

## Safeguarding Women's Reproductive Health in Conflict and Displacement

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### Abstract

During the period of conflict and displacement, women's reproductive health is significantly affected, requiring the development of specialised approaches to successful prevention due to the particular difficulties present. The study uncovers the multiple challenges that women come across when obtaining reproductive care in refugee and conflict-affected regions. These challenges include a shortage of medical equipment and supplies, traditional stigmas, lack of medical infrastructure, and physical feeling insecure. The research shows the serious consequences of disregarding the reproductive health of women, including increased infant and maternal mortality, violence based on sexuality and gender, and a long-term psychological trauma, through an analysis of data from conflict-affected regions and displacement scenarios. The study additionally looks into innovative strategies, including collaborations with nonprofit organisations, telemedicine, and mobile medical units, to improve the delivery of services in challenging conditions. This research offers actionable insights and policy suggestions that are designed to enhance the reproductive health outcomes of women in conflict and displacement settings, thereby contributing to their general well-being and resilience, through qualitative study approaches.

### Introduction

Over the past decade, the global population of individuals who are forcefully relocated, either within their own nations or beyond borders, due to conflict, persecution, violence, or natural catastrophes, has increased by more than 50%. By the end of 2019, the number of individuals forcibly displaced has risen from 43.3 million in 2009 to 79.5 million, out of that total, 45.7 million individuals are internally displaced, 26 million are refugees, and 4.2 million are asylum-seekers (UNHCR, 2020). Forcibly displaced individuals encompass those who meet the United Nations criteria for refugee status, individuals seeking asylum who have not yet been granted such status, and internally displaced persons who have left their region of origin within their country without crossing an international border. Refugees and displaced individuals with prior and ongoing migration experiences are typically regarded to be endangered members of the community (UNCHR, 2020). The experiences and potential vulnerabilities of women and girls differ significantly from those of men and boys. Women usually occupy a lower social status compared to men, resulting in a position of dependency on men (Rehman et al., 2024). The absence of educational opportunities hinders women's access to decision-making roles and secure employment prospects.

The Kashmir conflict, a longstanding problem in the core of South Asia, has been affecting the region since 1947, following the independence of India and Pakistan from British colonial rule. The territorial issue, which has its origins in historical, political, and cultural complexities, has resulted in deep and long-lasting difficulties between the two states. The area of Kashmir, which is claimed by both India and Pakistan, has been the focal point of occasional instability, military conflicts, and diplomatic disputes (Diwakar et al., 2024). The conflict has undergone a series of significant wars, other minor conflicts, and persistent insurgency, profoundly influencing the everyday lives of thousands of individuals residing in or near this disputed region. The ongoing violence has made it harder for people to stay in their homes and has made it very hard for women to get reproductive health services. This makes it even more important for focused humanitarian aid to be delivered to conflict zones like

Kashmir promptly (Tai et al., 2022).

The reproductive health of women is usually significantly undermined during times of conflict and displacement as a result of the disintegration of health infrastructure, restricted availability of basic amenities, and increased susceptibility to violence based on sexuality and gender. Conflicts disrupt the provision of maternal health services, resulting in a lack of qualified birth attendants and limited opportunities for emergency obstetric treatment for women (Rehman & Dhiman, 2022). Consequently, this situation contributes to increased rates of maternal and infant mortality. Furthermore, displacement restricts the availability of reproductive health services, therefore raising the probability of unintended births and unsafe abortions. Women are frequently subjected to sexual assault, resulting in both physical and psychological health issues, such as sexually transmitted diseases and profound trauma. Moreover, the limited availability of feminine hygiene products and facilities worsens health issues even more. Despite the prevalent obstacles, humanitarian organisations, such as the United Nations Population Fund (UNFPA), play a crucial role in delivering sexual and reproductive health (SRH) services, especially secure delivery equipment as well as assistance for victims of abuse (McGinn & Casey, 2016).

### **Border, Displacement and Women**

There are two main ways in which displacement has affected women: first, it has altered the economic status of a group of people who had previously been able to meet their own food needs through farming, leading to poverty and deprivation; and second, it has recast women as family managers, leaving unemployed men falling into despair, alcoholism, and extreme frustration. Women residing along the Line of Control (LOC) in the border regions of Rajouri and Poonch face the most danger, from both security forces and terrorists. The topography—the sparsely populated hills and inaccessible regions, where civil governance is almost non-existent—is another reason behind the increased threat assessment. Militants in the border regions of Rajouri and Poonch districts, which are steep, inaccessible, and influenced by militants, allegedly break into civilian dwellings in search of women and food. Although disgusting, the story's comparison of women and food is easy to understand. Once terrorists break into a house, the security forces have an excuse to break into any house at any moment; once again, women are the ones who suffer the most. As a natural response to male-dominated societies' violent excesses, sexual violence against women becomes more common. Women have been sexually abused by both family members and people who were supposed to protect them. The scars on their bodies are proof of this. After the borders have become more militarised over the past 20 years, there have been a lot more cases of sexual assault and rape. Due to the political situation at the border between India and Pakistan, most cases of sexual harassment against women crossing the border are not recorded.

