



# Silent Suffering: Protracted Conflict And Structural Marginalization Of The Health Of Women And Children In The Kashmir Valley

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## ABSTRACT

The article focuses on the consequences of the long-term political conflict on the health and welfare of women and children in the Kashmir Valley. Lasting instability and militarization experienced over the last three decades have changed the normalcy in the region with long-term physical, psychological and socio-economic effects on civilians. These have been felt especially by women and children who are at the cross-points of gender, age, and structural marginality. The paper is based on qualitative and analytical research, which pulls together primary sources, such as government materials, health reports, interviews, and institutional documents, and secondary scholarship of sociology, public health, and studies of conflict. The discussion shows that years of violence, insecurity, and loss has led to large percentage of mental health distress in women and children such as anxiety, depression, and post-traumatic stress as well as the growing rate of chronic physical diseases. The structural constraints which have made these health outcomes worse are poor healthcare infrastructures, poor access to mental health services, poverty, gender norms and poor access to medical facilities especially in rural settings. Although the right to health is being formally acknowledged by state-initiated welfare programs and legal frameworks, the programs and legal frameworks still lack effectiveness because they have continuous instability, poor implementation, and institutional constraints. The paper contends that the current healthcare interventions are not adequate to mitigate the health outcomes of conflict that are gendered and intergenerational. It demands a rights-based and communal methodology of service delivery in medical care with specific focus on readily available mental health medical and all-inclusive policy interventions. This study will help to expand the general content on health, gender, and conflict in protracted crisis contexts by focusing on women and children experiences.

**KEYWORDS:** Kashmir Valley Conflict, Mental Health Impact, Civilian Suffering, Healthcare Infrastructure Evaluation.

## 1. INTRODUCTION

Following the partition of British India in 1947, India and Pakistan engaged in a dispute over the governance of the Kashmir valley, leading to significant levels of violence among the civilian population residing in Jammu and Kashmir. The Kashmir valley has been caught in the midst of political strife between India and Pakistan, resembling a sandwich. Consequently, innocent individuals are enduring physical, mental, emotional, and financial hardships due to the loss of their lives and properties. The overall situation led to ongoing infringement of the general population's right to health, with a particular focus on women and children. (Zubairi & Baqal, 2021).

The insurgency in Kashmir has had a profound effect on the psychological and physical well-being of the populace, with women and children being disproportionately affected. The elevated levels of violence and frequent exposure to traumatic events have resulted in a significant occurrence of mental health disorders, such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Iqbal, 2019). Militancy has specifically targeted the rural regions of Kashmir valley, resulting in numerous women and children enduring significant health-related challenges and difficulties (Housen et al., 2019). The health challenges encountered by the population of Kashmir encompass many conditions such as diabetes, hypertension, cardiac problems, hepatitis-B, and mental health difficulties. The persistent conflict has additionally resulted in extensive poverty, uncertainty, sorrow, oppression, and apprehension, exacerbating the mental health challenges in the area. The dearth of mental health services in the Kashmir Valley, which adhere to a Western biomedical paradigm of care, has been a notable cause for worry (Housen et al., 2019).

To tackle the health issues experienced by the population of Kashmir, with a special focus on women and children, it is essential to give priority to the establishment of community-based psychiatric and counseling services in the area (De Jong et al., 2006). This would facilitate the provision of essential assistance and nurturing to individuals impacted by the conflict and its subsequent consequences. The healthcare infrastructure in the Kashmir valley is deficient and lacks accessibility for a significant number of individuals, notably women and children. The inadequate, timely, and comprehensive treatment of women's health issues can be attributed, in part, to factors such as low literacy rates, poverty, lack of awareness, and societal constraints on interactions between males and females. A significant portion of the population, including individuals who are economically disadvantaged and living in rural regions, face difficulties in accessing healthcare services that are primarily concentrated in central locations. The exorbitant costs of the private healthcare industry render it unaffordable for the majority of the population, compelling numerous families to resort to private hospitals and bear the financial burden alone. The doctor-patient ratio falls well below the World Health Organization's recommended ratio of 1 doctor per 1,000 patients. The Indian government, along with local authorities, has implemented several social welfare laws to safeguard health rights. However, the ongoing turmoil in the valley has hindered the common people's ability to utilize the current medical services in the area. This raises doubts about the actualization of the right to health (Kaur et al., 2023) (Parva & Chowdhury, 2020).

