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## **The Impact of Patriarchy on Mental Health and Physical Well-Being in India with Kashmir as a Case Study**

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## **Abstract**

*Patriarchy is a generations-old idea that has reinforced gender imbalance resulting in unequal use of power; it affects all aspects of life from the workplace to the household. The paper aims to assess the effects of patriarchy on the mental and physical health of the Indian population with Kashmir as a case study. The purpose of this paper is to analyse the effects of patriarchy on the population of Indian men, women, and gender minorities using secondary sources. No primary data has been used but this research would act as a standpoint for further research on this topic. The study aims at understanding the reasons behind the physical and mental health consequences of patriarchy and assesses the challenges posed by patriarchy in achieving Sustainable Development Goal 3 and Sustainable Development Goal 5. The paper further looks at feminism as a potential way to curb patriarchy. It discusses the existing government policies and schemes, analyses their efficiency and makes recommendations on creating a more accepting and safe society for everyone.*

**Keywords:** *patriarchy, mental health, physical well-being, India, Kashmir, LGBTQIA+, women, men, gender roles, Sustainable Development Goals*

## **1.0 Introduction**

According to the Oxford Dictionary, the term patriarchy is a "community of related families under the authority of a male head called a patriarch"; used to describe any kind of social structure in which males have the majority of power (Oxford dictionary, 2020). Through the years the word has taken on several but similar definitions. Juliet Mitchell (1974) uses 'patriarchy' to refer to kinship systems in which men exchange women and to fathers' symbolic dominance inside these systems and the repercussions of that power for women's 'inferiorized.....psychology of women' (Mitchell, 1974, p. 402). Walby defines "patriarchy as a system of social structures and practices in which men dominate, oppress and exploit women" (Walby, 1990, p. 20). In its broadest sense, patriarchy refers to the manifestation and institutionalisation of male control over women and children throughout the home, as well as the expansion of male domination over women in society at large. It implies that 'men hold power in all the important institutions of society' and that 'women are deprived of access to such power'. However, it does not imply that 'women are either totally

powerless or totally deprived of rights, influence, and resources' (Lerner, 1989, p. 239). All these definitions point to patriarchy as being a system, as well as a practice, where the man holds the dominant position in areas of social duties, rights, practices, resources, politics, psychology and of course power.

Shifting the focus to 'health', in the past years, the term has become more inclusive. The World Health Organisation (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2021). From a globalised perspective, health is linked with welfare and quality of human life instead of just the absence of disease. On the other hand, sexuality includes the desire, interest and pleasure of every person, making it part of our life cycle. There exist various barriers to this definition, patriarchy being one of them. Patriarchy is not a gender-specific problem and has ill effects for all genders which may take various forms. In this paper, we will be studying Indian men, women, and gender minority groups, with a focus on the Indian state of Kashmir, to elaborate and prove this point further.

Kashmir, a region that has been in news for countless reasons, has been a patriarchal society that has affected all genders. To locate the context in which the impact of patriarchy on different genders in Kashmir is looked at as a case study, the concept of patriarchy needs to be placed in the background of Kashmir and the issue of patriarchy must be considered in the context of Kashmir. In every society, men, women and gender minorities have traditionally been allocated separate responsibilities, but the important questions are: who decides these roles? Who creates a culture? Patriarchy plays a significant role here. In most cases the effect of patriarchy on women is discussed, alienating men, gender minorities, and their struggles. In the case of Kashmir, the conversations and dynamics around patriarchy and genders go under-researched and unreported and are overshadowed by the ongoing territorial conflict between India and Pakistan. This is why Kashmir is focused upon as a case study in this paper. In other words, through the case study, the paper aims to discuss how different genders have mentally and physically suffered because of patriarchy - politically, socially, economically, psychologically, or educationally, and how we can get to a point where all genders can develop their abilities to their full potential without prejudice or disparities.

## **2.0 History of Patriarchy**

Historically, Aristotle propounded “theories” and called males active whereas females passive. According to him, the female was a “mutilated male”, someone who does not have a soul. In his view, the biological inferiority of women makes her inferior also in her capacities, her ability to reason and, therefore, her ability to make decisions. (Loyce, 2018). He is born to rule and she is born to be ruled since the male is superior and woman is inferior. He said “the courage of man is shown in commanding a woman in obeying” (Learner, 1989, p. 8-11) Since this theory was not backed up by any scientific explanation, it stands rejected.

Patriarchy evolved before private property, according to radical feminists (Brownmiller, 1976; Firestone, 1974). They believe that the original and basic contradiction is between the sexes and not between economic classes. All women are considered a class by radical feminists. They, unlike traditionalists, do not think that patriarchy is natural, that it has always existed, or that it will continue to exist.

"Socialist feminists embrace and apply Marxism's core ideas, but they have sought to enhance and expand it by focusing on areas that they think have been overlooked by traditional Marxist thought. Because of their dedication to a historical, materialist technique as well as their observations of variation in the sexual distribution of labour, they do not believe patriarchy to be a universal or unchanging structure. Socialist feminists believe that the conflict between men and women has evolved over time as production methods have changed" (Beechey, 1977). These viewpoints allow us to see patriarchy as a man-made rather than a natural phenomenon. It also emphasises patriarchy's lack of a recognised, widely accepted, and stable origin.

