Gender Health Scenario in Kashmir

Ali Mohmad Rather

Introduction

Traditionally speaking, the health care system in Jammu and Kashmir State in general and Kashmir Valley in particular has been the domain of government since independence. Prior to it *Unani* system of medicine worked there. There were many *Hakeems* residing in different parts of the valley. They were originally the court physicians of the Kings/Rajas of Kashmir. They were allotted feuds which formed there subsistence for living, However, they mostly worked as physicians of Rajas and nobles .There were home methods of treatment and care in vogue for the commoners. The women's diseases which particularly included maternity needs were taken care by the local methods. Local *daies* or *waren* (In Kashmiri language), - an experienced lady in the locality was consulted for the care of the pregnant lady at the delivery times. The post natal care was also made on the advice of the elderly ladies and in case of any ailment the advice of elderly and experienced women was given special preference.

History of modern health Care

Modern health care system started in Kashmir during British era. As had been case every where Christian missionaries visited different places with different motives and one of the beneficial motives was the introduction of Allopathic Health care system. Foremost in this regard was the establishment of Missionary Hospital Rainawari in, which today exists in the form of JLNM Hospital Rainawari Srinagar. Also state Hospital by the name of Sri Maharaja Hari Singh Hospital (SMHS) or locally called *Haidwun* was established by Dogra regime in 1850s. This has been the most important health care centre in Kashmir and is also serving as referral centre for the whole Kashmir

**Dr. Ali Mohmad Rather is a freelance Researcher from Srinagar, Jammu and Kashmir.*

division. The maternity cases too were dealt within the institute but only in limited numbers, as most of the deliveries would take place at home.

There was no separate women's hospital in the state upto very recent times. Also insignificant number of gynaecologists was available. There was a hospital by the name of Ratan Rani Hospital established prior to 1947 and it served as women's health care centre as well.

It was only in 1970's that government thought of opening a separate health care hospital for women and *Lad Ded Hospital* was established. This hospital has been serving as referral hospital for the whole Kashmir. It receives patients from all over the valley and even from Kargil and Ladakh. Hence it is overcrowded and is unable to provide satisfactory services to all the people visiting it.

In the above backdrop, the scenario of gender health is discussed below:

The official records which are considered authentic and reliable at different levels and policies are framed on that basis, are usually far from the reality and ground level situations. The data presented in official documents is often biased and subjective in approach, as the bureaucrats and persons at the helm of affairs never want to show their department's achievements below a certain level. Hence they generally present exaggerated data.

The *official data* about the health of Kashmir is as follows:

The decadal growth rate during 1991-2001 was about 29%. and was 7.5 per cent higher than the decadal growth rate of 21.5 per cent at the national level. And the same for 2002-2011 was 23.71%. The sex ratio of the population (number of females per 1,000 males) in the State according to 2001 Census was 892, which is much lower than for the country as a whole (933) and in the 2011 census it was 883.[1]

The Total Fertility Rate of 2.4 in Jammu and Kashmir is slightly lower than the TFR of 2.7 at the All India Level. With the introduction of Reproductive and Child Health Programme, more and more couples are now using family planning methods. As per National Family Health Survey-3 (NFHS-3)[2], about 45 per cent of women are now using modern family planning methods as compared to 49 per cent in India as a whole. NFHS-3 has also estimated an infant mortality rate of 45 per 1,000 live births and a birth rate of 20.9 for

Jammu and Kashmir. The corresponding figures at national level provide the infant mortality rate of 57 per 1,000 live births and a birth rate of 18.8 per 1,000 populations prenatal mortality 37.6 per 1000 population. (The mortality rate is the sum of the number of still births and early neonatal deaths divided by the number of pregnancies of seven or more months duration.)

As per NFHS-3, 85 percent of women who gave birth in the five years preceding the NFHS-3 survey had received antenatal care from a health professional. Similarly, more and more women are now utilizing institutional services for delivery as about half of the births in the five years prior to the survey in Jammu and Kashmir took place in a health facility. Jammu and Kashmir is also progressing well in the field of child immunization. More than 90 percent of children have been immunized against various vaccine preventable diseases, however, because of drop outs only two-thirds (67%) of children of age group of 12-23 months in Jammu and Kashmir are fully vaccinated against six major childhood illnesses: tuberculosis, diphtheria, pertussis, tetanus, polio, and measles.

The State has made tremendous progress during the planned era in terms of development of health infrastructure and provision of necessary inputs in the health institutions. Besides, opening new medical units, requisite inputs have been provided in the higher institutions including PHCs, CHCs, District Hospitals and tertiary care hospitals. Efforts are underway to ensure that the health care facilities reach the farthest and remotest corners of the State.