## 2. OBJECTIVES

1. Analyze the psychological ramifications of armed warfare on women in Kashmir, with a specific emphasis on the mental health difficulties they face.
2. Assess the availability and efficiency of current mental health services for women and children in communities affected by violence.
3. Examine the socio-economic obstacles that impede the progress and empowerment of women in the Kashmir valley.
4. Evaluate the execution and consequences of social welfare laws, with a focus on the entitlement to healthcare for women and children.

5. Suggest strategies to improve the overall development, empowerment, and mental health assistance for women in the conflict-affected region of Kashmir.

### 3. STATEMENT OF THE PROBLEM

The current concern revolves around the accessibility of healthcare services for women and children in the areas of the Kashmir Valley affected by militant activities. Following the loss of the primary income earner in the family, the women and their children face a struggle concerning schooling and mental well-being. The women and children residing in the Kashmir valley perceive a sense of disregard from both the society and the government. The study focuses on determining the effectiveness, availability, and ease of access to current mental healthcare services for women and children in the Kashmir valley. It also aims to identify any deficiencies in these services, examine the role of civil society, and propose future steps to address the issue. The primary objective of this study is to identify the difficulties encountered by women and children in the conflict-ridden regions of Kashmir, gathering data and examining both external and internal variables.

### 4. METHODOLOGY

The investigation was conducted using an analytical and oral methodology. The data collection encompassed a variety of methodologies:

**4.1 PRIMARY DATA:** The primary data consisted of government documents, texts, periodicals, administrative reports, surveys, interviews, and experiments. The incorporation of ground reports, insights from NGOs, interviews with doctors, hospital annual reports, as well as pertinent biographies and autobiographies took place.

**4.2 SECONDARY DATA:** To conduct a thorough study, secondary data was collected from a variety of sources including books, dissertations, articles, and papers. These sources were obtained from numerous journals and periodicals, both published and unpublished. The study sought to gain a comprehensive grasp of the subject matter by using a variety of analytical methodologies and collecting data through interviews. It also utilized a wide range of primary and secondary sources.

### 5. REVIEW OF LITERATURE

A. Anand "Hope and Hurt of Kashmiri Healthcare", (2019): The author asserts that the current political changes in Kashmir have led to numerous challenges in the provision of welfare and healthcare services. The author has outlined the measures taken by the Indian government to solve the issues faced by the local population and counter the activities of militant groups that engage in terrorism. According to reports, the mental health issues experienced by residents of Kashmir are a direct result of ongoing stress. The author has emphasized the necessity of constructing welfare centers in every region, in addition to an increase in the number of hospitals and medical institutes. At the conclusion, the author expresses optimism for the replacement of concern caused by cross-border terrorism and existing gender discriminatory legislation with progressive and peaceful co-existence-oriented policies and regulations.

Kundan Pandey "Half of The Population of Kashmir Valley Mentally ill, Claims survey" (2017): According to a survey conducted in 2016, nearly 45 percent of the population in the Kashmir Valley reported experiencing mental distress. The collaborative study was carried out by the Department of Psychology at Kashmir University and the Institute of Mental Health and Neurosciences (IMHANS) within the valley, spanning from October to December of that year. The findings indicate a higher prevalence of mental health issues among women as compared to men. The survey revealed that 41 percent of individuals displayed symptoms indicative of probable depression, while 26 percent exhibited symptoms of probable anxiety. Additionally, 19 percent of participants showed symptoms suggestive of probable Post-Traumatic Stress Disorder (PTSD).

Saika Farid and Arshid Hussain "Perception of stress and health related quality of life among marginalized women of Kashmir" (2017): According to the author, mental stress was found to be prevalent among the socially and economically disadvantaged groups in Kashmir. Among these groups, women were found to be the most

severely impacted. Research has revealed that individuals with low social standing typically experience social isolation and alienation within their community. This is especially prevalent among economically disadvantaged groups. Factors such as constant criticism, neglect, and lack of respect exacerbate the stress levels, particularly among women. The author has examined the influence of stressful life on women, which results in notable physiological alterations that compromise their immune system and degrade their overall health state. The research report has proven to be valuable in comprehending the impact of perceived stress on Health Related Quality of Life (HRQoL) among underprivileged women of Kashmir.

