Women's Health in Kashmir: A Menstrual and Reproductive Health Crisis

The impact of the Covid-19 pandemic has been multifaceted, and devastating in several ways. But the larger narrative often hides other crises not considered to be of primary concern, a fact that is made worse by gendered social and political attitudes. Tara Adiga examines the impact of the lockdown – following the revocation of Articles 370 and 35a – on the reproductive & menstrual health of women in Kashmir.

Since August 2019, following the revocation of Jammu and Kashmir's special status by the Government of India, Kashmir has been under a brutal lockdown and a communications blackout. Special Rapporteurs of the United Nations have described the lockdown as 'a form of collective punishment'. The imposition of a nation-wide lockdown due to the Covid-19 pandemic in 2020 only deepened the implications of the earlier lockdown.

The lack of agency and marginalisation of women means that the issues they face with regard to their health never makes it to political agendas, further undermining their right to health. Kashmiri women have found their right to health, protected under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) and ratified by India in 1979, infringed upon in appalling ways. Menstrual and reproductive health in Kashmir are in a state of crisis, and the trauma of the lockdowns in addition to the continued denial of access to basic sanitary products and health care have exacerbated the health problems of women in Kashmir. The shops that women visit regularly to purchase sanitary products were shut down following the first lockdown, making it an ordeal to buy menstrual products. This would have been avoidable in a normal situation without lockdowns and a heightened military presence.

Women and girls in Kashmir are faced with intersectional discrimination as they are living in a situation of conflict. General Comment 22 of the Committee on Economic, Social and Cultural Rights, which deals with sexual and reproductive health in particular, points out that measures to guarantee substantive equality should take special cognisance of the exacerbated impact of marginalisation from being in a situation of perpetual conflict on the realisation of the right to sexual and reproductive health. Trauma relating to the conflict in the region has had serious consequences for women's reproductive health, with rates of infertility increasing at an alarming rate. The 2015 National Family Health Survey found that 73 per cent of Kashmiri women have reported problems with their reproductive health. Women who are pregnant do not regularly visit hospitals or maternity care centres as they are deterred by the threat of violence. A doctor in Srinagar said that 'In many cases, there have been maternal as well as foetal deaths just because the patient was not able to avail timely treatment due to some conflict situation.'

The public health crisis in the region has been accelerated by the lockdown due to the Covid-19 pandemic — pregnant women have been forced to travel on foot to hospitals while in labour, and there has been an increase in the number of stillbirths, foetal distress and cases of postpartum anaemia. The pandemic in Kashmir, as in many parts of the world, has brought the existing deficiencies in the public health system in Kashmir to the fore, especially the non-availability of primary health care for women, which has led to them developing secondary symptoms and serious mental health problems. The denial of accessibility to 'a range of health care facilities', protected under Article 12 of the ICESCR is evident, yet no measures have been taken at the local or national level to improve the situation, and the lockdown continues.

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In addition, in Kashmiri society, menstruation and purchasing sanitary pads openly or from shops run by men is considered a taboo, and existing social and cultural practices prevent the education of adolescent girls on menstrual health and hygiene. As a result, they are forced to resort to unhygienic and unsafe alternatives (like cotton wrapped in old rags), which has negative implications for their health: a gynaecologist in the Kashmir Valley said that unhygienic menstrual products left women vulnerable to various kinds of problems, including menstrual boils, infertility and cervical cancer. The lack of knowledge around safe menstrual practices as well as misinformation about the use of sanitary pads (many Kashmiri women believe that sanitary pads result in infertility) have compounded the problem.

India has a positive obligation to take affirmative measures to change misconceptions and social taboos around menstruation. The right to health intersects with the right to education enshrined in article 13 of the ICESCR, and 'entails a right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age appropriate'. Article 12 of the ICESCR also places emphasis on the 'underlying determinants' of health, which includes health-related education and information. Education and information on menstruation and hygienic practices along with adequate access to menstrual products become critical in providing women with the resources they require to take care of their health.

The Right to Health entitles everyone to 'the highest attainable standard of physical and mental health', which remains a distant dream for Kashmiri women. Menstrual and reproductive health involve broader systemic issues like knowledge, availability, safety and affordability of materials, access to health services, positive social norms, advocacy and policy, and the international human rights framework is useful in understanding and overcoming the issues Kashmiri women face with regard to their right to health. India needs to act immediately in accordance with its obligations as a legal duty-bearer and state party to the ICESCR, and take effective measures to improve the healthcare infrastructure and the education of girls and women in Kashmir to respect and fulfil the Right to Health.

The abrogation of Article 370 resulted in Jammu and Kashmir becoming a Union Territory and the central government having increased control in the region. There is a pressing need for clear government leadership in addressing the problem of menstrual and reproductive health through engagement with actors like UNICEF or UNFPA to coordinate a multi-stakeholder response. A UNICEF guide on managing menstrual health and hygiene (MHH) has stated that the establishment of an MHH working group, which involves civil society organisations, NGOs, academia and private partners across the national and sub-national levels, has helped generate necessary evidence to then carry forward successful interventions in many parts of the world. Working groups were formed at the national or sub-national level under the ministry of education, with organisational support and involvement from UNICEF. For example, in Afghanistan, government involvement in research gave high-level advocates the platform to educate women and girls and break taboos around the topic of menstruation.

The formation of a working group specifically addressing the conditions of menstrual and reproductive health in Jammu and Kashmir, involving practitioners aware of the stigma related to menstruation and reproductive health in the context they are working in, the development of an agenda with a foundation in human rights principles, and the engagement of actors at an international level can help develop a program for women and girls to ensure their access to adequate healthcare services and education. Evidence-based policy programmes must be made central to policy-making in order to holistically understand the impact menstrual and reproductive health have on a range of other human rights, and to develop an intervention programme that is targeted and inclusive.

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