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10. Understanding Women's Health and Reproductive Issues: A Study of Kashmir

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Abstract

Health as a human right has recently emerged as a result of growing consciousness about the dignity of human life. He[3]*alth is considered as a socio-medical concept, which implies that whatever is medically possible to promote the physical and psychological wellbeing of the person must be done. Since women constitute nearly half of the population in any country and also have an additional responsibility of reproduction and motherhood, therefore they are most likely to be a part of a system of healthcare. The health of a woman is fundamentally linked to their status in society. It has been seen that women mostly are vulnerable to be left out from availing health care. Nevertheless, reproductive health is a matter of concern for women. It has significantly influenced the overall health status of women. The present paper which is based on empirical study tries to explore the experiences of women health and reproductive issues in Kashmir. It also looks into the quality of available health services and the awareness of women about the methods of various health services.*

Keywords: Reproductive Health, Wellbeing, Women, Health services, Gender Inequality.

Introduction

The health needs of women can broadly be categorized into four groups. Firstly, related to the sexual and reproductive function, the health needs of women are specific. Secondly, the reproductive system of women even before it is put into function or after being put out of function is vulnerable to diseases and dysfunction. Thirdly, women face the same diseases of other body parts as faced by men. However, the disease patterns of women often differ from those of men because of the genetic constitution, hormonal environment or gender-evolved lifestyle behavior. Diseases and treatments of other body systems may interact with conditions

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of the reproductive system or function. Fourthly, they are subjected to social diseases which impact their physical, mental and social health because of the fact that they are women, (Fathalla, 1997). Reproductive health is a fundamental human right and is closely linked to gender equality, women's empowerment, and the overall well-being of individuals, families, and communities. It requires comprehensive healthcare services, education, and policies that promote access, equity, and respect for reproductive rights (WHO, 2020)

Women are biologically different because they reproduce (WHO, 2009). Even though men do not have that capability, but when one takes into consideration women who cannot reproduce and the social pressures they have to bear because of that, one is compelled to ask why fertility is so important in our society (Maithreyi, 2010). Reproductive health significantly influences the overall health of individuals and society and has been the subject of augmented attention from the health and economic viewpoint (Maternal and Reproductive Health Report, 2016). Although, reproductive phase of women is considered as the most crucial phase, women hardly enjoy reproductive rights and there is a denial of equality and power of self-determination to women in matters of reproductive freedoms also (Weiss & Gupta, 1998).

Operating within the parameters of a male dominated society, people often tend to give less importance to women's health (Turner, 2020; Blanch-Hartigan, *et al.*, 2002). The patriarchal system socializes women in such a way that women themselves feel it unnecessary or even unfair to assign priority to their own health conditions, sickness and diseases. The social conditioning often makes women to ignore their own health problems. They are given partial importance in society and are seen only as bearers of the heir to carry the family forward (Maithreyi, K. 2010; Kohli, 2017). There are conditions which are experienced only by women particularly in their reproductive phase which has a negative impact on their overall health alleviating their sufferings (WHO, 2009).

Since Independence, India has been extensively involved in addressing numerous health problems and has been in the forefront for taking initiatives to eradicate various life threatening diseases that impede women's health to a huge extent. Various attempts have been made time to time in order to prevent certain health problems or provide immunization for ensuring the prevention and complete treatment of such illnesses. The central and the state government have intervened in formulation of various policies and programmes to deal with health status of the population in general and women's health in particular (Sahu, 2015). But despite these

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advances, there is still a major fallout as far as certain illnesses are concerned, the central and the state government despite having a robust health care programmes are grappling with several snags and the diseases related to the reproductive functions of a women.

Objectives

The present paper is aimed to find out

- The various factors that affect women's health (including reproductive issues).
- Access to health care services
- Awareness of women regarding various health services

Justification of the Research

The recognition of health as a fundamental human right has led to an increased emphasis on equitable access to healthcare services for all individuals. However, in many parts of the world, including Kashmir, women continue to face significant barriers to accessing quality healthcare, particularly in the realm of reproductive health. Despite comprising nearly half of the population and bearing the physiological responsibilities of reproduction and motherhood, women are often sidelined within healthcare systems due to socio-cultural, economic, and structural inequalities. This research is both timely and essential, as it addresses the intersection of gender and health by focusing specifically on the experiences of women in Kashmir a region marked by political instability, socio-economic challenges, and limited healthcare infrastructure. Women's health, especially reproductive health, is a key determinant of their overall well-being and empowerment. Exploring their lived experiences and perceptions of available healthcare services can provide critical insights into existing gaps, systemic neglect, and areas in need of reform. Furthermore, understanding the awareness levels among women regarding reproductive health services can inform policy and program development aimed at improving outreach, accessibility, and quality of care. The findings of this study are expected to contribute to the broader discourse on gender disparities in health, advocate for women-centered health policies, and promote the realization of health as a right for all, particularly the marginalized.