Dr. Arif, Maghribi, "Mental Health Problems of Women and Children in Kashmir", (2016): According to Maghribi, women and young individuals face an increased vulnerability to suicide, often attributed to their tendency to conceal emotions, making it challenging for them to manage their mental well-being. The narrative accurately reflects the current environment marked by conflicts and diverse stressors, including academic setbacks, dissatisfaction in marital and family life, and the frustration stemming from unemployment. However, a distinct factor contributing to suicides in Kashmir is the unstable political scenario. Furthermore, the author has asserted that under such circumstances of uncertainty, individuals are unable to achieve healthy psychological and mental development, leading them to turn to extreme measures such as suicide as a means of escaping this situation. Based on the sociological survey, the majority of individuals who died by suicide were in the age range of 17-26 years. Additionally, 62 percent of these individuals were females. As per the author's analysis, the occurrence of suicide was extremely low prior to the rise of militancy. However, due to the prolonged bloodshed, the people of Kashmir are now experiencing post-traumatic stress disorders. As per the author's statement, the sole mental healthcare facility in the state had over 150,000 individuals seeking treatment by December 2014. In contrast, there were just 1,200 instances of such cases in the late 1980s.

Waheeda Khan, "Conflict in Kashmir: Psychosocial Consequences on Children", (2016): According to Waheeda Khan, the repercussions of war and violence extend to the disintegration of social cohesion and the profound disruption of the essential fabric of communities. The mental well-being of young individuals, legally defined as those under 18 years old, constituting approximately half of the population in conflict-affected regions, is adversely affected by the profound societal transformations. The author elaborates on the extensive material devastation and harm suffered by communities, encompassing the loss of structures, livelihoods, healthcare facilities, and other essential infrastructure.

Over the past three decades, children have been exposed to violence on a daily basis, lacking any frame of reference for anticipating tranquility. As to the author's perspective, violence in Kashmir is not an anomaly. The introduction of military forces in Kashmir in 1989, together with several problems at both the individual and societal level, has led to catastrophic outcomes, particularly for women and children. The author's primary emphasis lies on the deplorable state of children as a consequence of the persistent fighting in Kashmir. The author has emphasized the importance of addressing their protection requirements with utmost caution and attentiveness.

## **6. ANALYSES & DISCUSSION**

Jammu & Kashmir stands as a disputed region caught in the crossfire between India and Pakistan, celebrated for its extraordinary natural beauty. The state is graced with deep valleys and breathtaking landscapes, nestled amidst the Himalayas and various other mountain ranges. Often hailed as a terrestrial paradise (Gul and Khan, 2014), the geographical challenges in J&K impede the development of adequate infrastructure. This is further exacerbated by the presence of militancy and armed conflict, leading to substantial loss of life, damage to public property, and disruption of daily life. For nearly a decade, the state has commanded considerable attention, capturing global interest.

In the complicated situation of the conflict-ridden Kashmir valley, several individuals have chosen to leave their residences to engage in militant activities either in neighboring regions or have suffered as a result of the insurgency. This further complicates the difficult situation faced by women in the region, particularly those who are half-widows. The prolonged violence not only exposes individuals to a range of psychological problems, but the vanishing of their life partners as a result of their participation in militancy or being targets of insurgency intensifies their challenges. The social and economic well-being of these women is significantly affected as they struggle to meet the demands of their households. The legal disputes they encounter in determining the location of their absent life partners exacerbate the intricacy of their psychological problems. (Qutub, 2012).

In addition to women who are confined to their houses, experiencing symptoms of anxiety, tension, despair, worry, and post-traumatic disorders. Women in Kashmir have experienced distressing circumstances over the past two decades, resulting in typical symptoms such as stress, despair, and trauma. The conflict exacerbated the incidence of abortion and miscarriage incidents among women. Additionally, it fostered a sense of suspicion and lack of confidence among the members of the family, resulting in a rise in incidents of domestic violence (Irfan, 2015). Dr. Arshad Hussain, a leading Psychiatrist at the Institute of Mental Health and Neuro Sciences in Srinagar, states that the family members of the missing individuals have Complicated Grief, Unresolved Grief, and Post Traumatic Stress Disorder, particularly the half-widows (Qutub, 2012).