At the Tertiary level, the State has one Institute of Medical Sciences, (Deemed University), 4 Medical Colleges having 12 Associated Hospitals, One Ayurvedic Hospital and three Dental Colleges. At Secondary level, the State has 22 District Hospitals (14 old and 8 new) and 85 Sub-District/CHCs (excluding 8 Sub District Hospitals which are under up-gradation as District Hospitals). Primary Health care services are being provided by 375 PHCs, 238 Allopathic Dispensaries, 1907 Sub Centres, 346 Medical Aid Centres, and 417 ISM dispensaries. Besides, 302 institutions are delivering area specific health care services which include STD/VD Clinics, TB Centres, Leprosy Centres and Trachoma/Amchi Centres.[3]

Out of this there are 9 district hospitals each in every district except Bandipora, 47 sub- district hospitals;

PHCs 228, Allopathic dispensaries 125, District TB centres 7, Medical Aid Centres 260, Sub- centres 939, maternity hospitals 09 (6 in Ganderbal and 3 in Srinagar). There is no maternity hospital in other districts of Kashmir division. There is only one children's hospital in Srinagar which covers whole of the province of Kashmir. There is one Leprosy hospital in Srinagar and one MCH in Anantnag.[4]

It needs to be recognized that there are many achievements made in the health sector as compared to earlier times. But the extent to which it should have been as per the need, has not been achieved. The state sponsored arrangements for the health sector are meagre for the overall health sector and not to talk of gender health The health issues are gaining momentum because of increase in different types of ailments due to sedentary life style, food contaminations, pollutions, use of chemical fertilizers , changed socio-cultural norms etc.

The actual position of gender health sector in Kashmir can be assessed from the following data:

Media reports about health care

Last year there were regular reports of neonatal deaths in Kashmir and this did not happen in remote villages or locality but it all was happening in the only paediatric hospital in Srinagar. The issue shook the society in Kashmir. It was reportedly due to infection of mothers' womb and their malnutrition. The other causes mentioned for this were lack of infrastructure viz. incubators, deficiency of staff, irresponsibility of the doctors, non availability of critical care ambulances, limited space, polluted environment, absence of staff on duty (reportedly they used to attend their private clinics instead of the hospital).

There was one report about the oldest hospital in Kashmir (SMHS).The centralized oxygen supply plant which was running for 13 years and was almost on the verge of collapsing which could endanger lives of patients there. There were two CT scans but only one was functional. One of the important components in the hospital that is surgical ICU three bed unit failed to provide care to soaring surgical patients.[5]

There was also a report that blood bank there had obsolete technology and needed upgradation e.g. Pathology section. Ventilators are but without maintenance. Limited budget for equipment maintenance, for medicines and material supplies was also a problem. It was also

reported that, SMHS was still running on the same pattern which it was as in 1942[6].

L D Hospital Lal Mandi, Valley's lone maternity hospital with 700 beds functions to a capacity double its strength. However, there is acute shortage of assistant surgeons, nurses and sanitation staff. This hub of gynaecology cases has no ICU and no critical care ambulance. Reportedly the hospital handles more than 150 cases in 24 hours but there is no ICU , as mentioned, and not to talk of CT Scan and MRI. Importantly, its oxygen plant needs urgent upgradation. The radiology equipment has been found in pathetic condition. As per the officials, its blood bank needs upgradation as they are flooded with cases. There is dearth of staff in Neonatology which in this case should be a separate wing. The Janani Suraksha Yojana (JSY), a safe motherhood intervention under NRHM is being implemented but not working the way it should. The new wing of the hospital is ready but there is no Sewage Treatment Plant.

There were reports that authorities limited the functioning of heating facility in the hospital during 2013-14 winter and thus putting the patients including neonate's life into danger.

Chittaranjan Mobile Hospital: This mobile hospital was established with an aim to provide healthcare in the far-flung areas of Kashmir region but it has failed to organize medical camps. Over the years, this hospital has been defunct. Due to dearth of funds, the hospital staff has been attached with other hospitals and in winter it remains non-functional.

It has been found that all GMC Associated Hospitals are having massive security problems as Special Police Officers lack training to handle attendants. There is no quality monitoring system in place and no bio- medical waste management in these hospitals. There is only one critical ambulance in seven hospitals with other ambulances acting as mere carriers.

There is one MRI and 2 CT scans for seven hospitals. The condition of oxygen plants is pathetic while some hospitals don't have it.

In the Baramula district, the percentage of un-sanctioned health institutions is high thus; throwing the entire health sector into disarray. Out of total 203 health institutions in the district, 72 are un-sanctioned which include 3 primary health centres, 68 sub-centres and the only maternity hospital in north Kashmir. According to reports, all these un-

sanctioned health centres are being run at the cost of sanctioned health centres. There has been no recruitment for these centers as the Directorate of Health has not sanctioned them. With the result, all these centers are being managed by staff of other centers through internal arrangement. "Doctors and paramedics are allotted to these from the sanctioned centres," as per an official in Health department.[6]

The Maternity and Childcare hospital, Sopore (the only maternity hospital in entire north Kashmir) has not yet been sanctioned by, the Health department . The result is that all the doctors, except a few who have been deployed through NRHM, and the paramedical staff are being arranged from other institutions. As per records, 31702 patients visited the hospital in the past 11 months (January 2012- Nov 2012) and 3772 patients were admitted in IPD. Since the hospital is un-sanctioned, there is no permanent recruitment of the staff.