## **3.0 Patriarchy and Sustainable Development Goals**

Patriarchy has restricted women and other gender minorities to be a part of development processes, treating them as 'passive recipients of development assistance' (Bradshaw et al., 2013; World Bank, 2001). It has resulted in pushing back their issues like menstrual hygiene, LGBTQ+ rights, etc, and decreased average human capital in an economy, artificially restricting the pool of talent (Dollar and Gatti, 1999). In India,

patriarchy has led to some serious consequences such as gender-based violence, stereotyping and induced concepts of patrilineality. For example patrilineality (sons inherit family assets and are head of social, political, economical institutions) and patrilocality (married couples live with or near their husbands' parents' house).

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a global call to action to eradicate poverty, safeguard the environment and ensure that everyone lives in peace and prosperity by 2030. Ending patriarchy and achieving gender equality is the top priority of the 2030 Agenda for Sustainable Development, considering gender equality as a basic right just like freedom of speech. It is believed that achieving these targets will accelerate the progress of achieving other goals which have been complicated because of patriarchal thinking. The decline in patriarchy is expected to increase equality at home, workplace, community, in the accessibility of healthcare and education, decision making and political representation. According to UN Women's research on Gender Equality as an accelerator for achieving SDGs, 'the goal of gender equality is one of the SDGs which cuts across all 17 SDGs and is reflected in 45 targets and 54 indicators of SDG' (UNDP, 2021). It directly contributes to achieving Gender Equality (SDG 5) targets 5.2 (End all violence against and exploitation of women and girls) and 5.3 (Eliminate forced marriages and genital mutilation), as well as Peace, Justice and Strong Institutions (SDG 16) targets 16.1 (Significantly reduce all forms of violence and related death rates everywhere) and 16.2 (End abuse, exploitation, trafficking and all forms of violence against and torture of children) and necessary precondition for ending poverty (SDG 1), achieving food security (SDG 2), improving health and well-being (SDG 3), achieving affective learning outcomes (SDG 4), productive employment and economic growth (SDG 8), and reducing inequalities (SDG 9). (SDG 10).

Sustainable Development Goal 5 is gender equality. Over the years, gender bias has been devaluing us. Gender inequality is not only about denying basic human rights but also the cause of massive waste of humanity's potential. Gender inequality is a constant setback for countries around the world, and a lack of equality is a serious hindrance to long-term

development. Gender inequality and income gaps continue to block universal access to high-quality higher education and healthcare. Sustainable Development Goal 3 is to ensure healthy lives and promote well-being for all at all ages. The 2030 Agenda recognises the importance of good health to long-term development and the interdependence of the two. It considers expanding economic and social disparities, rapid urbanisation, climate and environmental risks, the ongoing burden of HIV and other infectious diseases, and emerging challenges such as non-communicable diseases. Other SDGs like ending poverty, achieving gender equality and reducing inequalities among nations will be possible only if universal health coverage is achieved. However, access to healthcare is not the same for all genders, leading to barriers in universal health coverage. Political, economic, and social equality will benefit all inhabitants of the world, instilling values of no discrimination and respect for all.

#### **4.0 Patriarchy and Health**

Mental health and physical well-being are dependent on physical, social, economical and psychological factors. Here patriarchy plays an important role. Women face issues like sexism at the workplace, lack of equal rights, difficulty in work-home balance, etc which contribute to several health issues among them. On the other hand, the concept of patriarchy is instilled so deep, men find it difficult to express their real emotions. They are forced to behave in a certain way that restricts them from reaching out for help. They often tend to hide behind the veil of toxic masculinity-gender norms which limit mens' emotions contributing to unstable mental health and physical health issues. The gender minorities have had their struggle with patriarchy as being trans itself was considered to be a mental illness. Presently, the issues around patriarchy affecting them are struggles with gender identity, lack of acceptance, fear of abandonment and consequences of coming out, to name a few. All these issues directly impact their mental health as they are forced to be something that does not resonate with their true self (Bulus A,2016). Mental health is strongly correlated with physical health as a strong link has been found between the two (Nabi et al., 2008; Surtees et al., 2008). On the full population, lifestyle factors explain up to 70% of the burden of disease (WHO, 2009). Thus, when we talk about either of the two, it has effects on the other which are attributed to the psychology and biology of humans.

## **5.0 Effect of Patriarchy on Various Genders - Kashmir as a Case Study**

### **5.1 Effect Of Patriarchy On Women's Mental Health And Physical Well-Being**

In the patriarchal system, women are subjected to subordination, submission, and oppression by men, while men maintain positions of authority and dominance over women. A patriarchal system shapes women, limiting their choices over their health and denies authority over their sexuality and bodies. Women's rights are violated as they do not have control over their bodies and their sexuality is rejected, which means they cannot live a healthy life and achieve SDG 3 (UNDP, 2020). This is evident in the WHO report of 2003 on psychosocial factors and women's mental health, which states that there are deep links between women's health issues and a patriarchal society (WHO, 2003).