Armed conflicts and the role of women globally have transformed. Based on the prevailing data, around 80-90 percent of the casualties in the First World War were of military personnel. However, in recent conflicts, it has been seen that 90 percent of the casualties are civilians. Furthermore, it has been observed that the primary casualties of the recent conflicts have predominantly consisted of women and children (UNRISD, 2005). In his book "Women as Victims, Fighters, and Survivors of War" published in 2004, Charlotte Lindsay states that women have a distinct experience of battle compared to men, resulting in different demands during and after the conflict. The influence of conflict on women is shaped by a myriad of factors, encompassing their age, the particular geographic setting of their residence (be it rural or urban), the existence or lack of support networks (such as family and community), and their distinct roles within the conflict scenario (whether as displaced individuals, politicians, heads of households, or combatants).

Violence against women represents an egregious manifestation of male dominance and power over women. Male aggression compels women into a submissive role. The incidence of domestic violence against women is increasing in the region of Jammu and Kashmir. Even women who are educated and financially self-sufficient are subjected to mistreatment, as indicated by anecdotal evidence found in police records (Sharma, 2010). The incidence of violence against women in Jammu and Kashmir has escalated in terms of both quality and quantity over the past two decades. The problem has been further exacerbated by the direct influence of militancy and armed conflict. The phenomenon of domestic violence against women is widespread in both urban and rural areas of Jammu and Kashmir, encompassing many educational, economic, social, age, cultural, and other groups and classes. Approximately 15 percent of married women experience physical and psychological violence (Dabla, 2009). Conversely, the adoption of militant ideologies and the process of militarization have resulted in a surge of violent acts targeting women. The improper or limited use of firearms by both pro-government and pro-freedom militants resulted in a sequence of violent incidents targeting women.

The protracted military struggle lasting over seventy years has inflicted significant casualties in the region of Kashmir. Every household in the valley has been affected, either directly or indirectly, by the violence. Every village has been destroyed in some manner. The military conflict has also inflicted significant casualties on the Indian armed forces. Numerous soldiers and paramilitary men have sustained injuries in the conflict. Multiple fatalities have occurred among the local population in the valley as a result of the ongoing armed conflict. The armed struggle in Kashmir has had a profound effect on the lives of all individuals residing in the Kashmir valley, regardless of the nature of the impact. It caused immense destruction and anguish to individuals, families, communities, and countries. Hence, the repercussions of armed conflict on women residing in a conflict-ridden area give rise to a multitude of social and physical challenges. Women are disproportionately vulnerable to insecurity due to their primary responsibility for childcare, which limits their ability to seek protection. This scenario is a close match for the Kashmir valley. Kashmiri women have endured these distressing circumstances during several decades of conflict. The specific military war has generated a state of immense apprehension and ambiguity in the lives of women residing in the Kashmir valley. Stress, sadness, trauma, spontaneous abortions, and miscarriages are prevalent among women in Kashmir (Shamsirfan, 2015). According to Farah Qayoom, the women of Kashmir have become victims of this violence, either directly or indirectly. They have encountered violence, either indirectly through the experience of losing loved ones, or directly as victims of torture, assault, and similar acts (Qayoom 2014: 161).

Women's empowerment in Jammu and Kashmir is a global slogan and one of the Millennium Development Goals, seeks to enhance the power and influence of women in various aspects of life. Women groups, non-governmental development organizations, activists, politicians, governments, and international agencies commonly identify empowerment as a key objective (Suri, 2007). The phrase is employed in two overarching senses, namely general and specific. Empowerment of women entails granting them the ability to be self-reliant by granting them access to all the liberties and possibilities that were previously denied to them only due to their gender. Women empowerment, in a specific context, pertains to the augmentation of their status within the societal power hierarchy (Bhuyan, 2006). Women empowerment refers to the ability of women to control and manage their daily life in social, political, and economic aspects. This power allows them to transition from a marginalized position to a more prominent and influential role.