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Methodology

For the purpose of the study mixed methodology approach has been used which included both qualitative and quantitative approaches. The purpose for using this method of research is only because the facts and figures cannot justify the sufferings which women with various health issues face regarding their reproductive health.

Study Population

The respondents in the present study were women who were in the age group of 15-49 because as per medical terminology this phase comes under the reproductive phase of a women. The particular age group was taken because as per infertility statistics (WHO, 2018; 2019) and medical terminology, this phase comes under the reproductive phase of a women (WHO, 2019; Katole &Saoji, 2019). The interview schedule which was used by the researcher comprises of both open and close ended questions as per the objectives of the study. A total of 50 study participants were interviewed using a purposive sampling technique. All the study participants were interviewed as per their convenience.

Data Collection

Semi Structured interviews were used to collect the data. All interviews were conducted in the study participant's respective homes. In order to conduct a thorough study, field notes were also maintained so as to record the extra information which was helpful for the present study.

Data Analysis

Data analysis was done by using SPSS wherein frequency and percentage methods were used for the interpretation of data. Significant graphs and tables were also incorporated and few case studies which were prominent were also included. Moreover, an empathetic understanding was also applied to analyse the content gathered through interviews and field observations.

Table no. 1: Sample Table

Total Respondents	*50*
Interviews Done	***50***
Respondents who didn't turn up	***0***

SOCIO-DEMOGRAPHIC PROFILE OF THE STUDY PARTICIPANTS

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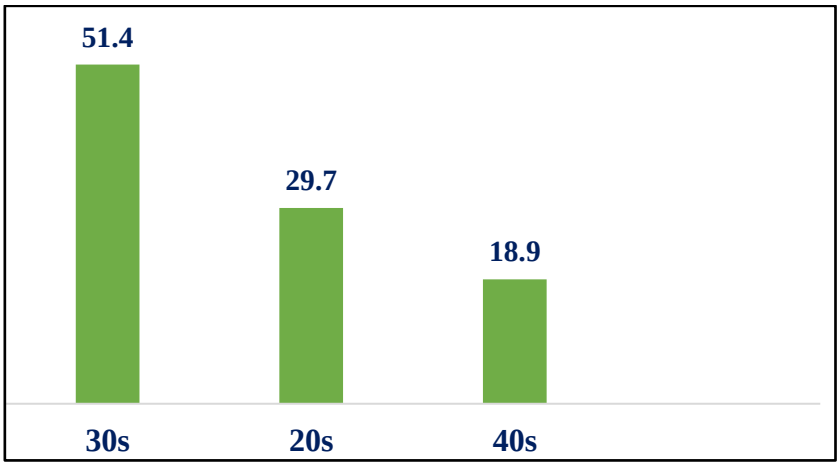
As far as the respondent's profile was concerned, the data was collected from fifty (50) study participants belonging to different districts of Kashmir and were getting treatment in the District Tuberculosis Centre Srinagar. So far as the socio-demographic profile is concerned, these participants belonged to varied socio- economic strata, representing the various categories.

Graph 1: Age Distribution of the Respondents



So far as the age group of respondents from the present study is concerned, the respondents were from different age sets which has been grouped into 20's 30's and 40's respectively. The reason for making age groups was done on the basis that no study participant was below the age of 20 and no study participant was above the age of 50. As majority of study participants belong to the age group of 30's, it reveals that majority of them were in their productive years of life when they got infected with Tuberculosis. This period is considered as the most important period because in this period an individual needs care and affection. But the contraction of deadly illness such as Tuberculosis disturbs the peace of mind of the affected individuals and they found it one of the stressful phase to deal with it.