#### **5.1.1 Violence Against Women in India**

The most serious and devastating manifestation of masculine society is violence against women. It is the result of a complex interplay of numerous elements at the individual, interpersonal, community and societal levels. Violence against women has far-reaching consequences for those who have been victims - limiting their ability to participate in public life and has serious health repercussions, especially on their mental health. Harmful practices such as early forced marriage and female genital mutilation are regarded as violence against women at the communal level, according to feminism and a human rights framework with an emphasis on gender. Clinical depression, PTSD, anxiety disorders, and psychosis are all mental illnesses connected to domestic abuse and intimate partner violence (Sagar Rajesh et.al, 2018). WHO has recognized violence against women as a public health issue as it is one of the leading causes of ill-health among women aged 15 to 49 years old around the world (Semahegn, 2015). Unwanted pregnancy can occur as a result of violence against women (Kamal S.M.M, 2013). The increased risk of unintended pregnancy carries with it a slew of new issues. For example, childbearing in early or middle adolescence, before girls are physiologically and psychologically mature, has been linked to negative health outcomes. According to research conducted in Bombay, India, forced sex accounted for 20% of all pregnancies among adolescent abortion seekers; rape by a male domestic servant accounted for 10%; incest accounted for 6%, and other rapes accounted for 4% (Divekar SA et al.,

1979). An average Indian woman has her first child when she turns 22 years old and has little or no control over her fertility and reproductive health (Statista Research Department, 2020).

### **Types of Crimes against Women (2019)**

The chart classifies crimes against women in 4 broad sections and shows the percentage share of each during 2019.

- Cruelty by Husband/Relatives
- Assault with intent to outrage her modesty
- Kidnapping and Abduction
- Rape
- Other

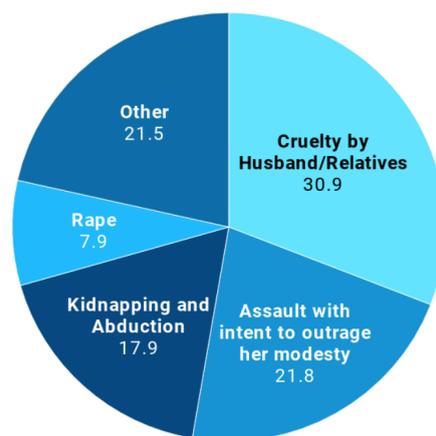


Chart: Shaardhool Shreenath • Source: NCRB 2019 Report • Created with Datawrapper

Figure 1: Crimes against women by First Draft

Source: Jindal School of Journalism based on NCRB 2019 report

Regular alcoholism by men has been linked to women's deteriorated mental health. Many forensic instances, for example in Bobbit, Manu Sharma, Nirbhaya cases show that alcohol was a prevalent factor in domestic abuse against women (Sharma Indira, 2015). Men's unemployment, frequently caused by alcoholism, forces women to assume primary responsibility for the family's needs. These husbands become increasingly abusive toward their wives as they become more reliant on their wives' salaries. Other forms of control were developed by men keeping comprehensive logs of women's whereabouts and preventing them from speaking to other men and/or women in the community (Parker et al., 2003). As per the National Family and Health Survey of 2005-06, 37% of married women have been victims of physical or sexual brutality by their husbands resulting in physical consequences such as death and disability and mental disorders such as depression and post-traumatic stress

disorder (PTSD). 14% of female psychiatric outpatients with a history of intimate partner abuse were found to have PTSD in a study. Another study found that 22.3% of metropolitan women had suicidal thoughts, with 3.4% having attempted suicide (NFHS, 2013). Women with disabilities (hearing, vision, speech, and intellectual limitations, for example) are particularly vulnerable to sexual assault. They may be unable to defend themselves both during the crime and afterwards in the pursuit of justice (Chandra PS et al., 2013).

### **5.1.2 Gender Roles and Dowry in India**

Gender roles dictate a rigid division of labour, with women performing reproductive and domestic duties. They are judged for acting in a way that is contrary to the existing norms. Women have less decision-making power than men, resulting in an unequal power balance. It is customary in marriage settlements for the woman to be younger, unemployed and less educated than her husband (Sharma Indira, 2015). To guarantee that women efficiently play their traditional responsibilities of nurturing as daughters, mothers, wives, and daughters-in-law, the power of a woman is evoked. The stereotype of 'a weak and helpless woman', on the other hand, is promoted to secure complete reliance on the male sex (BSR, 2021). According to a survey of 6500 women from 21 developed and developing nations, Indian women are the most stressed in the world, with 87% of Indian women feeling stressed most of the time and 82% having no time to relax (Goyal M, 2011).

Another institution that disempowers women is the dowry system, which involves a financial or in-kind transfer from the bride's family to the groom's at the time of marriage. Dowry payments, which are frequently a significant portion of a family's income, have been progressively increasing over time in all areas and social strata. Even though the Dowry Prohibition Act of 1961 outlawed dowry, the practice continues to be widespread, much to the cost of many families who, due to social and cultural pressures, find up amassing dowries much beyond their means to marry their daughters.

According to India's National Crime Records Bureau, there were 8,618 female deaths connected to dowry disputes in 2011, while the Asian Women's Human Rights Council (2009) believes that dowry is responsible for 25,000 deaths and maimings of women aged 15

to 34 in India each year (Banerjee PR, 2013). These figures are likely to be underestimated as many crimes against women go unreported owing to social stigma. These behaviours encourage parents to avoid having girl children or to spend less on their daughters' health and education.