The Protection of Women from Domestic Violence Act, a crucial legislation, was enacted in 2005. The state government took five years to pass a comparable legislation within the state. In response to the increasing occurrences of domestic violence, the state government enacted the Protection of Women from Domestic Violence Act (PWDVA) in 2010. Despite the increasing incidence of domestic abuse against women in Jammu and Kashmir, there have been minimal efforts to effectively execute the Act since its passage (Narchoor, 2012). Economic empowerment is widely seen as the primary form of empowerment, as it significantly impacts all other aspects of empowerment. It is a fact that when women achieve economic empowerment, they will also gain prominence and influence within their households, workplaces, and communities. Therefore, it is crucial for women to understand their economic role and enhance their influence and control over material resources.

## **7. GOVERNMENT INITIATIVES FOR THE WELL-BEING OF WOMEN AND CHILDREN**

The Indian Government and the Jammu and Kashmir state administration have implemented several social welfare laws to guarantee the right to health for children and women. Nevertheless, as a result of the ongoing turmoil in the valley, women and children encounter challenges when it comes to accessing the current medical facilities in the region. Several social welfare schemes and initiatives are implemented in Jammu and Kashmir, such as:

1. **One Stop Centre:** The Ministry of Women and Child Development of the Government of India introduced One Stop Centres (OSCs) on April 1, 2015. These centers aim to provide assistance to women who have been impacted by violence. Women who experience physical, sexual, emotional, psychological, and economic abuse, regardless of their age, social class, caste, educational background, marital status, race, or culture, will receive assistance and resolution.
2. **Integrated Child Protection Scheme (ICPS):** The Integrated Child Protection Scheme (ICPS) was initiated by the Ministry of Women & Child Development in the fiscal year 2009-10. Its purpose is to consolidate many pre-existing child protection programs of the Ministry into a single comprehensive framework. Additionally, it incorporates supplementary measures aimed at safeguarding children and averting potential harm. The purpose of ICPS is to establish and formalize crucial services and reinforce systems, improve abilities at every level, establish a database and knowledge repository for child protection services, fortify child protection at the family and community level, and guarantee a suitable inter-sectoral response at all levels. The scheme aims to establish a child protection data management system in order to develop and execute efficient intervention methods and track their results. Periodic assessment of the programs and structures will be carried out, and necessary adjustments will be made.
3. **Mahila Shakti Kendra:** The Mahila Shakti Kendra Scheme was approved for implementation by the Government of India, under the Ministry of Women and Child Development, on November 22, 2017. The Mahila Shakti Kendra (MSK) Scheme is a centrally funded initiative designed to enhance the empowerment of rural women by fostering community engagement. This effort offers comprehensive assistance to women, encompassing counseling, legal representation, and vocational training.

Notwithstanding these endeavors, the persistent turmoil in the valley poses difficulties for women and children in accessing these services. The government and local administration should strive to resolve the accessibility challenges and ensure the efficient delivery of these social assistance programs to their intended recipients.

The Indian government, along with local authorities, has implemented several social welfare laws to ensure the protection of health rights. However, the ongoing turmoil in the valley has hindered the common people's ability to use the available medical services in the area. In August 1982, the Mental Health Services in Kashmir, which falls under the Central Ministry of Health, Government of India, made the decision to adopt a strategy of community-based mental healthcare across the entire country. The objective was to guarantee that minimum mental healthcare will be available, accessible, and sufficient for everyone in the near future, with a particular focus on the most vulnerable and underprivileged segments of society. In 2003, the scheme underwent a review, nevertheless, it is evident that the goals established for the Programme have not been accomplished to this day, despite the passage of many decades and the implementation of the new Mental Health Care Act in 2017. This suggests that there is an inadequate execution and insufficient dedication from the government apparatus, psychiatrists, and the wider population.