Graph 2: Religion of the Respondents

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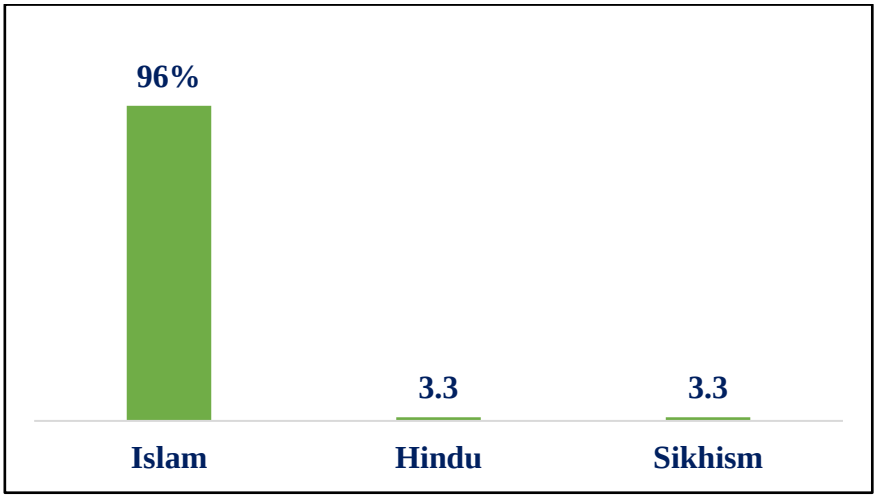
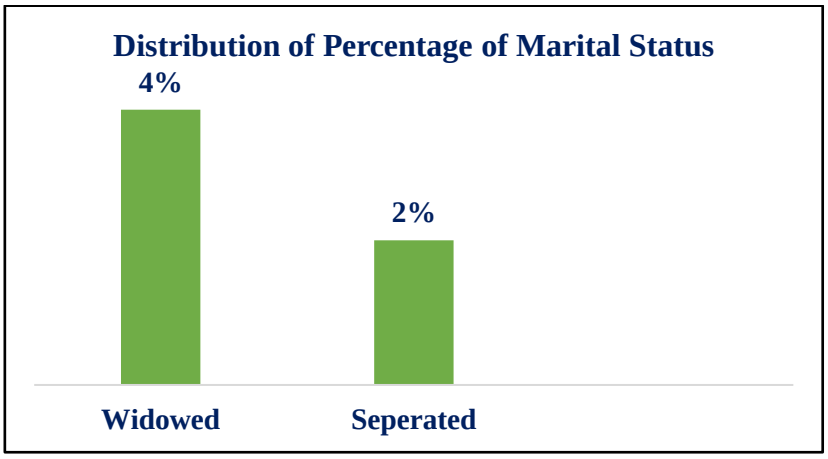


The above graphical representation reveals that 96 % (48 out of 50) study participants belonged to the Muslim category, followed by Hindu and Sikhs which has equal representation i.e. 2% (1 out of 50) each. As majority of the study participants were Muslims, the reason for this is that, Kashmir is a Muslim majority province, and there is a scanty population of presence of any other religion.

Graph 3: Marital Status of the Respondents



As far as the marital status of study participants is concerned, 100% of them were married, and the current living condition of the majority of study participants i.e. 94% (47 out of 50) was that they were living with their spouses and in-laws. However, the proportion of 4% (2 out of 50) were widows and were living with their parents, however 2 % (1 out of 50) were living separately.

Graph 4 : Family Structure

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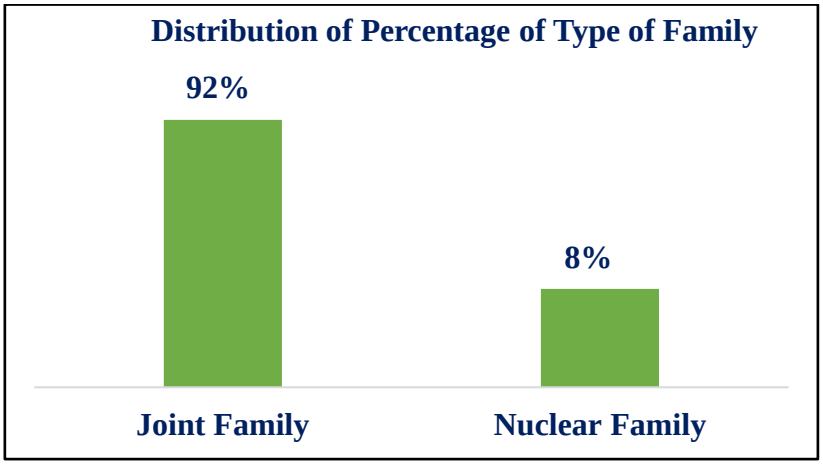

The majority i.e. 92% (46 out of 50) of study participants were living jointly, and only 8% (4 out of 50) study participants were living in nuclear families. As the majority of the study participants were living in joint families, it was found from the present study that they were disturbed because of their illness because majority of them had not disclosed it because they were living with their in- laws. They were under the apprehension that their disclosure might lead them into distress.