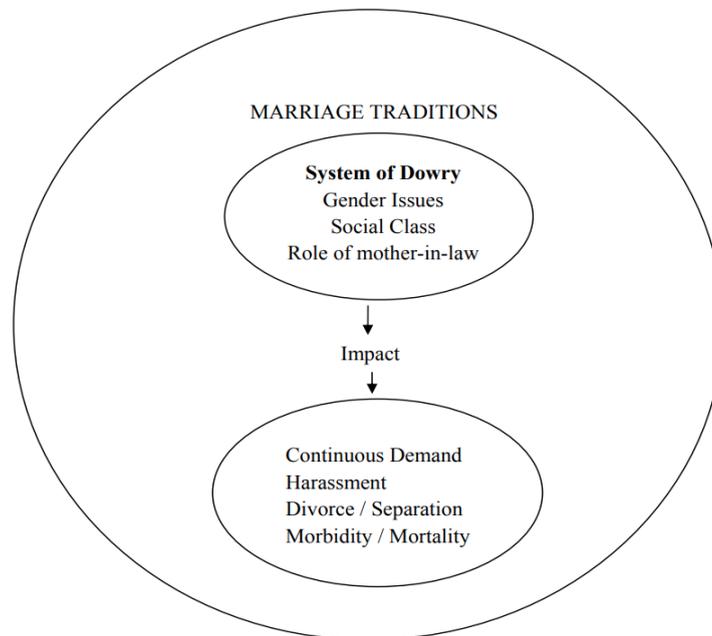


Figure 2: Socio-cultural context of dowry

Source: Jeyaseelan V et.al, Journal of Biosocial Science.

### 5.1.3 Sexist Work Environment in India

Many businesses fail to address women's difficulties in workplaces and many fail to provide psychological safety or the freedom to speak up without being punished or humiliated when they should provide women with a sense of security and justice. Womens' performance, sense of belonging, mental health and job happiness have all been demonstrated to be negatively affected by sexist standards and behaviour. Another study comparing resumes of women with and without children discovered that moms were 79% less likely to be employed, half as likely to be promoted, and paid less than women without children (Corell SJ et al., 2007). Women working in sex-segregated or male-dominated professions, such as Science, Technology, Engineering and Mathematics (STEM) disciplines, are more likely to face high levels of interpersonal and organisational sexism, according to research

(Pickering Robinson, 2020). Researchers at Indiana University Bloomington measured the stress hormone, cortisol, levels in women who worked in primarily male occupations, they discovered less healthy cortisol profiles compared to women who worked in employment with a more equitable gender split. Cortisol levels that are too high have been linked to osteoporosis, hypertension, diabetes, infection susceptibility and depression. It also leads to increased chances of physical symptoms, such as hair loss, insomnia, weight loss or gain, headaches and migraines (Times Magazine, 2020).

Sexual harassment in the workplace is one of the most hidden kinds of gender discrimination in India (Shukla, 2002). Brouwers conducted a cross-sectional study in 35 countries, including India, and found that around two-thirds of employees who had experienced depression faced discrimination at work or when looking for a new position (George Institute for Global Health India, 2017). In 2005-2006, exploratory research was conducted with 135 women health workers from two government and two private hospitals in Kolkata, West Bengal, India, comprising doctors, nurses, healthcare attendants, administrative and other nonmedical personnel. The 77 women who had encountered 128 incidences of sexual harassment described four different sorts of experiences: Harassment in the form of words (41), harassment in the form of thoughts (45), exposure and sexual gestures (15), unwelcome contact (27) (Singh M.M et.al, 2014). The barriers caused by power imbalances and gender norms in empowering women to lodge a formal complaint and achieve redress were reflected in sexual harassment experiences (Chaudhuri P, 2007).

#### **5.1.4 Case Study- Effect Of Patriarchy on Women in Kashmir**

According to Javid Beigh in his Greater Kashmir article 'Kashmir's Suffocating Patriarchy', it is critical to recognise that politics and religion play a significant role in the collective denial of the patriarchal ills that have made life tough for Kashmiri women (Beigh J, 2020). In war and crisis settings, women are frequently subjected to violence and exploitation. This leads to alienation, making them endure physical and emotional distress. Women had traditionally been restricted to the four walls of their homes and it is only recently that this patriarchal practice has begun to wane as a result of increased knowledge

and awareness. However, due to security concerns, women of this society are seldom allowed to travel freely in the current violent state of conflict. Thus, women in Kashmir are subjected to both state and social tyranny. According to Ali Nusrat, writer of Kashmir Reader article 'Women in Kashmir: Caught Between Patriarchy and Conflict', the torture and violence perpetrated by this segment of society are well-known, and there are hundreds of examples that demonstrate how women are disproportionately affected by both the state and society's patriarchal nature (Ali Nusrat,2021). Yet there is very limited conversation and research on the same.

“Kunan Poshpara”, is one of the most well-known cases of violence against women in Kashmir. Women in a small town in Kashmir were allegedly sexually assaulted by Rajputana Rifles security forces in 1994. This case elicited a wide range of reactions and viewpoints. It is noted that since the incidence of the violence, women of this town have continued to live in shame, with no societal aid. These women are not only stigmatized but also left to fend for themselves. As a result, they not only had to deal with the trauma of violence but also with society's indifference (Ubbott Vibuthi UoJ, 2013). It is believed that between 10% and 50% of women in the state of Kashmir have been victims of domestic abuse. Nearly 70% of all crimes reported to the police involve women who were beaten by their husbands. This is mostly related to marriage and familial squabbles, as well as dowry harassment (Gul and Khan, 2014).