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) is an international legal treaty that mandates the eradication of gender-based discrimination in all domains and advocates for gender equality. Article 25 of the 1948 Universal Declaration of Human Rights explicitly includes health as a component of the right to a satisfactory quality of living. In 1966, the International Covenant on Economic, Social and Cultural Rights officially acknowledged it as a human right in Article 12(1). The World Health Organization (WHO) defines health as "a state of holistic well-being encompassing physical, mental, and social aspects, rather than just the absence of disease or infirmity." In 1991, the United Nations clarified this further in its Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care. In India, the interpretation of Article 21 of the constitution by the judiciary has broadened the definition

and extent of the right to life to encompass the right to health. This has established the right to health as a guaranteed fundamental right, which can be enforced through the constitutional remedy provided by Article 32 of the constitution.

Considering the information provided, it is crucial to develop a comprehensive collaborative model for delivering mental health services within the community. This model should involve the participation of community members, medical experts, religious leaders, and spiritual healers in the process of planning, designing, implementing, and evaluating the health service delivery system. It is important to recognize that having knowledge and understanding of both local ways of thinking about mental distress and universal expressions of distress is crucial for effectively addressing public mental health programs and policies. This is necessary to fulfill the goals of the Mental Health Act, 2017, which seeks to provide mental healthcare services for individuals with mental illness. It guarantees that these individuals are entitled to a dignified existence free from discrimination or harassment. The State authorities should acknowledge the importance of setting up welfare centers in every district, as well as increasing the number of hospitals and medical institutes. These efforts should be implemented with diverse and multifaceted strategies, in collaboration with civil society and NGOs. It is crucial to address this issue using a rights-based approach, in a more efficient and effective manner.

### **8. OBSTACLES TO THE EMPOWERMENT OF WOMEN IN JAMMU AND KASHMIR**

The State government is implementing effective measures to empower women by facilitating their self-sufficiency and the well-being of their families. A substantial portion of women in J&K are without employment, while another significant group includes widows and half-widows. The importance of women's economic autonomy in shaping their overall dignity and, in some instances, ensuring survival is underscored by the correlation between the physical well-being of women and their engagement in the labor force. However, do these programs provide enough? Are they instigating a shift in the mindset of a patriarchal society? Below are few significant obstacles to achieving women's empowerment:

- Violence against women in Jammu and Kashmir is increasing rapidly.
- Illiteracy or lack of knowledge among individuals is also a hindrance to the empowerment of women.
- Many girls in various parts of Jammu and Kashmir still engage in early marriage, significantly impeding their overall development.
- Insufficient power to make decisions .
- The underrepresentation of women in political affairs.
- Women experience poverty and occupy a lower social position.
- Inefficient and disorganized healthcare system.

The obstacles we encounter in promoting women's empowerment are significantly different from the potential benefits offered by government-led development initiatives. While several recent measures implemented by the administration may suggest that they are moving in the right direction, what the State truly requires at present are substantial advancements. As our nation transitions from a developing state to a developed state, it is crucial to prioritize the comprehensive development and empowerment of women, in accordance with the wise words of Jawaharlal Nehru: "The status of women reflects the condition of a nation."

## 9. CONCLUSION

In conclusion, the study reveals that the armed conflict in Jammu and Kashmir has had a profound and negative psychological impact on the majority of women, leading to various issues such as feelings of hopelessness, sleep disturbances, inability to concentrate, nervousness, and loss of interest in life. Both governmental and non-governmental organizations are encouraged to take action, especially in the realm of mental health, by offering healthcare facilities and psychosocial support services. Furthermore, the overall development and empowerment of women in the region require sustained commitment, a favorable policy environment, and targeted resources. The persistent challenges faced by women in Kashmir, including issues related to health, education, economy, and domestic violence, necessitate comprehensive initiatives, ranging from awareness programs and policy improvements to community-based interventions and counseling services. Additionally, the armed conflict has disproportionately affected civilians, especially women and children, causing widespread suffering, fear, and uncertainty. The specific plight of 'half-widows,' early puberty in girls, signs of menopause in women, and elevated rates of depression, anxiety, and suicides highlight the severe emotional toll on Kashmiri women due to the prolonged conflict and its associated challenges. In totality, collaborative endeavors are needed from diverse stakeholders, encompassing government agencies and non-governmental organizations, to tackle the multifaceted challenges encountered by Kashmiri women and alleviate the repercussions of the armed conflict on their lives.

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