Table no. 2-Number of Children of the Respondents

74%	8%	10%	4%	4%
2	1	3	4	5/6

As far as the data related to the number of children is concerned, 74% (37 out of 50) study participants had 2 children at the time of interview, followed by 8% (04 out of 50) study participants who had 1 child. Furthermore, 6% (05 out of 50) study participants had 3 children which is followed by 4 % (2 out of 50) study participants who had 4 children. Only small percentage i.e. 4% (2 out of 50) study participants had 5 and 6 children respectively.

Graph 5:Educational Level of the Respondents

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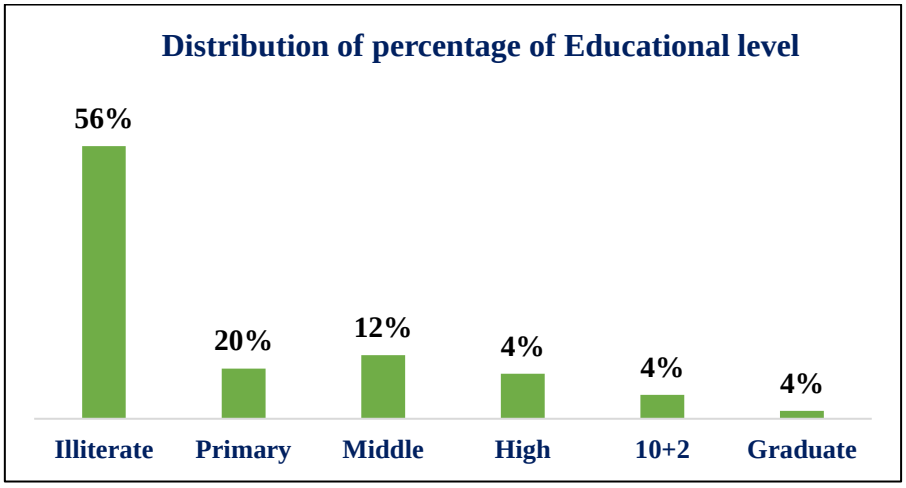
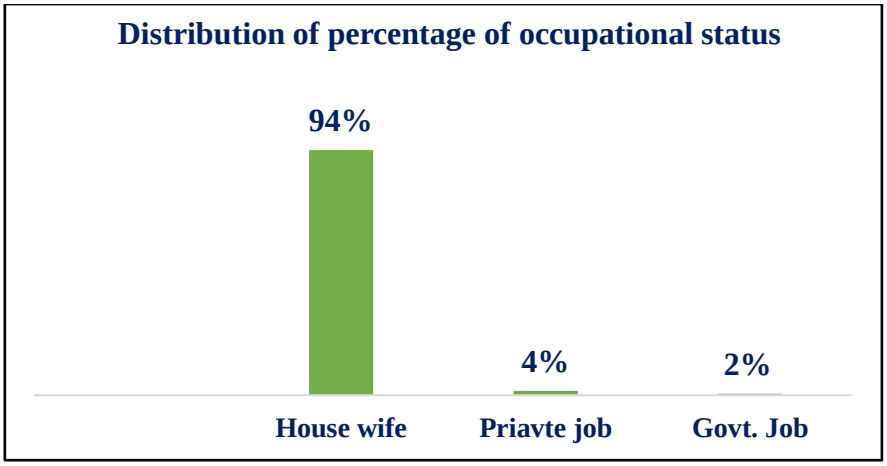


The educational status of the majority of study participants presents a very gloomy picture. As far as the level of education is concerned, majority of study participants i.e. 56% (28 out of 50) were illiterate. 20% (10 out of 50) of the respondents had a primary level of education while as, 12% (6 out of 50) had a middle level of education. Furthermore, 4% (2 out of 50) of study participants had studied up to Class 10^{th,} while 4% (2 out of 50) had 10 +2. There was also a small chunk of study participants, the representation of which was 4% (2 out of 50), who had completed graduation.

Graph 6:Occupational Status of the Respondents



The majority of the study participants, i.e. 94% (47 out of 50) were not involved in any government or private job but were doing household chores. 4% (2 out of 50) were doing some kind of private jobs at the time of interview and only 2% (1 out of 50) study participant was a government employee at the time of interview.

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Discussion

The discussion was framed based on the objectives of the study and the themes that emerged from the field work.