In India, an objectified image of a fair-skinned Kashmiri woman has become a regular and casual component of everyday parlance. The misogynistic mentality that pervades Indian society was recently demonstrated in TikTok videos of males swaggering over the idea of marrying a Kashmiri woman following the repeal of Article 370 on August 5, 2019. On the same, Zohra Batul, a PhD researcher, at the Department of Political Science at Jamia Millia Islamia, New Delhi, observes that Kashmiri women have always been exoticized and that the repeal of Article 370 had simply served to expose an already exposed reality of India's patriarchal fiction (Zohra Batul, LSE 2020). Men are considered bread earners in a male-dominated culture like ours, but according to Parveena Ahanger, Founder of the Association of Parents of Disappeared Persons (APDP), thousands of men have been killed or

have “disappeared” as a result of the current state of affairs. “Half widows” are the wives of men who went missing during a conflict and whose whereabouts have been unknown for many years. As a result, the number of widows, "half widows", and orphans has increased. In such circumstances, the entire economic responsibility has been placed on the shoulders of women. Women have been compelled to work as low-wage workers. Stress, depression, insomnia, poor physical health, psychiatric diseases, bipolar disorder, panic, and phobia affect women in Kashmir. Research findings suggest that the percentage of women suffering from mental disorders in Kashmir was significantly higher than that of men, with 50% of women having depression, 36% of women having anxiety, and 22% of women having PTSD (MSF, 2015).

Patriarchy and conflict have had a major impact on women's reproductive health, with infertility rates rising at an alarming rate. According to the 2015 National Family Health Survey, 73% of Kashmiri women have concerns with their reproductive health (Adiga Tara, 2021). The number of spontaneous abortions owing to stress has risen in maternity wards. Since 1989, the number of OPD cases at the Government Psychiatric Hospital has increased from 20 to 125 each day, according to the staff. Many women suffer from stress as well, but few are admitted to hospitals due to societal stigma. Women and village people complained of a heart ailment at the hospitals, their way of describing the psychological trauma, worry, and anxiety that has gone into the hearts and minds of a terrified population. (Dewan Ritu, 1997). Widows and half widows endure a variety of social, economic, and psychological issues. First and foremost, widowhood generally carries with it a stigma. Second, the death of a breadwinner or any male member of the family has the potential to wreak havoc on the women of the family (Ubbott Vibuthi, UoJ 2013)

## **5.2 Effect of Patriarchy on Men’s Mental Health and Physical Well-Being**

Contrary to popular belief, patriarchy’s effects are not constrained to any one gender. Patriarchy has even had ill effects on the patriarchs themselves, hence proving that this system is not beneficial for any gender (Swami et al., 2018; Seidler et al., 2016). The “masculinity” that is attributed to men affects their mental health and physical well-being

negatively; once again standing as a hurdle to SDG 3.

### **5.2.1 Gender Roles Assigned to Indian Men**

One of the major problems of the system is that of putting people into boxes that are labelled with the behaviours that are expected out of them. Among the many things, men are expected to be strong, not be emotionally vulnerable, to be the breadwinners, to be dominant, to be good at sports and to have an interest in “manly” things (Seidler et al., 2016). It also affects their freedom to choose their clothing preference or the careers they want to pursue. The existing stereotypes restrict them to freely choose what they want, further dictating how they feel and reducing the quality of their life.

According to research, acting in a way that corresponds to these qualities is linked to increased suffering, poor mental health and men's unwillingness to seek help because they believe they can't talk about their feelings (Seidler et al., 2016).

### **5.2.2 Toxic Masculinity**

Gender roles further give rise to toxic masculinity. Toxic masculinity is a kind of masculinity that imposes behavioural restrictions and reinforces the power dominance of males with social, financial and cultural capital, i.e., affluent white misogynistic men (Silver, Levant, & Gonzalez, 2018). In an article by The British Psychological Society, it is explained that ‘the construction of masculinities is believed to be one of the most important factors influencing the way in which suicide is discussed, contemplated and enacted by men’ (Swami et al., 2018). Gender, particularly masculinities, obviously has an impact on how suicidal behaviour is manifested and psychologists must recognise the significance of this influence (cf. Hunt et al, 2006; Payne et al, 2007). Hence, patriarchal subdivisions like gender roles and toxic masculinity not only impair mental health and well-being but are potential factors on risk of life itself.

### **5.2.3 Indian Men and Abuse**

Men and young boys are frequent victims of abuse as well (Singh M. et al., 2014). This abuse may take many forms – verbal, physical, sexual or harassment – to name a few.

They are often witnessed being verbally abused for not conforming to the gender roles with sexist and homophobic slurs (High K., 2020). A report by the Ministry of Women and Child Development, and a research paper Mannat Singh et. al., 2014 reveals that among the participants of the study on Child Sexual Abuse (CSA), about 54.4% of boys and 45.6% of girls were victims of sexual assault. The data revealed that boys were more likely to be victims of a variety of sexual abuses, including forcible touching of private parts, forcible kissing, exposure to pornographic content, obscene photography, and many others, with the perpetrators being either relatives or friends in the majority of cases.

In 2005, an international organisation called "Save the Children" and an Indian NGO called "Tulir–Center for Healing and Prevention of Child Sexual Abuse" performed research with 2,211 school-aged children in Chennai. Moreover, one-tenth (15%) of the participants said that they had experienced severe types of sexual abuse, while around 48% and 39% of the boys and girls, respectively, reported being sexually assaulted (Ministry of Women and Child Development, GOI, 2007). CSA often results in issues like PTSD, depression, low self-esteem, guilt, anxiety disorders, hopelessness, insecure relations, lack of trust, eating disorders, substance abuse, genital injury, sexually transmitted diseases like HIV to name a few of them (Singh M. et al., 2014). This is the grave reality that faces the country in today's times and the lack of awareness and talks around it only makes the situation worse.

