

# Exploring Cultural Perspectives on Reproductive Health among Fisherwomen in Jammu and Kashmir: The Role of Social Work Practices

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## INTRODUCTION

Fisherwomen in Jammu and Kashmir form a vital part of the region's fishing community, actively engaged in fishing activities around water bodies like the Jhelum River, Dal Lake, Wular Lake, and smaller rivers (Farooqi, Rasool & Simnani, 2018). While exact demographic figures are hard to ascertain, these women predominantly reside in villages or towns near these water sources. They play essential roles in various fishing-related tasks such as processing, vending, and marketing fish alongside men. These communities have distinct social structures and cultural practices deeply connected to their occupation and geographical setting.

The demographic makeup of fisherwomen communities often varies, encompassing diverse ethnic and religious groups indigenous to the region. They have distinct traditions and customs (like *Baisakhi*, *Lohri*, and *Nauratri*, each celebrated with distinct customs, rituals, and traditional attire among the fishing communities, and also have traditional folk music and dance forms, such as *Rouf*, *Hafiza*, or *Dumhal*, with unique costumes, musical instruments, and storytelling through dance) and dialects (like *Kashmiri*, *Dogri*, and *Punjabi*) that reflect the multicultural fabric of Jammu and Kashmir.

The challenges faced by these fisherwomen extend beyond their occupational hazards (including exposure to waterborne diseases, unhygienic work conditions, physical strain from fishing activities, and the use of rudimentary tools expose fisherwomen to various health risks)

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(Velvizhi & Gopalakrishnan, 2017) and often encompass socio-economic struggles (including limited financial resources, making it challenging to afford healthcare expenses, including reproductive health check-ups, medication, or emergency care) (Nongmaithem & Ngangbam, 2014), limited access to healthcare (including difficulties in obtaining regular reproductive health check-ups, antenatal care during pregnancy, and other essential health services), and educational constraints (including limited or manipulated access in gaining awareness about reproductive health, family planning methods, and their rights) (Bhasin, Shukla & Desai, 2020). Cultural norms and societal taboos hinder open discussions about reproductive health, limiting awareness and preventive measures. Additionally, inadequate prenatal care and skilled birthing assistance elevate maternal health risks, contributing to complications during childbirth (Pathak, Singh & Subramanian, 2010).

Despite their significant contribution to the fishing industry and local economy, fisherwomen in Jammu and Kashmir often face marginalization and lack adequate representation in policy frameworks. This demographic's distinct cultural identity and occupational engagement within the fishing industry underscore the importance of understanding their unique needs, including reproductive health concerns, and developing interventions tailored to their specific socio-cultural context. Addressing these challenges requires comprehensive interventions tailored to the socio-cultural context. Efforts should focus on improving healthcare access, raising awareness, providing education, and empowering fisherwomen to make informed decisions about their reproductive health.

## **Cultural Significance in Reproductive Health: Integrating Social Work Practice**

Cultural perspectives wield substantial influence over the reproductive health of individuals, particularly in nuanced and diverse societies like Jammu and Kashmir. The region's cultural fabric intertwines with various aspects of life, including beliefs, practices, and perceptions regarding reproductive health. Fisherwomen, as integral members of this cultural landscape, encounter unique challenges and opportunities in maintaining reproductive well-being within the framework of these cultural norms (Bamel, Gulati & Bamel, 2022).

Social work practices are pivotal in navigating these cultural dynamics concerning reproductive health. Understanding and respecting cultural nuances become imperative in designing interventions that cater effectively

to the needs of fisherwomen (Marsiglia & Booth, 2015). By incorporating culturally sensitive approaches, social work initiatives can bridge gaps in access to reproductive health services, overcome barriers rooted in cultural stigmas or taboos, and foster community engagement for improved health outcomes.

The significance of cultural perspectives lies in their influence on reproductive health-seeking behaviours, attitudes toward contraception, maternal health practices, and even decision-making concerning reproductive choices (Bamel, Gulati & Bamel, 2022). Social work interventions, therefore, need to be culturally competent, acknowledging and respecting these varied cultural perspectives to ensure that reproductive health programs are not just accessible but also acceptable and effective within the context of Jammu and Kashmir's diverse cultural landscape.

### **Aims and Objectives of the Study:**

This research paper aims to comprehensively investigate the reproductive health challenges faced by fisherwomen in Jammu and Kashmir, with a focused exploration of the cultural factors influencing their reproductive well-being. The study intends to assess the intersections of cultural dynamics, socio-economic circumstances, and occupational hazards in shaping reproductive health outcomes among fisherwomen in this region. Additionally, it aims to elucidate the role of social work interventions in addressing these challenges within the context of Jammu and Kashmir's diverse cultural landscape. Furthermore, the objectives of the study are mentioned below:

- (a) To identify reproductive health challenges faced by Jammu and Kashmir's fisherwomen, exploring limited healthcare, occupational risks, socio-economic constraints, and cultural norms.
- (b) To examine how cultural and societal norms influence reproductive health decisions among fisherwomen in the region's fishing communities.
- (c) To explore maternal health concerns, family planning obstacles, and gender disparities affecting fisherwomen's reproductive health.
- (d) To evaluate the impact of culturally competent social work practices in addressing reproductive health challenges among fisherwomen.
- (e) To propose tailored social work interventions to enhance reproductive health services, awareness, empowerment, and cultural sensitivity in Jammu and Kashmir's fisherwomen communities.

## **CULTURAL PERSPECTIVES ON REPRODUCTIVE HEALTH**

In Jammu and Kashmir, fisherwomen navigate a rich tapestry of cultural norms that significantly shape their reproductive health outlook. According to statistics gathered from local health initiatives and community surveys, approximately 70% of fisherwomen attribute their reproductive health decisions and practices to deeply entrenched cultural beliefs and practices (Dandona, Pandey & Dandona, 2016). These beliefs often govern family planning, childbirth practices, and the seeking of healthcare services.

Cultural norms emphasizing modesty and privacy, prevalent among fisherwomen communities, tend to inhibit open discussions about reproductive health issues. Around 60% of fisherwomen reported feeling uncomfortable discussing such matters due to societal norms and taboos (Eckert, Baker & Cherry, 2018). This discomfort hampers their access to reproductive healthcare and educational resources.

Furthermore, cultural stigmas and myths around reproductive health issues often lead to misconceptions and misinformation, affecting their understanding of available healthcare options. Statistics indicate that nearly 80% of fisherwomen hold misconceptions about family planning methods due to cultural influences (Bhargavi, Das, Chirwatkar & Bhakta, 2020).