The Various Factors that Affect Women's Health (including Reproductive Issues)

The status of women is a complex issue that is not amenable to any simplistic explanation of social reality (Borah & Phukan, 2020). Literature available on the status of women is varied and addresses mainly the key issues affecting the women in various areas of development such as education, employment, polity, society, law, health care etc. The constitution of India has also taken up the responsibility to not only grant equality to women but also empower the states to adopt measures of optimistic intolerance in favor of women (Nagla, 2013). Within the framework of democratic polity, our laws, development policies, plans and programmes have all aimed at women's emancipation in all spheres of life. Though programmes and policies are demanding equal status of women in respect with men, the health care of women was given much prominence mainly because the health needs of women completely differs from that of men in many unique ways (Gerberding, 2004). Women experience disease and illness differently from those of men, due to their unique biological and social standing. The reproductive phase of women which is considered very crucial is vulnerable to many diseases, and so far as infectious diseases are concerned it poses a formidable threat to women around the globe, particularly in reproductive phase an infectious diseases claims millions of lives around the globe each year (WHO, World Health Report, 2004; WHO, 2018).

Narratives of the Respondents-

"Since the day I got married, my life has become a curse. I had a marriage of my choice which started disputing on minor issues in the second year of marriage. I had a complicated pregnancy, and I am still in my parental home. I developed a node on the upper side of my right arm, which was later diagnosed with cancer. Initially, I didn't disclose it to anyone, but later I shared this news to my husband. Initially, he didn't react so much, but later things got altered between us. He blamed me that I had this disease before marriage, and from that day he didn't turn to see his 6-month-old daughter. This unpleasant behavior and abandonment by my husband had a very bad impact on my social life as I was always unable to answer people

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who used to ask me about the whereabouts of my in-laws and my husband" (as per one of the respondents, Age -31years)

*"I was very lucky from my in-law's side because I am more like their own daughter. There was no restriction on anything. Living with them is so familiar that I never felt that I was not in my parental home. The care of my kids is a major concern for them and they are doing it more than my husband and me. I am so grateful to Almighty for this. But the problem was that I used to be unwell now and then. I visited several doctors but was not regaining my health. My infection in the uterus was the major concern after delivering a baby boy. But it was beyond my imagination that my uterus would be removed immediately after delivery. It all happened because I had a severe infection in my reproductive tract "(*as per one of the respondents, Age-29 years).

The first narrative clearly indicates how social stigma forces patients affected with severe illnesses in their reproductive tract to conceal their illness status, and because of this concealment, there emerges other obstacles which are hampering the daily lives of patients. These factors are also the reasons why non-adherence to treatment is very commonly associated with certain illnesses in the reproductive phase of a woman. However, there are other factors also that contribute to non-adherence to treatment, like longer distances to health centres, type of transportation, travel cost, perceived health status as good, etc.

Access to Health care

Access to healthcare generally refers to the ease with which the individuals or groups of people obtain healthcare or health services in a given community **(Gulliford, 2002; Modeste &Tamayose, 2004; Sharma, 2016)**. It is common fact that public health system in developing countries is something of an impediment or a stumbling block that places innumerable barriers before people who are in need to seek care **(Bhat, 2014)**. The healthcare system no doubt from the last many decades have reached at an exceptional level where the use of latest technologies and invention of new drugs has achieved the momentum but still the unavailability of significant resources and extreme disparities are prominent.

There are still unfair and unequal opportunities and more projecting are in case of women who are frequently confronted with a myriad of socio-cultural factors that negatively impinge upon their physical well-being and accessibility to proper health care services. Institutional, economic, and educational barriers affect and lower their standard of living when compared to

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their male counterparts **(Ojanuga & Gilbert, 1992)**. These factors act as a strong barrier which can lead to under notification of various life-threatening illnesses among them.

So far as the present study is concerned, it has been found that almost all the study participants' i.e., 100% (20 out of 20) faced enormous challenges and hardships while accessing healthcare services As majority of women in the present study were dependent on their families and significant others, the major barrier which they faced was the financial difficulty. Visiting health care facilities on a daily basis was also very much challenging because it costs their psychological well-being also.

Narratives of the Respondents-

*"I was very shocked and depressed when I got to know about cyst in the fallopian tube. I gained courage and disclosed it to my husband. As we both were not known about the issue and its repercussions, I started crying in front of the health care provider. Despite providing all the knowledge and information about the medications and the nature of treatment, I still cannot bear that my In-laws would get the facts of my health issues" (*As per one of the respondents, Age -29 years).