#### **5.2.4 Case Study- Effect of Patriarchy on Men in Kashmir**

Physical and political insecurity, socio-cultural issues, socio-economic aspects, physical, environmental, and spiritual factors were all identified as causatives for poor physical and mental health (Housen T, et al. 2019). Inability to meet expectations such as early adult marriage, a job in the mid-20s to sustain family, the breakdown of socio-cultural norms, interpersonal conflict and the pressures connected with familial and societal expectations related to academic success for younger Kashmiris (Housen T et.al, 2019). Locals in Kashmir have been emasculated for three decades, causing discontent, particularly among young boys. Their participation in stone-pelting demonstrations resulted in persecution by state security forces and the police affecting their physical and mental health.

As a result, the number of boys joining the militancy has increased (Aggarwal, 2018). A large number of educated young men are reclaiming their lost masculinity by joining militancy, crossing the border for weapons training and eventually picking up the gun. In Kashmir, various terrorist organisations are active, and the number of youths joining them is increasing (Agarwal Amya, 2019)

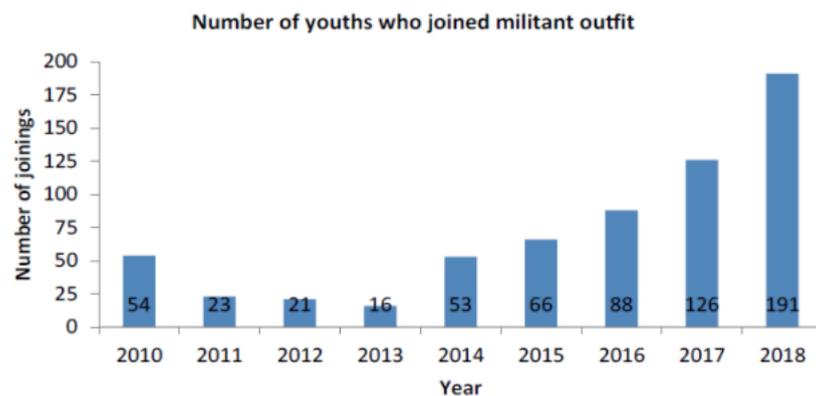


Figure 2: Number of youth who joined militant outfit: 2010-2018.

Figure 3: Number of youth who joined militant outfits, 2010-2018

Source: Mir T, Sociology and Criminology 2019

In the Kashmir valley, the patriarchal society has its perspective on the relationship between work and marriage. Writer Hameed Adeela, in 'Feminism in India' says on this topic that for a man, a secure government position is what employment entails in this context. It is noted that in such situations, what matters most is that the work is labelled as a 'government job'. It is further explained that when a Kashmiri matchmaker visits a possible suitor, it is always stressed that the only way to marry a woman from a reputable family is to offer a large sum of Mehr (the Islamic gift ordained for the bride). Although the groom's ability to pay is not addressed in the Islamic texts, this arrangement does not accommodate a man when he is unemployed. Instead, the man will be tasked with arranging for a sum of money beyond his reach (Hameed Adeela, 2021). These cultural and social norms add to their stress and reduce the productivity of men in society. Additionally, the optimal age restriction for marriage is periodically lost in this patriarchal expectation of society, leading energetic young people to suffer at the hands of their society.

Most men are reluctant to talk about their problems, due to their traditional views as well as their incapacity to recognise the symptoms. The patriarchy is so deep-rooted that they fear to express their true emotions and cry. They are expected to continue their jobs irrespective of how they feel to support their family. They frequently seek refuge in isolation, which does nothing to alleviate their internal emotional torment (Guhagarkar T., 2019). 37% of men have depression, 21% of men have anxiety, and 18% of men have PTSD (MSF, 2015). Boys and young men suffering from depression, sleeplessness, and psychological stress make up the majority of patients. Heart disorders, particularly heart attacks, are also on the rise among our youth (Newint, 2019).

### **5.3 Effect of Patriarchy on the Mental Health and Physical Well-Being of the Gender Minority Groups**

Patriarchy has not only had adverse effects on men and women but has also made the lives of gender minorities difficult. The LGBTQIA+ community has faced, and continues facing abuse, hatred, lack of acceptance and denied access to basic facilities in the country. It is difficult for a patriarchal society to face and handle something or someone who deviates from the norms created by the system.

#### **5.3.1 Hate Crime and Lack of Acceptability in India**

Gender minorities have been victims of stigmatization for a long time. This stigmatization has resulted in hatred and lack of acceptance for them in a large sum of population. According to one research, 23% of lesbians, 47% of gays, and 11% of bisexuals have had some form of support from their surroundings, whereas about 20% of lesbians, 20% of gays and 2% of bisexuals have not been welcomed by anybody (Biswas M., 2018). Individuals who are transgender suffer transnegativity (Ganju & Saggurti, 2017). Gay men not conforming to “masculine” presentation norms also face additional stigma. For instance, amongst MSM (males who have sex with males), those identifying as a *kothi* (“feminine acting/appearing”) face higher stigma compared to a *panthi* (“masculine appearing”) (Tomori et al., 2015). In one study, three-fourths of respondents felt it was imperative to keep their identity a secret (Mimiaga et al., 2014). A qualitative study with sexual minority women

found that isolation, anxiety, high substance use, and suicidal thoughts were common themes in these women's experiences (Bowling et al., 2016)