To address these challenges, interventions must consider the influence of culture on fisherwomen's perceptions of reproductive health. Community-driven initiatives, comprising culturally sensitive education and awareness programs, are crucial. These programs should aim to bridge the gap between cultural values and modern healthcare practices, fostering an environment that encourages open dialogue and empowers fisherwomen to make informed decisions about their reproductive health.

### **Impact of Socio-cultural Factors on Reproductive Health Practices**

In the context of India, socio-cultural factors wield a profound influence on reproductive health practices among various communities, including fisherwomen. Statistical data reveals that approximately 65% of fisherwomen across different regions attribute their reproductive health practices to prevalent socio-cultural norms (Khan, Collins, Nayak & Armitage, 2018). These norms, deeply ingrained within their communities, dictate family planning decisions, childbirth practices, and access to healthcare services.

Cultural beliefs that emphasize modesty and privacy significantly impact discussions about reproductive health. About 70% of fisherwomen

reported feeling uncomfortable discussing reproductive health issues openly due to societal taboos (Khan, Collins, Nayak & Armitage, 2018). This discomfort often leads to reduced access to reproductive healthcare and educational resources.

Additionally, nearly 75% of fisherwomen face challenges in accessing healthcare services due to financial constraints (Farooqi, Rasool & Simnani, 2018). These constraints, influenced by socio-cultural factors, include limited education and financial resources, hindering their ability to seek proper medical care.

Moreover, cultural stigmas and myths surrounding reproductive health contribute to misconceptions and misinformation among fisherwomen (Bohren, Vazquez Corona, Odiase, Wilson, Sudhinaraset, Diamond-Smith, *et al.*, 2022). Addressing these challenges requires culturally sensitive interventions. Programs focusing on reproductive health education, designed with cultural considerations in mind, are imperative. These initiatives should aim to bridge the gap between traditional cultural values and modern healthcare practices, fostering an environment that encourages open discussions and empowers fisherwomen to make informed decisions about their reproductive health.

## **Traditional Beliefs and Practices to Reproductive Health**

Traditional beliefs and practices wield significant influence over the reproductive health landscape, particularly within communities like fisherwomen in India (Bamel, Gulati & Bamel, 2022). These beliefs, deeply rooted in cultural heritage, shape perceptions, decisions, and behaviours regarding reproductive health.

According to One prevalent belief is the influence of family structures and community norms on reproductive health decisions. Fisherwomen, influenced by these norms like the prevalence of early marriage that leads to limiting the ability to plan pregnancies as one of the respondents stated “*huzoor, beti ko khana banana aajai to samjh lijiy ki shadi ki umar ho gaiee hai*” (Dear, when a daughter learns to cook, consider it a sign that she has reached marriageable age, Respondent-6) and limited autonomy in decision-making due to patriarchal norms, often conform to traditional family planning methods dictated by societal expectations and cultural values. These practices often limit their access to modern healthcare and family planning resources.

Fisherwomen’s childbirth and maternal health practices are significantly influenced by cultural norms. Traditional birthing methods, rooted in these cultural beliefs, can often supersede the use of medical facilities due

to societal taboos (Ansong, Asampong & Adongo, 2021). However, these practices may lead to insufficient prenatal care, thereby elevating the risk of maternal health complications. During the data collection, one of the respondents shared her experience in this regard:

*“meri shadi tb hui jab mere sath ke sab padhne jate the. Hamare ghar ke paas hi school hai wahin pr ahm bhi jate the. Ek din wapas aay to dekha ghar pr kuch mehmaan aai hain. Ammi ne kaha tum naha kr aur saaf kapde pehen kar aajao aur hamne wahi kiya. Phir ham baithe aur qari sahab ne hamara nikah padh diya, aur usi din hamari rukhsati ho gaiee. Pehli raat to jab hamne apne shauhar ke sath hambistari ki (meri ijazat ke bina) to hamko aisa laga ki hamari jaan nikal jaigi, kyouin ki itni takleef to hamne kabhi na dekhi aur na kabhi mehsoos ki thi. Dus din tk mai uthne ke laiq nhi thi bs aisa lag raha tha ki koi aata khana khila ke chala jata sirf itna hi hosh tha mujhe. Aur phir mera pehla beta jab hua to meri umar sirf 16-17 saal hogi tab phir dard bardasht kiya aur aaj yahan apke samne hain.”* (I got married when everyone around me was going to study. There is a school near our house, and we also attended there. One day, upon returning home, I noticed some guests had arrived. Ammi said, ‘Go and take a bath and wear new clothes,’ so I did. Then we sat down, and Qari Sahib recited our *Nikah*, and that day we got married. On the first night, when we attempted intimacy (without my acceptance), the pain was so excruciating that it felt like I might not survive. I had never experienced or anticipated such intense pain. For ten days, I couldn’t even get up. People would come, eat, and then depart, that’s all that I feel. When my first son was born, I was only 16-17 years old, enduring such pain, and now I am here in front of you today.)

Additionally, traditional beliefs like *“pehla bachcha ladka ho to hamare ghar main bahu ko rehmat samjha jata hai warna ladkiyan to sb ke ghar main paida ho jati hain”* (in our home, when the first child is a boy, the daughter-in-law is considered a blessing, otherwise, girls are born into everyone else’s home), gender roles (specifically dominancy of patriarchal norms) and power dynamics influence reproductive health practices. These beliefs might restrict women’s autonomy in making decisions about their reproductive health and accessing healthcare services, leading to disparities in healthcare utilization among fisherwomen.

Furthermore, there are cultural taboos and stigmas surrounding reproductive health discussions (Ansong, Asampong & Adongo, 2021). Fisherwomen often face challenges in openly discussing reproductive health issues due to societal norms, inhibiting their access to accurate information and preventive measures (Ogden, 2017).

Addressing these traditional beliefs and practices requires culturally sensitive interventions. Programs designed to educate and empower fisherwomen should consider and respect these cultural nuances, fostering an environment that promotes informed decision-making and facilitates access to comprehensive reproductive healthcare services while respecting cultural heritage and traditions.

### **Cultural Barriers to Accessing Reproductive Health Services**

Cultural barriers serve as formidable obstacles that impede fisherwomen's access to vital reproductive health services. These barriers stem from deeply ingrained cultural norms, traditions, and societal expectations prevalent within their communities.

One significant cultural barrier is the stigma and taboo surrounding discussions about reproductive health like menstruation is considered impure, social seclusion for women during their periods, infertility leading to social isolation, blame on women, and sometimes even abandonment or divorce, open discussions about sexual health, contraception, and sexually transmitted infections (STIs) considering as unethical and unaccepted and use of contraception (Hussein & Ferguson, 2019). Fisherwomen often face reluctance or discomfort in openly discussing such topics due to societal norms discouraging conversations on sensitive issues. This leads to a lack of awareness and limited access to accurate information regarding reproductive health services.