It's noteworthy to note that the armed forces maintains that fencing at the borders is necessary for military reasons, but it really affects the lives of the individuals at the borders, particularly women. Women are scared away from doing their regular duties in the fenced-off areas because they are constantly being checked and frisked. Importantly, people lose their ability to cultivate their property and earn a living while fencing it in (Akula et al., 2024). Furthermore, it places several limitations. Although 45 villages in Rajouri and Poonch were completely encircled in 2004, the precise count of villages whose cluster colonies have emerged, signifying the end of partial displacement, remains unknown. The villages are living in constant terror as a result of the practice, regardless of its original intent. They also mention that it has a negative impact on their economy since, as they point out, they can't tend to their fields during the night when animals prey on their crops or cattle. The cluster colonies have been off-limits to the public since the summer of 2009, with the exception of Kerni. Their original dwellings in the village have been ordered returned to them. There are cluster colonies, nevertheless, and people still worry about being uprooted again.

### **Literature Review**

In conflict and displacement environments, safeguarding women's reproductive health faces many difficulties including limited access to healthcare facilities, rising violence, and disturbance of social support systems. Research shows that because of poor healthcare infrastructure and the predominance of gender-based violence, women in these environments often suffer increased risks of reproductive and sexual health disorders, including unplanned births and sexually transmitted diseases (STIs) (Logie et al., 2024; Ngwibete et al., 2023). Using thorough sexual and reproductive health care catered to the requirements of displaced women can help to solve these issues and improve access to safe abortion and contraception (Jangda, 2024). Furthermore, community-based programs involving local leaders and empowering women can help to build resilience and enhance results on health (Doherty, 2023). Ongoing conflict dynamics and resource limitations, however, sometimes restrict the

efficacy of these approaches and need for consistent worldwide support and advocacy for women's health rights in these underprivileged groups (Swadogo, 2023). Protecting women's reproductive health in conflict and displacement situations requires a multifarious strategy combining policy lobbying, community involvement, and healthcare access (Rehman et al., 2024). Obstacles such as language hurdles, discrimination, and cultural issues impede women from refugee-like backgrounds in accessing preventative sexual and reproductive health services. Strategies comprise training in cultural competency and the inclusion of women healthcare practitioners (Davidson, 2022).

The study examines the obstacles encountered by women in Jammu and Kashmir, encompassing health concerns arising from the conflict. Establishing methods to tackle reproductive health issues in times of violence and displacement is of utmost importance. The article focusses on the influence of political unrest on the well-being of women residing in border regions, underscoring the necessity of equitable treatment between genders, adequate healthcare facilities, and the protection of women's civil liberties. The study also provides insights into the reproductive and sexual health requirements of individuals who have been forcefully moved in urban areas of poor and middle-income nations. It identifies obstacles such as limited resources, social stigma, and the challenges associated with displacement that impact sexual and reproductive health outcomes. The studies investigate the menstruation practices, beliefs, and taboos in border villages, focusing on the connection between stigma, health, and marginalization. The goal is to gather information that may be used to develop interventions that raise awareness about menstrual health and empower women in these communities.

### **Research Methodology**

The study utilises qualitative data gathering techniques, such as interviews and focus group discussions, to acquire comprehensive understanding of the experiences of women in Jammu and Kashmir. This method facilitates a comprehensive comprehension of the difficulties people have in relation to empowerment and social matters. The researcher employs a methodology that integrates both primary and secondary data. This approach improves the strength of the results by combining numerical data with qualitative observations, offering a thorough understanding of women's empowerment in the area. The study focusses on evaluating women's freedom of mobility both within and outside their residences, which is a crucial element of empowerment. The emphasis on mobility as a metric of empowerment is an innovative strategy that underscores the significance of physical independence in the lives of women.