Role of private hospitals : Since last two decades private Medicare has been taking part in the health sector. Many general as well as maternity hospitals and nursing homes have come up particularly in urban areas besides the ones run by individual physicians and surgeons. The heath care has become a good business now and is taking shape of health care industry. Most of the people of the upper middle class and all the upper class people now prefer to attend these private health care centres for general and gender related health treatments. But many people present a negative role of these centres as regards the financial aspect. The general complaint is that their main aim is to earn money. Following report from media provides an illustration.

More than 22581 hysterectomies have been carried out in 10 districts of valley and out of which 15000 have been carried in nursing homes. (Hysterectomies is removing uterus at young age, even if ovaries are preserved. It predisposes women of so many serious diseases.) Kulgam district tops the list where 4196 hysterectomies have been done. Most of these surgeries have been carried by out general surgeons and not by gynaecologists. This is the tip of the iceberg and is a serious matter; (there may be many unreported cases as well). It means that so many young women have been deprived of female sex hormones for rest of their lives. In the Kulgam district where maximum number of surgeries have been carried there used to be a slogan "no uterus by 2020", thanks to few surgeons and anaesthetists from the

area.

It has been suggested that,

1. In future we need to be very vigilant and people need to be educated about the ill effects of removing uterus at a young age.

2. Uterus to be removed only when indicated, which gynaecologists know better.

3. We need to take an opinion from a gynaecologist before removing uterus.

4. Surgery needs preferably to be done in government hospital where the indications for removal will be respected.

5. If we allow the malpractice to continue, young women will be predisposed to serious diseases for the rest of their lives"[7]

In this regard a primary health centres was visited by the investigator and data was obtained about the health facilities etc there and the same is being presented below:

Observation made at PHC Hardepanzoo Budgam

The village Hardepanzoo lies at a distance of about 50 Kilometres from Srinagar and is located in district Budgam. The area is backward with regard to education and economic status of the inhabitants. The only health facility is the PHC.

The primary Health centre there, as observed, is lacking in all the facilities. It is understaffed. There are four posts of doctors but two posts are vacant. There is no technician to run the only investigating equipment i.e, ECG. Thus the facility is useless. Health centre lacks X- ray & USG facilities which is of immense importance for providing better services, and for diagnosing pregnancy related issues. The health centre performs 3-5 normal deliveries every week, but there is no gynaecologist and not even a general lady doctor. Thus, maternity cases are dealt with by unqualified male staff. Non-availability of gynaecologist/ lady doctor creates great many problems and keeps under secrecy the gender issues and gender related ailments in the area. In order to get suitable gynaecological consultation they need either to visit Magm town, at about 20 Kms from the place or Budgam- the district headquarter, which is more than 20 Kms. away.

No health awareness programme like health *mela* is conducted in the area as there is no health educator or counsellor.

In view of the above mentioned reports it is inferred that the administration in the state in not serious about the gender health in general and other health issues in particular, particularly in remote and rural population of the region. The said population is already uneducated and have problems of unhygenic conditions, water sanitation etc. They need to attend urban territory centres for serious gender issue and problems, which becomes very expensive and physically troublesome for them. The urban hospitals are already overburdened with the rush of patients and that is why we *see single beds in wards occupied by two patients simultaneously*. Also the attending of patients and attendants beyond the capacity of the health care centres become difficult for the doctors on duty to manage conveniently. The unending rush in the hospitals creates many hurdles in the management of the health care faced by the society. This has given birth to emergence of private maternity hospitals, where the primary motto becomes the earning of money. Thus we find situations like removal of uterus of young women as mentioned above.

It is an irony that people shift to old age practices of home delivery but the motivation by the incentives in the form of cash payments under JSY under NRHM allures them to attend the hospitals/PHC where no satisfactory service is available. This risks the life of both mother and child. As observed neonatal are not safe in paediatric hospitals as seen during 2012- 2014 at the only such hospital at Srinagar.

Hence there is ample need to re-organise the gender health care system providing separate gender health ailment hospitals at central level in each district .Thus burden on Lal Ded Hospital Srinagar will be lessened. There is need to activate the ASHA system. Every district hospital, PHC and other health care centres must have qualified gender heath care doctors and facilities like laboratory with complete equipments, Radiology centre , well equipped ambulances, 24 x 7 hours service be provided to the satisfactory level

There should be complete supervision of health care centres both in government and private sector so that incidents like hysterectomies etc. do not occur in future.

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