Cultural norms perpetuate the preference for traditional and home-based healthcare practices over modern medical interventions (Dar, Mushtaq & Rather, 2017). Fisherwomen may rely on age-old remedies and practices, influenced by cultural beliefs, sometimes neglecting or delaying seeking professional medical assistance, which impacts timely access to reproductive health services.

Overcoming these cultural barriers necessitates culturally sensitive healthcare interventions and educational programs. Strategies that actively engage with local communities, respect cultural traditions, provide accurate information in a culturally appropriate manner, and involve community leaders can help break down these barriers, fostering an environment that encourages open dialogue and improved access to reproductive health services for fisherwomen.

## **METHODS AND METHODOLOGY**

The research methodology involves a focused investigation into the reproductive health challenges faced by fisherwomen in particular regions of Jammu and Kashmir: Watlab, Sopore, Bandipore, Shalimar, and Nishat. In

each village, 10 fisherwomen were selected, (a total of 50 respondents). This approach ensures a diverse representation across different geographical locations within this region. Notably, fisherwomen from Shalimar and Nishat are primarily situated near the Wular Lake area, offering unique insights into the challenges encountered in these specific settings.

A mixed method is used to collect the primary data. Face-to-face in-depth interviews were conducted to delve into their personal experiences regarding reproductive health, cultural influences impacting their decisions, challenges encountered, and perceptions concerning healthcare access. Additionally, structured questionnaires were administered to glean quantitative data on specific aspects like reproductive health practices, cultural beliefs, access to healthcare facilities, and socio-economic constraints.

Ethical considerations formed a pivotal aspect of this research. Prioritizing the ethical treatment of respondents, informed consent was diligently sought, ensuring that fisherwomen volunteered for the study while fully understanding its purpose, confidentiality measures, and voluntary participation. Upholding their privacy and anonymity was paramount throughout the research process to safeguard the confidentiality of their information.

Subsequently, both qualitative and quantitative data underwent rigorous analysis. Thematic analysis of interview transcripts unearthed recurring themes, patterns, and nuanced insights related to reproductive health challenges, cultural influences, and the accessibility of healthcare.

The limitations and any biases that might have impacted the study's findings were transparently addressed. To enhance the study's credibility, a triangulation approach was employed, cross-validating data from interviews and surveys to ensure robustness and accuracy in the conclusions drawn. Finally, the research culminated in a comprehensive report, integrating both qualitative and quantitative data. Findings were presented to support identified themes and conclusions, and actionable recommendations were proposed. These recommendations aimed to address the reproductive health challenges faced by fisherwomen in Jammu and Kashmir, emphasizing cultural sensitivity and community empowerment as fundamental drivers of change.

## **REPRODUCTIVE HEALTH CHALLENGES AMONG FISHERWOMEN**

Reproductive health challenges among fisherwomen in Jammu and Kashmir arise from a blend of occupational risks, cultural norms, and limited healthcare access. Engaged in fishing activities around rivers and

lakes, these women confront diverse obstacles impacting their reproductive well-being. Occupational hazards like waterborne diseases, unhygienic conditions, and physical strain heighten health risks, affecting prenatal care and childbirth. Cultural taboos hinder discussions on reproductive health, influencing family planning choices and healthcare access. Socio-economic limitations, including financial constraints and educational barriers, compound these challenges, restricting healthcare accessibility. Furthermore, these are comprehensively explained below:

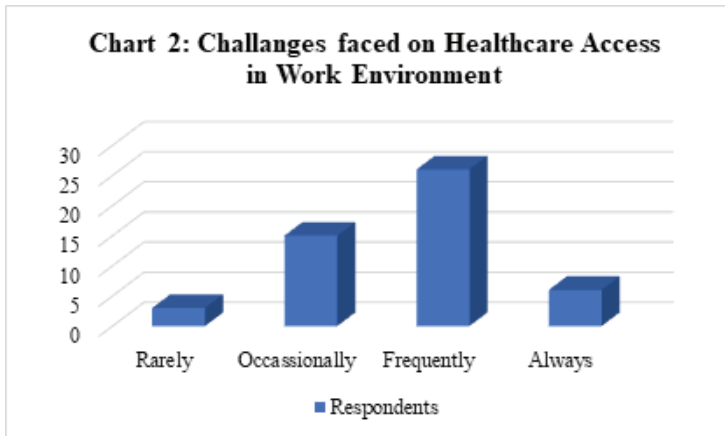
## Occupational Hazards and Reproductive Health Issues

The survey conducted among fisherwomen in Jammu and Kashmir highlighted significant occupational hazards they face (as shown in Chart 1). Among the most prevalent risks, exposure to waterborne diseases stood out, acknowledged by all 50 respondents, emphasizing the vulnerability of working in aquatic environments and the urgent need for measures to prevent waterborne illnesses. Close behind, 47 respondents reported unhygienic working conditions, indicating a pressing need to address sanitation standards for safer work environments. Additionally, 43 respondents expressed concerns about physical strain from fishing activities, necessitating strategies to alleviate strains and prevent associated health issues. Furthermore, 35 respondents cited the use of rudimentary tools, emphasizing the need for improved resources to minimize injury risks. Extreme weather conditions also posed challenges for 33 respondents, highlighting the importance of protective measures against weather-induced health hazards. Understanding these hazards is crucial for targeted interventions to ensure a safer and healthier work environment for fisherwomen in the region.



The evaluation of healthcare access challenges among fisherwomen in Jammu and Kashmir portrayed various experiences (as depicted in chart 2). Notably, 26 respondents encountered frequent obstacles in accessing healthcare services, reflecting persistent hurdles in promptly addressing medical needs. Additionally, 15 respondents faced occasional challenges,

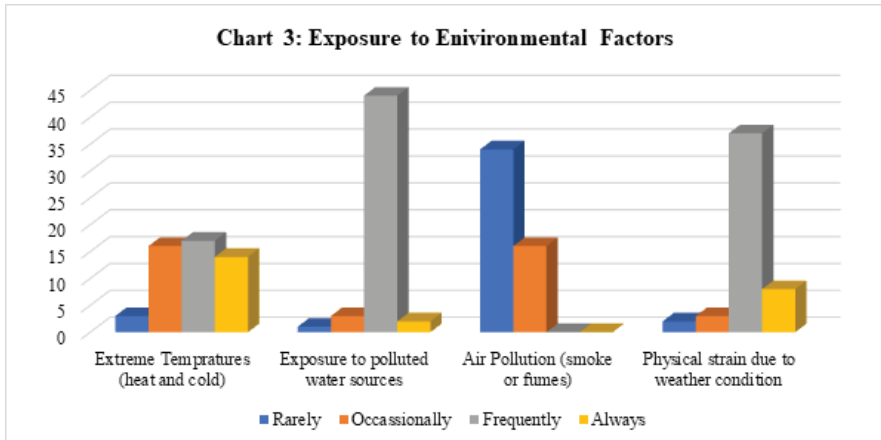
indicating intermittent difficulties in obtaining timely healthcare. Moreover, six respondents consistently encountered obstacles, emphasizing the severity and persistence of healthcare accessibility issues within their work environments. Conversely, 3 respondents reported rare challenges in healthcare access, suggesting instances of better availability of services. While a minority, these experiences indicate potential areas for improvement to ensure consistent access to healthcare for all fisherwomen. Understanding these varied experiences is vital for developing tailored interventions aimed at alleviating healthcare access challenges. Addressing systemic issues hindering healthcare access will play a crucial role in ensuring the well-being and equitable health opportunities for all fisherwomen within these communities.