### **5.3.2 Abuse Faced by the Community in India**

The LGBTQIA+ community is often a victim of abuse because of their identity itself. Family support plays a key role in the acceptance of one's identity, yet, the abuse faced by the community from their own families is gruesome. According to interviews and focus group conversations with LGBTQIA+ people around the country, LGBTQIA+ people face actual, perceived and internalised stigma. They face family-enacted violence and a lack of familial acceptance, as well as pressure to marry, aggression from peers and partners, institutional violence and prejudice in schools and workplaces, and discrimination in employment, housing, and healthcare facilities (Tomori et al., 2015). Across India, several lesbians, bisexual women and trans people claimed that their experiences with family were marred by violence, sexual abuse, neglect, and prejudice and that their extended family was involved in policing them (Orinam, 2013). On top of this, evil practices like conversion therapy are still legal in the country (Price, 2020). Lesbian, gay and bisexual persons face sexual violence at similar or greater rates than heterosexual people, according to the Centers for Disease Control and Prevention (CDC) (NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation, 2010). Some researchers found that victimization and violence contribute to internalized homonegativity and/or depression, which contribute to alcohol use and these are sequentially or concurrently associated with higher HIV risk (Chakrapani et al., 2018).

### **5.3.3 Access to Healthcare in India**

Addressing health inequities by 2030 is one of the United Nations' Sustainable Development Goals and is a crucial consultation on public health, the LGBTQIA+ community was identified as one of the 12 groups least represented in health equity research in India. (Ravindran & Seshadri, 2018). Current research indicates that LGBTQIA+ individuals face disparity compared to their heterosexual and cisgender counterparts regarding access to health facilities, qualities, and treatment outcomes (Kathleen A., 2017). Several reports suggest that the community faces abuse and mistreatment in the health

centres, lack of healthcare protocols and is not even allowed to access them at times. They are also excluded from social protection schemes (Bowling et al., 2016b; Masoodi, 2018; Pandya & Redcay, 2020). A 2016 Lancet paper on transgender health in India found that two-thirds of transgender people had no access to treatment for sexually transmitted infections. Only 59% had been referred for HIV testing and 67% had not been given proper counselling about antiretroviral therapy (ARV) (Ming et al., 2016).

Some transgender people have said that they prefer self-medication or private health care to free government health care (Ganju & Saggurti, 2017). As reported in some reviews, the extent of marginalization, inadequate knowledge and sensitivity of health care professionals toward LGBTQIA+ individuals, active discrimination and perpetuation of violence by them may be the contributing health care barriers (Wandrekar & Nigudkar, 2020). Sexual minority women reported that they typically avoid mental health services because of the stigma of mental illness, fear of negative medical interventions and previous unfavourable experiences of these services (Bowling et al., 2016b). Thus, the effects of patriarchy severely affect the LGBTQIA+ community, and its prevalence is an issue that India is facing.

### **5.3.4 Case Study on the Effect of Patriarchy on Gender Minorities in Kashmir**

The identified gender minorities in Kashmir are transgenders. The population of other gender minorities are not officially recorded because of the stigma attached and the fear of getting abandoned by family. One of the news articles mentioned that a person who identified himself as gay was married forcefully to a girl but within 15 days the marriage was dissolved (News 18, 2018). In the primary data provided by the Census Department, transgender data has been categorised as 'males'. But for educational purposes, they are categorized separately. The total number of transgender people in Jammu and Kashmir is projected to be around 4137 (J&K Census 2011). The transgender community is physically, verbally, and sexually abused. They are labelled as "odd" and eventually become "outsiders" in society. Deprivations, isolation, and hostility faced by transgender people in Kashmir have been so harsh and extreme since early childhood that many eventually isolate themselves since they have no alternative social space. Lack of family support and bullying at school, the odds of

receiving a formal education have been reduced. They are restricted to two professions: matchmaking and singing/dancing. These limited choices make it difficult for members of the transgender community to make ends meet. It is believed they are into these professions not by choice but by compulsion of the patriarchal society they live in (New frame, 2021).

Since they are leading two lives, an identity crisis is unavoidable. Depression, anxiety, stress, feelings of worthlessness and guilt, somatisation, PTSD, suicidal ideation, OCD and other mental health difficulties are among them (Shah Sana, 2020). The nature of the harassment faced by the community includes verbal abuse, assault, bullying, and sexual violence, as well as social restrictions that resulted in immense psychological disturbances, according to a 2013 study on the migration of transgender people from rural areas to the capital Srinagar (Zargar Haris, New Frame, 2020). They have physical health issues and struggle to find care as they get older. They are frequently not given an appropriate religious funeral when they die. Aijaz Bund, Founder of Sonzal Welfare Trust (First LGBTQIA+ NGO in Kashmir) says that he was moved by the plight of the LGBTQIA+ community in Kashmir. He stated that 'they were living a subhuman life full of abuse, discrimination, violence and harassment' (Shah Sana,2020).

## **6.0 Feminism**

Feminism is the system of ideas and political practices based on the principle that women are human beings equal to men. As a system of ideas, feminism includes several alternative discourses – liberal, cultural, materialist or socialist, radical, psychoanalytic, womanist and postmodernist (Lengermann et al., 2010). Feminism is the belief in social, economic and political equality of the sexes. Despite its origins in the West, today feminism is a worldwide movement that is represented by numerous organisations dedicated to advancing women's rights and interests (Burkett E., 2019). It is an interdisciplinary approach to gender, gender expression, gender identity, sex and sexuality, as interpreted via social ideas and political activity.

