## Kashmir—drenched in women's tears

by Suchita Vemuri

old history of militancy in the state of Jammu and Kashmir, the border state between India and Pakistan. Over 300 people were killed during the month, which also saw the government start talks with the Hizbul Mujahideen, a militant group which announced a "cease-fire" late in July and subsequently withdrew this. Militant groups opposed to the talks stepped up violent action and the Hizb itself engineered a series of bomb blasts when the talks failed.

The decade-long hostilities, over the question of the state's autonomous status within the Indian Union and also disputes between India and Pakistan over territory, have left the people of this lush sub-Himalayan region traumatised and violated.

The worst affected, as in all conflict situations, are the women. They have lost children, husbands and homes, suffering the fallout of militancy. Parveena Ahangar's 16-year-old son, Javed Ahmed Ahangar, has been missing since August 1990, when security forces took him away for "interrogation." That was the last his family saw of him. Months earlier, in June 1990, security forces had whisked away her 14-year-old son, Mohammed, for no known reason. Released a year later, he has been permanently scarred by his experience of torture in detention.

Ahangar's is not an isolated instance. Custodial disappearances have scarred the landscape of the Valley in the last decade or so of militancy, despite steady pressure by international human rights organisations like Amnesty International and Asia Watch, among others, to disclose the whereabouts of detainees.

Estimates put the number of missing at around 2,000, of which 700 have been documented.

Finally, over 300 families of missing individuals came together in October 1996 to form the Association of Relatives of Disappeared Persons in Kashmir. Parveena Ahangar undertook leadership in this valiant effort. The organisation was able to file the documented cases in a petition in the Jammu and Kashmir High Court.

The instances of missing people have left their tragic imprint, especially on women, in ways other than emotional. According to Muslim Personal Law a person cannot be declared dead for seven years after disappearance. Till then The state's health services have been thrown back into medieval times with even menopausal women continuing to reproduce in the absence of contraception.

his property cannot be disposed of and his wife, if any, cannot remarry during that time. Most women whose husbands are missing have been denied inheritance rights, lack resources to look after their children, and in their dependency, are left completely insecure in an indifferent society.

In the worst days of turmoil, militants dictated much of what happened in civil life. Says Tanvir Jehan, the first and only female District Commissioner in the state, "Till 1995, I too would do exactly what they dictated."

Fundamentalist groups imposed 'rules'—women were pushed into *purdah* (the veil), deprived of access to contraception and abortion, and prevented from moving freely. And, tragically, no voices were raised within the state establishment to dispute these.

Dr Asma Khan, one of the senior gynecologists at the Lal Ded Maternity Hospital, the only functional gynecological government hospital in Srinagar, says, "Before this problem, there was a growing awareness of contraception in the state, and vasectomies and tubectomies were routine. But for several years now no vasectomy has been performed; tubectomies have been attempted only in cases where another pregnancy could be life-threatening."

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menopausal women continuing to reproduce in the absence of contraception. The number of illegal abortion centres has also increased, states Asma Khan. There is no screening system or awareness programmes for diseases like AIDS or Hepatitis-B, which seem set to pose a significant problem in coming years, she adds.

Khan has performed abortions on abused minor girls, despite threats, even performed a caesarean section on a woman with an amputated leg, following a gunshot wound, and attended midnight calls despite the high risks.

Forty percent of the doctors have already left the hospital, which continues to run on a skeletal staff, she says. The shortage of staff, doctors, facilities, medicines—"even surgical gloves and disposable needles"—shifts the burden of much of the nursing on the women in the families, says Khan.

This period has seen a three-fold increase in identified cases of psychosomatic and psychiatric disorders among women, say psychiatrists at local hospitals.

The decade-long hostilities have left at least (officially, according to government releases) 30,000 people displaced. The armed conflict between India and Pakistan, which began in May 1999 and continued in and around Kargil for close to three months till end-July, forced more inhabitants to flee.

The government has announced relief measures for refugee families, involving distribution of goods—nine litres of kerosene oil, two kilos (kgs) of flour, seven kgs of rice and Rs200 (US\$4.35) per head per month—and ex gratia payments to victims of shelling or firing. Ex gratia relief for the loss of livestock has also been announced. According to gov-

ernment officials, the state is already incurring a monthly expenditure of Rs10,000,000 (US\$217,628) on the ex gratia relief payments to victims and/or their families.

According to a National Labor Institute report, the proportion of female child workers to the total female workforce in the Kashmir Valley is 45 percent in the rural areas and 67 percent in the urban areas. Of these, 96 percent are engaged in the handicraft industry, and the rest in the handloom sector.

The first Indian Prime Minister to visit the refugee camps was Atal Behari Vajpayee—only in April 1999, nine years after the militancy began in the valley, more than 25 years after the first refugee camps were set up with people displaced from Leh.

The government has yet to offer relief to those who have lost their homes. And, according to people in refugee camps, it has been slow to provide relief and rehabilitation. Release of funds for development has also been slow—Mehbooba Mufti, member of Parliament (MP) from Bijbehara admits, "For my constituency I was supposed to get Rs2.5 million (US\$54,405) annually but received only Rs600,000 (US\$13,058)."

In cramped spaces with no facility of staff and teaching aids, not only are medical facilities limited, education for the children is another casualty for the refugees.

The government failed to conduct the 1991 census in the strife-torn areas, but government

officials believe that literacy for females is about 25 percent, while it is 42 percent for males. The quality of education has been seriously affected by indefinite strikes, intermittent closures and other disturbances, including several educational institutions being set on fire.

The dropout rate in schools is as high as 48 percent at the primary level and 56 percent at the middle-school level, largely because of civil disturbances, changes in family situations, including loss of a parent—often arising from the disturbances—and general lack of interest.

Today, many of these children have been forced into economic activity—in farming, livestock, and mostly the labour-intensive carpet industry. According to a National Labor Institute report, the proportion of female child workers to the total female workforce in the Kashmir Valley is 45 percent in the rural areas and 67 percent in the urban areas. Of these, 96 percent are engaged in the handicraft industry, and the rest in the handloom sector.

Yet there are people like Ahangar, Yasmin Ali who runs Human Effort for Love and Peace Foundation (HELP), and Liaquat Ali Khan, joint secretary of the Youth Voluntary Forum of Kargil that represents refugees, who—among the general populace that lends strong support to their activities—hold out hope and optimism. In the words of Mehbooba Mufti, "They have a very bright future. Though politically invisible at present, they have the ability to bring a fresh and sensitive approach to the problems of this traumatised state."

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