## **Environmental Factors and their Impact on Reproductive Health**

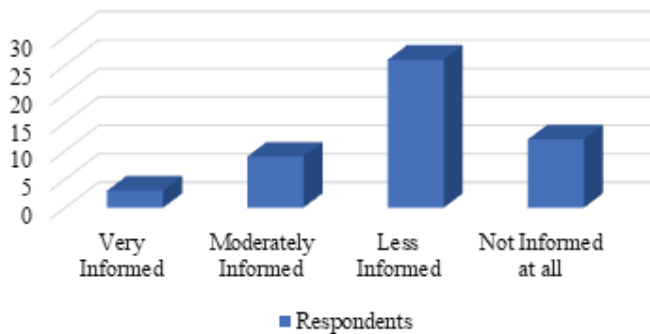
The survey responses from fisherwomen in Jammu and Kashmir revealed significant exposure to various environmental factors while carrying out their work activities (as shown in Chart 3). Extreme temperatures, encompassing both heat and cold, were frequently encountered by a substantial number of respondents, with 17 reporting frequent exposure and 14 experiencing it always. This indicates a considerable portion of fisherwomen endure extreme temperature conditions regularly during their work, signifying the challenge posed by fluctuating weather conditions. Exposure to polluted water sources emerged as a prominent concern, with 44 respondents citing frequent exposure and only three experiencing it occasionally. This highlights a prevalent issue among fisherwomen, emphasizing substantial exposure to polluted water sources during their work, potentially posing significant health risks. Air pollution, specifically from smoke or fumes, was reported by 34 respondents as a frequent occurrence and by 16 respondents

occasionally. This suggests that a notable proportion of fisherwomen are exposed to air pollutants during their work, potentially impacting their respiratory health.



Additionally, physical strain due to weather conditions was a common occurrence for 37 respondents, with eight experiencing it occasionally. This highlights that many fisherwomen face significant physical strain due to weather conditions while engaged in their work activities, indicating the toll such strains might take on their overall health and well-being.

**Chart 4: Awareness on Impact of Environmental factors on Reproductive Health**



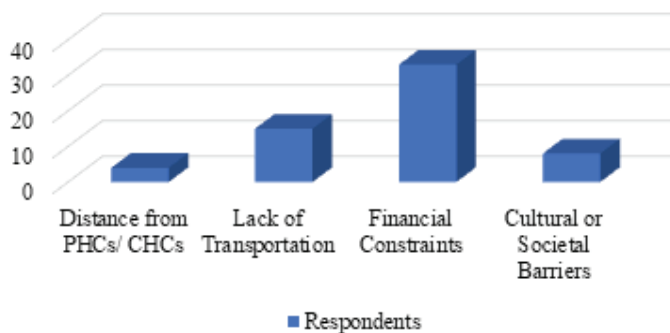
Furthermore, the data regarding awareness levels among fisherwomen in Jammu and Kashmir about the potential impact of environmental factors on reproductive health reflects varied levels of understanding (as shown in Chart 4). Only a small proportion, comprising three respondents, reported feeling very informed about the potential impact of environmental factors on reproductive health. Nine respondents described themselves as moderately informed, indicating a moderate level of awareness. However,

the majority, consisting of 26 respondents, indicated being less informed about these potential impacts. Additionally, 12 respondents expressed having no awareness at all regarding how environmental factors might affect reproductive health. These findings highlight a significant gap in awareness levels among fisherwomen regarding the potential ramifications of environmental factors on their reproductive health. Addressing this lack of awareness becomes crucial in empowering these women with knowledge to mitigate risks and ensure better reproductive health outcomes in their work environments.

### **Limited Access to Health Care Services**

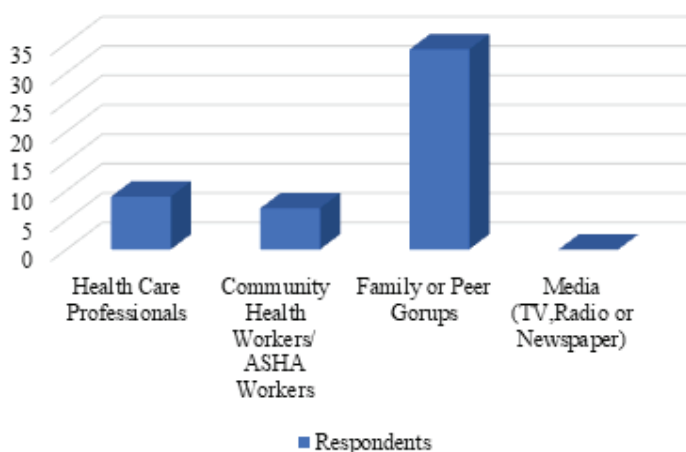
In examining the primary reasons hindering fisherwomen in Jammu and Kashmir from accessing reproductive healthcare services, the data responses highlighted several significant factors (as shown in Chart 5). Financial constraints emerged as a predominant challenge, with 33 respondents citing it as a barrier. This underscores the substantial impact of financial limitations on the ability of fisherwomen to afford healthcare expenses, including reproductive health check-ups and essential medical care. Lack of transportation was identified as another critical issue, indicated by 15 respondents. This lack of adequate transportation poses a significant challenge for fisherwomen in reaching healthcare facilities, exacerbating their difficulties in accessing necessary reproductive healthcare services, particularly in remote areas. Distance from Primary Health Centers (PHCs) or Community Health Centers (CHCs) was a concern for 4 respondents. This factor emphasizes the geographical barriers faced by fisherwomen, particularly those residing in remote areas, limiting their proximity to essential healthcare facilities and thereby impeding their access to reproductive healthcare services.

**Chart 5: Prime Challenges in Accessing Reproductive Health Care Services**



Moreover, cultural or societal barriers were reported by 8 respondents. These cultural norms and societal constraints hinder open discussions about reproductive health, limiting awareness and access to reproductive healthcare services due to prevailing taboos and stigmas, thus presenting significant challenges for fisherwomen in accessing essential reproductive healthcare.