Feminism has progressed over time from a critical analysis of gender inequity to a more nuanced focus on the social and performative constructions of gender and sexuality (Day L.,

2016). The concept of patriarchy has been central to many feminist theories (Napikoski, Linda, 2021). Thus, the establishment of feminism is a necessary step in the direction of combating the centuries-long system of patriarchy. When there will be an atmosphere of equality, society would become more accepting and liberal towards all genders and enable them to live a life of dignity. Thus, feminism will not only help women get equal opportunities and respect as men in society, but it would also help all the genders to improve their quality of life through acceptance and empowerment.

### **7.0 Government Policies and Schemes**

The Indian Government has over the years introduced schemes, policies and laws that aim at enabling the citizens of India to be empowered and escape from the crutches of the social and cultural norms. Many of these, however, aims to aid Indian women. A few focus on empowering and liberating the members of the LGBTQIA+ community, with a very little conversation on Indian men.

Some of the schemes that aim at empowering women are:

1. Beti Bachao Beti Padhao Scheme
2. One Stop Centre Scheme
3. Women Helpline Scheme
4. UJJAWALA: A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Reintegration of Victims of Trafficking and Commercial Sexual Exploitation.
5. SWADHAR Greh (A Scheme for Women in Difficult Circumstances)
6. Mahila Shakti Kendras (MSK) Scheme
7. NIRBHAYA Scheme
8. Mahila police Volunteers Scheme

Additionally, the Government of India has introduced awards like NARI SHAKTI PURASKAR, Stree Shakti Puruskar, Nari Shakti Puruskar, Rajya Mahila Samman, Zila Mahila Samman, etc. to empower women who break the barriers of the society - many of which are a result of patriarchy.

India also has stringent laws against child abuse Juvenile Justice (Care and Protection of Children) Act, 2015, The Protection of Children from Sexual Offences Act (POCSO), 2012 and The Criminal Law (Amendment) Act, 2013 standing as examples (S.,2020; Child Protection Law and Policy, 2020). Looking at the gender minorities, following the decriminalization of consensual homosexual intercourse by wearing down section 377 of IPC and the introduction of Transgender Persons (Protection of Rights) Rules, 2020, the Indian government had introduced the “National Portal for Transgender Persons” and had also inaugurated Garima Greh, a Transgender Shelter Home (Initiatives for Transgender Persons, 2021; The Transgender Persons (Protection of Rights) Bill, 2019, 2021; Mahapatra, 2018).

The Mental Health Care Act of 2017 was signed into law on April 7, 2017 and took effect on July 7, 2018. "An act to provide for mental healthcare and services for individuals with mental illness and to safeguard, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for issues connected therewith or incidental thereto", described in the opening paragraph. (National Mental Health Programme | National Health Portal Of India, 2017). Despite all of this, a large population of women in the country still do not have access to education and healthcare and are victims of violence (US Census Bureau, 2017; Statista Research Department, 2020). Men and women both continue to be victims of child abuse at an alarming rate (Mannat Singh et. al., 2014). The policies introduced for the LGBTQIA+ community have several loopholes and don't help much in improving their condition. They too continue to face abuse, lack of acceptance and lack of access to proper healthcare (Voices, 2020; Bowling et al., 2016b). Despite the introduction of schemes, policies and laws, the statistics provided in the previous sections on the effect of patriarchy on men, women, and gender minorities, serve to prove that more needs to be done to define, create awareness, and combat patriarchy in India.

## **8.0 Solutions and Recommendations**

Studying and analysing the impact of patriarchy on the mental health and physical well-being of different genders, makes it clear that patriarchy has led to the deterioration of health among all genders and restricted their true identities. To combat patriarchy, the

following suggestions may be useful as guidelines:

- To enable women and gender minorities to participate in politics, certain institutional hurdles must be removed. Reservation for women and gender minorities in parliament and political institutions to be made to address their issues rightfully.
- More programs should be launched by the government to provide free education to more students in rural areas as well as urban areas irrespective of their gender. Literacy levels can have an impact on reproductive behaviour, child health and parenting, proper hygiene practices, career opportunities, and overall social status.
- Inclusion of mental health issues and gender-based studies in the educational syllabus to help increase awareness and reduce stigma. Stereotypical elements in books such as women are shown cooking while men are shown working in an office to be replaced with more gender-inclusive elements.
- All victims of abuse, regardless of gender, should be treated as regular citizens with full rights. Additional government assistance to victims in their quest for justice, as well as mental health therapy for everybody.

## **9.0 Conclusion**

The practice of patriarchy that has been prevalent in the country for centuries has had ill effects on the mental and physical health of all the genders that constitute the population. They have been targets of abuse and discrimination because of the gender they chose to identify with. Hence, the practice of patriarchy stands as a hurdle in not only improving the quality of lives of the population but in the achievement of SDG3 and SDG5. Thus, the way forward is feminism. The policies and schemes introduced by the government stand inadequate in the achievement of the goals. Hence, there is a need for the government to introduce stringent policies against the perpetuation of patriarchy and in the process protecting all genders for their identity. There is a great need to increase the access to healthcare, both physical and mental, for the population, especially the gender minorities. Also, schemes need to be introduced for the establishment of equity amongst all genders. There is a grave need for educating and creating awareness among the population about

mental health and gender equity. Mostly, a safe and accepting space needs to be created for open expression and dialogue for the community as a whole.

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