rape, abduction and murder. Continuous armed conflict has caused disruption in their education, job opportunities, disruption of services, breakdown of social support systems leading to a profound negative impact on the overall well being of women. Mental health disorders (depression, anxiety and Post Traumatic Stress Disorders) assumed considerable importance in Kashmir due to the conflict. According to one of the studies psychiatric morbidity in patients increased from nine per cent in the pre-militancy days to 25 per cent in 1995.

Though the destruction of health and health facilities and restrictions on the movement and the disruption of the social support systems in a conflict situation in Kashmir had a negative impact on the health conditions of the women in general but women in Kashmir faced all the odds against them and did not allow this conflict to damage their reproductive health needs beyond a certain limit. As the conflict continued, the women learn to cope with their reproductive health needs. Consequently, the reproductive health outcomes during the peak period of conflict did not deteriorate as was the case with other social and economic indicators. In fact, militancy proved catalyst for improving some of the reproductive health comes and probably this is one of the reasons why Kashmir Valley has better health indicators than other parts of the state which were conflict free.

Objectives

The brief objectives of the study are

To look at the effects of 18 years of conflict on the Kashmir's medical system and its repercussions for the people in general and women in particular.

To understand women's perspectives on the reproductive health in Kashmir

To understand how women across age groups negotiated their way around these realities.

Methodology

We use both quantitative as well as qualitative methods to collect information for the present study. We will also use secondary information available from various government and private

agencies regarding the casualties, disappearances, orphanage, widowhood etc. Information regarding the use of contraception methods, utilization of maternal health services, abortions, institutional deliveries, maternal deaths will be collected from the lone maternity hospital of Kashmir located in Srinagar City. Since the main objective of the present study is to study the impact of the conflict on the utilization of Reproductive Health services and the ways how women negotiated their ways to meet their reproductive health needs, therefore we thought it prudent to collect information on these issues from some selected villages which were worst hit by the conflict. However, there were no comparable statistics available on the number of crackdowns, killings, disappearances, bomb blasts, injured persons, and orphans at the village level. However, a list of villages who according to the District Administration perception were worst hit by militancy was obtained in the two districts of Kupwara and Pulwama. From this list we selected 5 villages in each of the districts based on systematic random sampling procedure. While visiting the villages we collected information from the village headmen about the number of deaths associated with conflict, no of crackdowns, bomb blasts, attacks on security forces, number of widows and orphans due to militancy. We also prepared a list of all households in the villages and selected 30 households randomly from each village. We used two types of questionnaires: Household and Women's questionnaire. The household questionnaire helped us to identify eligible women with whom we wanted to have indepth interviews. The criterion for an eligible women was that she should be a married age 18-54 years. The household questionnaire helped us to identify 256 eligible women but interviews were conducted only with 220 women. Of these 220 women we identified 28 women who had conceived during 1990-1995, the peak period of conflict and indepth interviews were conducted with these 28 women to elicit detailed information regarding on the objectives of study. Field survey for the study was undertaken during the March-April, 2004.

Findings

Some findings of the study are as follows:

Insecurity was the biggest problem for women. Life had lost all meaning and it became so insecure that people were not sure if they would return home safely in the evening after a day's work or reaching their destinations when setting out for work. The sense of insecurity was greater for girls and young women who became virtual prisoners in their houses because of the ever present threat of abduction and sexual abuse.

Marriage ceremonies changed from night to day. In the initial years of conflict early marriage became one of the mechanisms for the society to safeguard women. Marriage was also used to cover up a lot of evil in the State. Since sexual harassment and rape was rampant, with both the security forces and militants as perpetrators. This left parents with two choices: abortion or marriage. In case the perpetrator was a trooper, women resorted to abortion. Marriage of girls who had been raped by militants were often arranged by the militants themselves to avoid a bad reputation and girls and parents had not much say in this sort of arrangement. However, due to the collapse of the education, mass copying in the examinations and mass promotions in the examinations led to an increase in the age at marriage for both boys and girls.

Health care, especially in the rural and remote areas was badly hit, first by the migration of trained medical professionals and then by the unwillingness of the remaining doctors to risk their lives to serve in the rural areas. Most of them preferred to stay in cities. This led to the mushrooming growth of unregistered medical shops and private health clinics managed by paramedical staff available in the villages. Srinagar city also witnessed a mushrooming growth of private nursing homes which mainly provided maternal health services. Though there was a ban on the private practice of doctors but doctors defied this ban and started practising in private clinics located in Srinagar city and other major towns even during the working hours.

There was a tremendous pressure on the lone maternity hospital of Srinagar which had a bed capacity of 230 only. It started to admit patient twice its bed capacity. The reports of maternal deaths on roads due to the restrictions of movement alarmed the valley residents. This to some extent led to an increase in the utilization of antenatal services in the valley and women located in remote areas used to make preparations to reach maternity hospital well in advance before the expected dates of delivery. However, this alarming rush led to the deterioration of services in this hospital. Utilization of antenatal care services from private practitioners led to an increase in the caesarean section deliveries.

The ban imposed by the militants on the use of family planning methods increased the unmet need for family planning. Kashmiri women who generally used female sterilization resorted to the use of traditional methods or used no methods at all. The ban also forced women to fall back on the treatment offered by quacks, leading to complications later. Due to the ban on family planning, a large number of women travelled to Jammu and Delhi (which are located at a distance of 300 Kms and 900 Kms from Srinagar) to undergo female sterilization or have an IUD inserted. Some of these women had to borrow money to travel to such distant places.

Notwithstanding this, the ban on family planning resulted in an increase in unmet need for family planning.. Consequently, there was some increase in the unwanted and mistimed births and abortion rates. Due to the restriction of movement and insecurity, women preferred to consult local untrained practitioners for abortions.