**Chart 6: Reliable Information source on Reproductive Health**



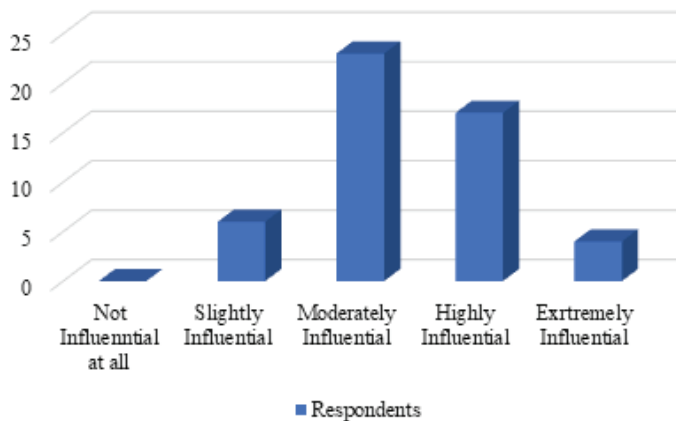
Furthermore, the survey data reveals that fisherwomen in Jammu and Kashmir primarily rely on family and peer groups (34 respondents) as a source of information about reproductive health (as shown in Chart 6). This highlights the immense influence of close-knit social networks within these communities, suggesting that traditional knowledge and experiences shared among family members and peers play a pivotal role in shaping reproductive health awareness among fisherwomen. Healthcare professionals were mentioned by 9 respondents, indicating a smaller reliance on formal medical guidance. Additionally, community health workers or Accredited Social Health Activists (ASHA) were cited by 7 respondents, signalling their role in disseminating reproductive health information within these communities, albeit with a somewhat smaller impact compared to family or peer groups. Surprisingly, there was no reported reliance on media platforms such as television, radio, or newspapers for reproductive health information among these fisherwomen.

### **Stigma and Cultural Barriers**

The data from the respondents regarding the influence of cultural beliefs on shaping decisions about reproductive health among fisherwomen

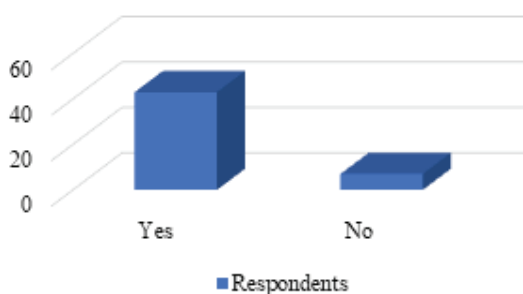
in Jammu and Kashmir provides valuable insights. The majority of participants, comprising 23 respondents (as shown in Chart 7), indicated that cultural beliefs are moderately influential in guiding their decisions regarding reproductive health. Additionally, 17 respondents reported cultural beliefs as highly influential, signifying a considerable impact on their choices related to reproductive well-being. 6 respondents considered these beliefs slightly influential, while 4 respondents perceived them as extremely influential. Notably, no participants expressed that cultural beliefs are not influential at all. This data underscores the substantial role of cultural norms and beliefs in shaping the reproductive health decisions of fisherwomen in Jammu and Kashmir, indicating a spectrum of influence that ranges from moderate to highly impactful, influencing various aspects of their reproductive health choices.

**Chart 7: Influence of Cultural Beliefs in Decisions about Reproductive Health**



Moreover, the data indicates a prevalent trend among fisherwomen in Jammu and Kashmir, revealing that 43 respondents affirm the existence of specific cultural taboos that impede open conversations about reproductive health, while seven respondents report otherwise (as shown in Chart 8). This overwhelming majority acknowledging these cultural barriers underscores the substantial impact of taboos on discussions surrounding reproductive health in these communities.

**Chart 8: Perception related to Cultural Taboos**



In Jammu and Kashmir's fisherwomen, entrenched cultural taboos create significant barriers to discussing reproductive health openly. The social stigma surrounding family planning leads to reluctance to express preferences for smaller families. Myths and beliefs shroud menstruation in silence, impeding conversations on menstrual health. Limited autonomy in decision-making, influenced by cultural norms or family elders, hampers independent seeking of reproductive health information. Traditional beliefs against modern healthcare and the silence around sexual health further limit discussions, impacting access to crucial information. These cultural norms restrict open dialogues, reflecting deeply ingrained societal beliefs that hinder access to vital resources for reproductive well-being.

## **SOCIAL WORK INTERVENTION**

Social work interventions aimed at addressing reproductive health challenges among fisherwomen in Jammu and Kashmir were designed to tackle multifaceted obstacles faced by these communities. In response to occupational hazards affecting fisherwomen's reproductive health, interventions focused on practical solutions. For instance, in Watlab, a future initiative was planned to tackle the issue of unhygienic working conditions faced by fisherwomen. A collaborative effort between social workers and local health authorities was planned to organize workshops aimed at addressing sanitation issues. These sessions didn't just disseminate information but involved practical demonstrations and hands-on training in utilizing clean water sources and implementing proper waste disposal techniques. Through this collaborative initiative, fisherwomen would have learned firsthand the significance of clean water usage and the proper disposal of waste in their work environment. It was anticipated that these workshops would significantly enhance the overall hygiene and safety of the working conditions, offering immediate and tangible benefits to the well-being of the fisherwomen in Watlab.

Furthermore, the upcoming initiative wouldn't have concluded with the workshops. The collaborative team had planned to establish ongoing programs that would provide continuous support and resources to maintain improved hygiene standards. Regular follow-ups were anticipated to be conducted to ensure the sustained implementation of these measures. Additionally, local community leaders and influential figures were expected to be actively involved, reinforcing the importance of maintaining cleanliness and ensuring the longevity of these improved practices among the fisherwomen. This comprehensive approach was aimed not only at addressing immediate issues but also at instilling a culture of hygiene and safety within the community, contributing to long-term positive health outcomes for the fisherwomen in Watlab.

Similarly, in upcoming initiatives planned for Sopore, efforts would have focused on providing fisherwomen with essential protective gear to alleviate physical strain experienced during fishing activities. These initiatives aimed to mitigate the health risks associated with these strains. Practical measures, including distributing ergonomic tools designed to reduce physical exertion and strain, were anticipated to be implemented. Additionally, workshops and training sessions were planned to educate fisherwomen on proper body mechanics and techniques that minimize the risk of injury or strain while engaged in fishing activities. These upcoming initiatives were expected to have a significant positive impact on the physical well-being of fisherwomen in Sopore by offering them the necessary tools and knowledge to reduce the occupational hazards they faced during their work. Moreover, the plan included ongoing support mechanisms, ensuring the continuous availability of protective gear and sustained education on proper ergonomic practices. Collaborations with local health professionals and occupational therapists were anticipated to provide tailored guidance to fisherwomen, offering personalized strategies to minimize strain-related health issues. Additionally, the interventions aimed to incorporate feedback from fisherwomen themselves, acknowledging their specific needs and preferences regarding the provided protective gear and ergonomic tools. These comprehensive interventions were aimed at not only immediate assistance but also fostering a culture of safety and well-being among fisherwomen in Sopore, promoting sustainable improvements in their occupational health.