One of the study participants narrated-

"Due to infertility-related issues, my husband and I adopted a baby girl. Everything was going fine. Suddenly, I started developing a huge mass in the abdomen, which after several examinations turned out to be hernia . Things started shattering and falling apart. My in-laws were not happy about our adoption, and knowing about this problem added fuel to the fire and they started blaming me "Allah Taala ke faisle se khelne ko aisa hi hota hai" (Those who play with the Almighty's decision will get these tragedies) (Age-35 years).

The above narrative reveals that people are making their own theories, philosophies and statements regarding various illnesses regarding their reproductive health. Knowledge and awareness are being provided in this regard, but still, women experience severe psychological and emotional trauma. Despite access to healthcare and awareness regarding the same being guaranteed for all people throughout the world , yet it is not fully achieved by all sections of society, especially women (Chiang et al. 2013). The traditional gender biased values still prevail in using health services effectively. Even though the health service provision, or the geographical access, is improved, majority of women may not use the services unless the

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provided services meet their demands in quality and cultural manners **(Peters *et al.*, 2008)**. In other words, demand-side barriers are as important as supply-side factors in deterring people from obtaining appropriate health services among vulnerable groups of the population including women **(Chiang *et al.*, 2013)**.

Awareness of Women Regarding Various Health Services

Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. For example, women and girls face increased vulnerability to HIV/AIDS (WHO,2023).

From the findings of the present study, it was found that, there are various sociocultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health including unequal power relationships between men and women, social norms that decrease education and paid employment opportunities, an exclusive focus on women's reproductive roles and potential or actual experience of physical, sexual and emotional violence (WHO,2022; L, Mosca,2006).

Narratives of the Respondents-

"What more can be so dreaded than to tell your daughter to drop out from school? I used to develop huge side effects after taking drugs because I have acute infection in my uterus. I sometimes couldn't bear that pain and frequently vomited after medications. I lost my whole energy and was not in a state to do household chores and other things. Then I told my daughter to skip from school, and now she is doing all the household activities and is also earning by stitching clothes" (As per one of the Respondents, Age 42 years).

"My husband used to be annoyed all the time, and he almost fights with me daily because he used to skip on that day's work. Whenever I have to visit for follow-ups in the gynaecological ward he keeps on saying that, "I am engulfed with your wrong deeds". I am fighting two battles, one with my illness and another with my personal life" (As per one of the respondents, Age - 29 years).

I was shocked about how the disclosure of my illness would affect my personal relationships within the family (in-laws). I was deeply scared how what their reactions would be. That is

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why, I preferred not to disclose it to them; instead I disclosed it to my husband. The disclosure to my husband was important because I had warts in uterus and I was strongly restricted to have sexual contact until I get surgery (as per one of the respondents, Age-32 years).

The findings of the present study revealed that disclosure of illness related to their reproductive tract or reproductive function devastated the majority of the study participants' lives ,where they were extremely concerned about the well-being of their loved ones and children. Moreover, it has also been found that the illness not only creates sufferings to the respondents but also to their children who took care giving roles in the family. Because of their parent's illness, it was revealed that many respondents who were either living in joint or nuclear families, their children‘s educational, social, and emotional experiences and health had become jeopardized. Most of the respondents revealed that because of their illness, their children had started taking domestic roles and also have started earning livelihood because of the huge daily expenses. This revealed that many have dropped out of their studies or are compromising with their studies. This clearly depicts that illness not only hampers the person who is affected but also those who are connected to them in one way or the other.

Conclusion

Disclosure of illness is a complex process so far as illness or issues related to the reproductive phase of a woman is concerned, and it was found that revealing one’s disease status to spouses, children and close ones was difficult. It has also been found that, although people were aware about certain things related to their reproductive function but the stigma and barriers are the impeding factors that restricts their accessibility to avail various programmes. On one hand, majority of the study participants were dependent on their significant others for living which further caused immense fear of possible socio- economic fallout out of their lives, and on the other hand, the overburden of domestic chores had not only added in the physical sufferings but also taken a huge toll on their psychological and emotional well-being. These narrations of ill-health and illness status were generally expressed through emotional expression of disheartened and depressive feelings, which is clearly depicted in narratives. It has also been well observed from the extensive literature that certain local practices, beliefs, myths such as illness representations of the illness character and embarrassment and humiliation related to it and failure to recognize symptoms either due to lack of knowledge or threat of the loved ones,

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may delay diagnosis which results in the spread of infections and much stress on the mental state of an affected person.

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