The research conducts a comparative analysis of the levels of freedom that women have before and after marriage, providing valuable insights into the influence of marital status on their empowerment. This analysis provides insight into the cultural norms and expectations that impact the responsibilities and freedoms of women in Jammu and Kashmir. The report specifically examines the influence of militancy and warfare on the advancement of the empowerment of women in Jammu and Kashmir. The research examines how external circumstances, specifically continuous violence, influence women's experiences and struggles, offering a critical perspective. The use of these methodologies and approaches enhances understanding of the challenges related to the empowerment of women in Jammu and Kashmir, providing significant perspectives for policymakers and practitioners operating in this domain.

### **Results and Discussion**

The ongoing conflict has forced numerous women to flee their residences and communities, either as within-country refugees or as migrants to different areas. Women highlighted the difficulties of embarking on a new life in a different location, securing job prospects, and adjusting to unfamiliar cultural standards. Certain women also documented instances of prejudice and stigmatisation related to their status as migrants or refugees. The displacement of women arises from multiple contributing variables, such as the physical devastation of their residences and communities, concerns of violence and persecution, and the deprivation of means of livelihood caused by the interruption of economic operations (Amin & Khan, 2009). These issues intensify pre-existing gender disparities, as women may encounter more considerable obstacles in obtaining essential services or securing job prospects (Zuckerman & Greenberg, 2004).

The woman who had to leave her home in Kashmir says this about her experience:

*Leaving our home and community was one of the hardest decisions we had to make. We had to move to a new place and leave everything we knew behind. It was tough to get a job, and some people in our new neighbourhood were not friendly. In our own country, we felt like strangers.*

Another woman who was forced to relocate to a new place when the conflict began described her experiences

with discrimination and stigma as follows:

*People viewed us differently when we first arrived in our new location as we were Kashmir migrants. Though we were merely trying to survive, they considered us a threat to their jobs and means of subsistence. Feeling as if you belong in an area where you are not desired to can be challenging.*

Many women in Kashmir have lost not only loved ones but also their homes, communities, and way of life. The ongoing conflict has prompted many people to evacuate their homes and seek protection somewhere in the region or in neighbouring nations. This dislocation can be unpleasant and unsettling, with women facing the challenges of starting over in a new environment, obtaining work, and adapting to new cultural norms. Some women also reported encountering discrimination and stigma as migrants or refugees.

Women who are in the role of childbearing face various potential issues during displacement from their source of origin and stayed at temporary settlement such as:

- ✓ stress and malnutrition, which can harm the health of both the pregnant or lactating women and their children
- ✓ women may experience a loss of support from their extended family network during pregnancy and breastfeeding
- ✓ Displaced women may lack practical or emotional assistance, and young, single, widowed, or disabled women may be especially vulnerable to sexual violence
- ✓ the disintegration of family and social networks can lead to an increase in female-headed households. These women may be coerced into providing sexual services in return for sustenance, accommodation, or security
- ✓ Additionally, the societal transformations linked to conflict may undermine women's autonomy in managing their own reproductive choices. For instance, women may experience societal pressure to conceive to bear children as a means of replacing relatives who have passed away.

### Conclusion

This paper focused upon the significant consequences of conflict and displacement on the availability of reproductive health services, encompassing maternal health, contraception, and safe abortion. The results illustrate that these disturbances increase pre-existing vulnerabilities, hence increasing the incidence of problems, risky behaviours, and long-term health effects among women. To significantly enhance outcomes for women in crisis situations, it is crucial to allocate resources towards focused interventions, such as mobile health units, reproductive health education, and establishing reliable supply chains for medical essentials. Furthermore, the implementation of gender-sensitive policies and the provision of strong assistance for local health systems are crucial in establishing enduring solutions. More focus should be given in future research on addressing the intersectional aspects that enhance health disparities for displaced women, including ethnic background, socioeconomic status, and race. The safeguarding and advancement of reproductive wellness rights for women in conflict and displaced contexts can only be guaranteed by adopting a comprehensive and inclusive strategy. Border violence and victimisation are global problems. As it seeps deeper into the earth, it impacts the daily lives of millions of people across the border and beyond, sometimes even miles away. A person's life at the border is affected by the policies and decisions made at the power centres, just as an event at the frontier can influence someone's life in the interior or even their decision-making process at the highest levels of government. In times of extreme animosity, such as a full-scale war, when antagonistic neighbours engage in tit-for-tat measures, this correlation becomes crystal clear. What happens at the highest political levels has an obvious effect on border residents, both in terms of regulating their lives and the way it affects their day-to-day existence. The border dwellers' plight is even more tragic because, sixty years after division, they are still ensnared in the vice-like grasp of ongoing warfare.

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