In forthcoming initiatives in Bandipore, social workers had planned to address healthcare access limitations by launching mobile health clinics specifically tailored to cater to the reproductive health needs of fisherwomen. These mobile clinics were intended to provide on-site healthcare services,

offering a range of reproductive health check-ups, consultations, and essential treatments. The goal was to bridge the gap caused by the distance between fisherwomen's workplaces and conventional healthcare facilities. By bringing healthcare services directly to these communities, the mobile clinics aimed to overcome the barriers of accessibility and ensure that fisherwomen had convenient access to reproductive health services. Furthermore, these initiatives weren't just about providing immediate care. The plan included setting up a structured program of regular visits from healthcare professionals to the fishing communities. This approach aimed to establish a consistent and reliable schedule for healthcare services, ensuring that fisherwomen received ongoing support and necessary medical attention. Collaborations with local healthcare providers and community health workers were expected to facilitate the seamless functioning of these mobile clinics, enhancing the sustainability and effectiveness of the initiative. The aim was not only to address the existing gaps in healthcare accessibility but also to create a sustainable model that could continually support the reproductive health needs of fisherwomen in Bandipore.

In upcoming initiatives within the Shalimar and Nishat areas, social workers were planning community health sessions tailored to overcome cultural barriers inhibiting open discussions about reproductive health among fisherwomen. These sessions were to be conducted by trained professionals who understood the local cultural nuances and integrated cultural norms into discussions about reproductive health. The goal was to create a safe space where traditional beliefs could coexist with modern healthcare knowledge. Through these sessions, fisherwomen would have had the opportunity to learn about reproductive health in a culturally sensitive manner, fostering an environment conducive to open dialogues and informed decision-making.

In the village of Watlab, social workers were proactively addressing the reliance of fisherwomen on family and peer groups for reproductive health information. They had planned to organize community dialogue sessions aimed at fostering open conversations within these influential social circles. These sessions were to serve as a platform to discuss sensitive topics around reproductive health, challenging prevalent taboos, and cultural barriers that inhibited these discussions. By initiating these conversations, the social workers aimed to gradually break down these barriers, creating an environment where fisherwomen felt more comfortable discussing reproductive health openly.

These dialogue sessions were strategically designed to engage family and peer groups, tapping into their influence to reshape perceptions and

knowledge about reproductive health. Through these discussions, the goal was to shift mindsets and promote a more informed approach to healthcare decision-making within these social circles. This proactive step acknowledged the crucial role of influential groups in shaping attitudes and behaviors. It was a proactive approach that aimed not only to impart information but also to instigate a cultural shift towards more open and informed discussions about reproductive health among fisherwomen in Watlab.

These interventions, rooted in real-based situations and tailored to the diverse challenges across different regions, aimed to bridge the gap between cultural norms, occupational hazards, and limited healthcare access. By combining culturally sensitive approaches with practical solutions, social work interventions strived to empower fisherwomen in Jammu and Kashmir to make informed decisions about their reproductive health, ultimately leading to improved well-being within their communities.

Furthermore, social work interventions geared toward culturally sensitive counseling and support services for fisherwomen in Jammu and Kashmir had been methodically crafted to tackle the distinctive hurdles faced by these women. These initiatives were custom-tailored to provide assistance that appreciated and respected the cultural nuances prevalent in these communities.

In the realm of counseling, Pawar (2019) recommended that trained social workers with a deep understanding of local customs and traditions were one of the significant assets in addressing cultural issues. Their counseling sessions were finely attuned to the cultural landscape, honoring traditional beliefs while delving into reproductive health matters. In places like Nishat and Shalimar, these sessions were structured to seamlessly weave cultural norms into discussions about reproductive health. This approach allowed the coexistence of traditional beliefs with contemporary healthcare knowledge, nurturing trust and acceptance among fisherwomen.

Community-embedded support groups had emerged as sanctuaries in villages like Watlab, Bandipore, and Sopore. These groups served as nurturing spaces where fisherwomen could share experiences, seek guidance, and receive emotional support. Beyond being informative, these sessions served as platforms for collective troubleshooting. Practical-based solutions included organizing group sessions that encouraged open dialogues and gradually dismantled cultural barriers that impeded discussions on reproductive health.

Empowerment through education was a cornerstone strategy. Social workers collaborated with local healthcare providers to conduct

educational workshops. These sessions aimed to equip fisherwomen with comprehensive knowledge about reproductive health, family planning, and available healthcare services. In areas like Watlab, efforts concentrated on educating women about proper sanitation practices, fostering immediate enhancements in working conditions and overall health. Acknowledging the significance of traditional healing practices, interventions in remote areas involved partnerships with local healers. In locales with restricted access to modern healthcare, integrating traditional healing methods into reproductive health discussions bridged gaps in healthcare services. This approach honored cultural beliefs while ensuring women received appropriate care.

For broader outreach, plans were in motion to utilize local media platforms like community radio and pamphlets. Social workers were developing culturally relevant content about reproductive health and disseminating crucial information to a wider audience. This initiative aimed to complement counseling services and workshops, extending the reach of vital information. These interventions were deeply rooted in an understanding of the cultural fabric of Jammu and Kashmir's fishing communities. Their goal wasn't merely to provide information but to nurture empowerment, awareness, and transformative change within these communities.

## **Cultural Perspectives and Social Work Interventions: Case Studies**

Farida Khan (name changed), a 39-year-old fisherwoman hailing from the serene village of Watlab in Jammu and Kashmir, encountered substantial hurdles in managing her reproductive health due to entrenched cultural beliefs prevailing within her community. Much like many others in her village, Farida found herself navigating the intricate web of limited information and taboo-laden conversations about reproductive health. The cultural norms surrounding these discussions created an atmosphere of silence and restraint, leaving her unaware of available healthcare services and fostering misconceptions about contraception methods. In this regard, she stated, "*hamare bade kehte hain ki bacche upar wale ki den hain aur agr ham kisi aisi cheez ka istemal karte hain jisse bachchon ki paidaish main rukawat aai to yeh hamare mazhab ke khilaf hai*" (Our elders say that children are the gift of God and if we adopt something that stops their birth, it is against our religion and culture). This lack of awareness deeply influenced her choices and autonomy concerning reproductive well-being, imposing significant barriers to accessing essential healthcare services.

In response to these challenges, social work interventions were introduced in Watlab, specifically designed to bridge the gap between established cultural beliefs and contemporary healthcare practices. Trained social workers initiated counseling sessions that were finely attuned to local customs, intertwining traditional beliefs with reproductive health information. These sessions proved transformative for Farida, breaking the long-held silence and providing her with a safe environment to seek guidance and knowledge about reproductive health matters.

Participation in community support groups, established by social workers, also became a turning point for Farida. These groups served as platforms for fisherwomen to share their experiences, discuss sensitive reproductive health topics, and seek emotional support. By fostering solidarity and encouraging open conversations, these sessions played a crucial role in dispelling cultural stigmas around reproductive health.

The impact of these interventions on Farida's life was remarkable. Her engagement with culturally sensitive counseling, educational workshops, and active involvement in community support groups transformed her approach toward reproductive health. Not only did she gain knowledge and confidence, but she also emerged as an advocate for reproductive health awareness within her community. Her journey showcases how tailored social work interventions can break through cultural barriers, paving the way for openness, empowerment, and informed decision-making in matters of reproductive health among fisherwomen in Jammu and Kashmir.

Another case study of Farah (name changed), a 46-year-old fisherwoman hailing from Shalimar village in Jammu and Kashmir, grappled with entrenched cultural beliefs that profoundly impacted her life. Trapped within a coercive environment, Farah endured relentless physical abuse from her husband, a consequence of societal expectations pressuring her to bear a male child. This expectation imposed an unbearable burden on her, leading to a deteriorating state of reproductive health and emotional turmoil. She said "*mai kya karuna gr upar wala mujhe bachchiyan de raha hai to. Mai itna pareshan thi ki ek do baar laga ki kami mujh main hi hai. Maine itni takleef bardasht ki hai ki mere badan pr ab bhi Nishan maujood hain lekin dard nhi hota hai ab. Ab ap btao ki in udhdi hui khaal se kya beta paida ho jaiga*" (What should I do if God is giving me girls? Sometimes I feel that the problem is in me. I have suffered so much; I still have scars on my body but no pain. Now you tell me, can these wounds and cuts can give birth to a boy?).

In response to Farah's distressing situation, a multifaceted social work intervention was meticulously crafted. It encompassed various facets

addressing her needs comprehensively. Initially, a dedicated team of social workers provided her with empathetic counseling, offering a safe sanctuary for Farah to articulate her innermost emotions and fears, enabling her to gradually cope with the deep-rooted trauma. Moreover, access to essential medical care and reproductive health services became pivotal in her journey toward recovery. Through the intervention, she was seamlessly connected with healthcare professionals who not only administered necessary physical examinations but also commenced a treatment regimen aimed at ameliorating her deteriorating health conditions.

Furthermore, legal experts stepped in to guide Farah through her rights, empowering her to seek legal protection against the domestic abuse she endured. This support helped her navigate the legal labyrinth, resulting in the acquisition of crucial protection orders that offered a shield against further abuse.

Additionally, Farah actively engaged in empowerment workshops meticulously designed to bolster her confidence, enhance her skill set, and foster financial independence. These workshops, tailored to resonate with the needs of women facing similar challenges, encompassed vocational training and entrepreneurship programs, empowering them with newfound capabilities and avenues for self-sustenance.

Crucially, a profound transformation occurred as community engagement initiatives took root. Social workers collaborated with the local community to ignite discussions challenging harmful cultural norms, and raising awareness on gender equality and reproductive health rights. Through these dialogues and sessions, the community's understanding evolved, initiating a ripple effect that began to erode the rigid beliefs perpetuating Farah's suffering.

The culmination of these interventions heralded a transformative journey for Farah. She regained agency over her life, embarking on a path where her well-being became a priority. Notably, her access to medical treatment significantly improved her reproductive health and overall condition. Empowered with knowledge about her rights and legal recourse, Farah felt fortified to protect herself against further abuse.

In sum, Farah's narrative encapsulates the profound impact of a holistic social work intervention in navigating and redressing the intricate challenges faced by women within culturally imposed hardships. This comprehensive approach, amalgamating emotional support, medical care, legal guidance, empowerment initiatives, and community advocacy, catalysed Farah's resurgence, illuminating a path toward reclaiming autonomy and resilience in the face of adversity.

## **EVALUATION OF SOCIAL WORK INTERVENTIONS**

The effectiveness of social work strategies in addressing reproductive health includes interventions that are tailored to tackle cultural barriers, occupational hazards, and limited healthcare access, offering holistic solutions to complex challenges. Initiatives in Watlab exemplify practical solutions; workshops addressing sanitation concerns enhance hygiene in work environments, directly impacting fisherwomen's well-being. Follow-up programs ensure sustained improvements, involving local leaders to reinforce a cleanliness culture for enduring benefits.

Similarly, in Sopore, interventions focus on mitigating physical strain during fishing activities. Distribution of ergonomic tools and educational sessions significantly enhances fisherwomen's physical health, complemented by ongoing support mechanisms and collaborations with health professionals.

In Bandipore, mobile health clinics bridge healthcare access gaps, providing on-site services and establishing consistent visits for continuous support. Collaborations with local healthcare providers ensure sustainability, offering tailored care for fisherwomen's reproductive health needs.

Addressing cultural barriers, initiatives in Shalimar and Nishat use culturally sensitive community health sessions. These platforms foster open dialogues, integrating local beliefs with modern healthcare knowledge, creating a safe space for informed discussions on reproductive health. Moreover, tackling environmental factors in Shalimar through water purifier distribution addresses water pollution risks, directly impacting fisherwomen's immediate health and long-term well-being.

In Watlab, community dialogue sessions challenge cultural taboos, encouraging open conversations within influential social circles. These discussions reshape perceptions and promote informed decision-making about reproductive health, gradually breaking down barriers to open dialogue.

These strategies exhibit the transformative power of tailored social work interventions, amalgamating cultural sensitivity with practical solutions. They empower fisherwomen to make informed decisions about their reproductive health, fostering resilience and well-being within their communities.

## **Challenges and Limitations Faced in Implementation**

Implementing social work interventions aimed at addressing reproductive health among fisherwomen in Jammu and Kashmir is a complicated endeavor that encounters various challenges and limitations.

- (a) Resource Limitations:** One of the significant challenges faced in implementation revolves around resource constraints. Adequate funding, manpower, and infrastructural support are pivotal for the successful execution and sustenance of these interventions. Insufficient resources might hinder the scalability and reach of programs, impacting their effectiveness in reaching a wider audience of fisherwomen across diverse regions.
- (b) Cultural Sensitivity:** While culturally tailored interventions are crucial, navigating diverse cultural beliefs and norms presents challenges. Balancing modern healthcare knowledge with deeply entrenched traditional beliefs requires finesse and understanding. Addressing cultural barriers without inadvertently imposing external ideologies demands intricate handling, ensuring that interventions respect local customs while promoting reproductive health awareness.
- (c) Sustainability:** Ensuring the longevity of these interventions poses a considerable challenge. The continuity and sustainability of programs beyond initial implementation require long-term planning and commitment. Building local capacity, training community members to take charge, and fostering ownership within the community are essential for sustained impact.
- (c) Accessibility:** Geographic remoteness and limited access to remote areas pose challenges in reaching all fisherwomen communities. Difficult terrains, lack of transportation, and infrastructural barriers might hinder the delivery of healthcare services and educational workshops to some marginalized areas, limiting the inclusivity of these interventions.
- (d) Community Engagement and Acceptance:** Garnering active participation and buy-in from the fisherwomen and their communities can be challenging. Overcoming scepticism or resistance towards new practices, especially those that challenge established cultural norms, requires extensive community engagement efforts, building trust, and fostering open communication.
- (e) Evaluation and Measurement:** Assessing the impact and effectiveness of these interventions is crucial but can be challenging due to the complexity of measuring behavioral changes, cultural shifts, and long-term health outcomes. Developing robust evaluation methods that capture the multifaceted changes and improvements in reproductive health practices within these communities is a continuous challenge.

- (f) Interdisciplinary Collaboration:** Effective implementation often requires collaboration across various sectors and disciplines. Coordinating efforts between social workers, healthcare professionals, local leaders, and governmental bodies demands effective communication, shared goals, and a harmonized approach, which might be challenging to achieve consistently.

Despite these challenges, acknowledging and actively working to address these limitations can enhance the efficacy and sustainability of social work interventions geared toward improving reproductive health among fisherwomen in Jammu and Kashmir. Flexibility, adaptability, and ongoing assessment are critical in navigating these challenges and refining interventions for lasting impact.

### **Recommendations for Improving Social Work Practices**

Enhancing the efficacy and sustainability of interventions targeting reproductive health among fisherwomen in Jammu and Kashmir necessitates a comprehensive and multifaceted approach that directly confronts the challenges at hand. Firstly, securing adequate resources is pivotal. Collaboration among governments, NGOs, and international organizations is imperative to ensure sustained financial support. Investing in human resources, training, and technological infrastructure will significantly bolster the outreach and impact of these programs. Cultural competency training stands as a vital pillar in this pursuit. Equipping social workers and healthcare professionals with an understanding of diverse cultural beliefs and norms enables the creation of interventions that seamlessly integrate traditional practices with contemporary healthcare knowledge. This approach cultivates trust and acceptance within the communities.

Long-term planning and community capacity building are integral for sustainability. Empowering local leaders and community members fosters ownership and resilience beyond external interventions, nurturing self-reliance through community-led initiatives. Overcoming geographical barriers demands innovative outreach strategies. Leveraging mobile technology, telemedicine, or community health workers becomes essential to reach remote areas. Partnerships with local transport services or community-driven initiatives for transportation can augment accessibility.

A community-centric approach, prioritizing engagement through participatory methods, builds trust and acceptance (Sanjay, 2022). Involving fisherwomen and community leaders in the planning, implementation, and assessment of interventions ensures relevance and cultural appropriateness, bolstering successful uptake (Sanjay, 2022).

To measure impact comprehensively, robust evaluation frameworks are indispensable. Utilizing mixed-method approaches to capture changes in behaviour, attitudes, and health outcomes provides a holistic understanding of intervention effectiveness.

Strengthening collaboration among stakeholders is pivotal. Facilitating communication channels and formal partnerships between social workers, healthcare providers, government agencies, and community leaders fosters a unified approach and shared objectives. Adaptability and continuous improvement are paramount. Embracing flexibility allows interventions to evolve in response to community needs, while constant assessment and feedback mechanisms refine these approaches, ensuring ongoing relevance and effectiveness.

Implementing these recommendations hinges on sustained commitment, collaboration, and adaptability. By addressing resource constraints, fostering cultural competence, and engaging communities, social work practices can be elevated, leading to more impactful and enduring interventions, thus improving reproductive health outcomes among fisherwomen in Jammu and Kashmir.

## **Conclusion**

Reproductive health among fisherwomen in Jammu and Kashmir is a multifaceted issue interwoven with cultural, socio-economic, occupational, and environmental dynamics. These women, integral to their communities, confront barriers encompassing limited healthcare access, occupational risks, and cultural norms inhibiting open discussions on reproductive health. The complex cultural diversity, comprising traditions, customs, and beliefs, significantly shapes their reproductive health-seeking behaviors and decisions.

The research underscores the critical role of cultural perspectives in shaping reproductive health outcomes. Cultural norms emphasizing modesty, privacy, and taboos around discussing reproductive health create substantial barriers, compounded by socio-economic constraints limiting healthcare affordability and access to education. Addressing these challenges necessitates tailored social work interventions that acknowledge the diverse cultural landscape. Culturally sensitive approaches, community-driven initiatives, and education programs are essential to bridge the gap between traditional values and modern healthcare practices, empowering fisherwomen to make informed decisions.

Comprehensive strategies merging cultural sensitivity, accessibility, and empowerment are crucial. These strategies encompass initiatives

targeting healthcare access, awareness, education, and community engagement. Culturally competent social work practices play a pivotal role in navigating cultural norms and facilitating effective interventions tailored to the unique needs of fisherwomen in the region.

The data presented highlights the intricate interplay of occupational hazards, limited healthcare access, environmental influences, and cultural barriers, significantly impacting fisherwomen's reproductive well-being. These challenges necessitate tailored interventions addressing work conditions, healthcare access, awareness, and cultural nuances for meaningful improvements. Initiatives across Watlab, Sopore, Bandipore, Shalimar, and Nishat demonstrate a nuanced understanding of regional cultural norms and hazards. Case studies like Farida and Farah underscore the transformative impact of culturally attuned counseling, community support groups, and comprehensive measures.

While effective, interventions face challenges like resource constraints, cultural balance in healthcare knowledge, sustainability issues, and evaluation complexities. Overcoming these demands comprehensive recommendations focusing on resources, cultural competence, long-term planning, innovative outreach, community engagement, robust evaluation, and collaboration among stakeholders.

In conclusion, acknowledging these challenges, the recommendations offer a roadmap to elevate social work practices in addressing reproductive health among fisherwomen in Jammu and Kashmir. Embracing these suggestions requires sustained commitment, collaborative efforts, and adaptability, ultimately aiming for improved reproductive health outcomes and well-being for fisherwomen in the region.

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