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**Strengthening Women's in Sexual Reproductive Health Rights (SRHR) through  
Gender- Responsive Climate Adaptation Strategies in Gilgit Baltistan,  
Pakistan**

**Policy Research Statement**

Despite the presence of policies and resources, a notable gap persists in the implementation of sexual and reproductive health rights (SRHR) policies in Skardu. This gap is exacerbated by a lack of prioritization by local governing bodies, leading to communication breakdowns. To address this, it is crucial for authorities to enforce existing policies, prioritize SRHR initiatives, allocate funds efficiently, and ensure their effective utilization to resolve these pressing issues.

## **Abstract**

This research investigates the interplay between gender dynamics, sexual reproductive health rights (SRHR), and climate change adaptation in Gilgit Baltistan, Pakistan, with an emphasis on enhancing women's empowerment. With the use of a mixed-methods approach, focused group discussions (FGDs) are utilized to combine qualitative inquiry with quantitative research of participant demographics and climate change awareness. The study involved 80 participants in total. Along with qualitative insights from focused group discussions (FGDs), the study clarifies the intricate obstacles that women encounter while trying to access healthcare services in the face of the effects of climate change. The results indicate a broad demographic description with a significant emphasis on gender dynamics, marital status, education, and occupation. Although the participants demonstrate a limited degree of awareness of climate change, the significant associations among knowledge about climate change, SRHR awareness, and mental health state highlight the interdependence of these domains. Qualitative analysis reveals obstacles that significantly affect women's well-being, including restricted access to healthcare, forced displacement, and stressors related to mental health that are made worse by climate change. The results suggest gender-responsive climate adaptation measures that strengthen healthcare systems, improve education and awareness, and give priority to women's SRHR in Gilgit Baltistan. This will enable women to take charge of their own health and advocate for it.

**Keywords:** Gender, Climate Change, Sexual Reproductive Health Rights, Gilgit Baltistan, Mental Health

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## Chapter 1

### INTRODUCTION

Gilgit Baltistan, situated above the towering peaks of the Himalayas, is home to a society of resilient women facing a variety of obstacles (Hashmi et al, 2017). Wherein 2021, the Nab Global Network (NGN) tackled pressing issues like sexual and reproductive health rights (SRHR), climate change, resilience, and mental health, with a focus on women leading the charge. Consequently, this study delves into the lived experiences of women, shedding light on the interconnected dynamics impacting their health and overall well-being.

However, Climate change-induced disasters, such as floods, events such as glacial melting, and landslides pose significant challenges to vulnerable communities, impacting various aspects of their lives, including health and well-being in the region of Skardu, Gilgit Baltistan (GB), these challenges are particularly acute, underscoring the need for a comprehensive understanding of their effects and the effectiveness of existing policies and facilities in addressing them (Ishaque et al. 2022; Hussain et al, 2019; Hassan, 2023). Moreover, these environmental changes and existing socio-economic disparities pose significant threats to the health and livelihoods of local communities, especially women (Khan et al, 2021).

In recent years, there has been increasing acknowledgment of the interconnectedness between climate change and women's sexual and reproductive health rights (SRHR). This greatly impacts women who often bear the brunt of its

consequences due to their roles as primary caregivers, resource managers, and community leaders (Dhoka, 2022). Despite this, their unique needs and vulnerabilities are often disregarded in climate adaptation strategies and policies.

There is a pressing need to strengthen women's SRHR in Skardu through gender-responsive climate adaptation strategies (Adams, 2021). Although attempts have been made to tackle these issues, there's still a gap in the research pool and in implementing the policies that are already present as per the distinctive socio-cultural and environmental setting of Skardu (Jehan et al., 2022).

In response to these challenges, various policy frameworks and initiatives have been developed at national and international levels to address climate change adaptation and mitigation (Masud & Khan, 2023). In Pakistan, the National Climate Change Policy (NCCP) and National Adaptation Plan (NAP) provide overarching frameworks for climate action, including strategies for building resilience and reducing vulnerability to climate change impacts (Government of Pakistan, 2021).

Similarly, according to the National Adaptation Policy (NAP), there is an imperative gap to address the complex impacts of floods and glacial melts on society, including sexual and reproductive health rights (SRHR) and mental health. The policy emphasizes the need for proactive measures to integrate SRHR and mental health considerations into climate adaptation efforts. It also highlights the importance of adopting gender-responsive approaches to ensure that vulnerable populations, particularly women and marginalized communities, have access to comprehensive SRHR services and mental health support.

Furthermore, the NAP advocates for capacity-building initiatives to enhance resilience and promote adaptive strategies that prioritize the well-being of individuals and communities. By integrating SRHR and mental health considerations into climate adaptation planning and implementation processes, the NAP aims to promote sustainable development and enhance the resilience of societies in the face of climate change impacts. However, the implementation of these policies at the local level, particularly in remote and marginalized areas like Skardu, remains limited, with gaps in implementation, funding, capacity, and coordination.

This study aims to investigate the problem faced by women due to climate change on their health and well-being, recognizing the complex components like access to awareness on SRHR, services, and balanced gender dynamics. Climate

change-induced floods not only disrupt livelihoods but also exacerbate existing vulnerabilities, disproportionately affecting women in Skardu, Gilgit Baltistan.

### **Research Objectives:**

To achieve our goals, the following research has been outlined:

1. Evaluate the effectiveness of existing SRHR and mental health facilities in addressing the needs of individuals impacted by floods induced by glacier melts in Skardu, GB.
2. Investigate the specific ways in which climate change disasters, particularly floods induced by glacial melts, affect the resilience of women in Skardu, GB, with a focus on understanding the role of displacement and increased caregiving responsibilities.
3. Identify the key gaps and barriers hindering the implementation of NAP policies related to SRHR and mental health in Skardu, Gilgit Baltistan, and propose recommendations for addressing these challenges.

Through these objectives, our research endeavors to provide valuable insights into the complex interplay between climate change disasters, health services, and gender dynamics in Skardu, GB, ultimately contributing to the development of more effective policies and interventions in the face of these challenges in these critical areas.

### **Significance of the study**

The significance of this research can be highlighted by the fact that it has the potential to inform evidence-based policies and initiatives that prioritize women's health, rights, and agency in Gilgit Baltistan. By clarifying the linked dynamics of SRHR, climate change, resilience, and mental health, the study aims to amplify marginalized women's perspectives and contribute to the building of inclusive and equitable development routes. Furthermore, the research is driven by a dedication to social justice and gender equality, which recognizes every woman's right, regardless of geographical location or socioeconomic condition.

## Chapter 2

### Literature Review

The purpose of this literature review is to look at existing research on the relationship between gender-responsive climate adaptation measures and women's sexual and reproductive health rights (SRHR) in Gilgit Baltistan. This review will look at major ideas, concepts, gaps, and disputes to help establish a theoretical foundation for the planned research.

#### Overview of Relevant Literature

Several major theories and concepts underpin our understanding of women's health in Gilgit Baltistan. Bronfenbrenner (1979) developed the social ecology model, which highlights the interdependence of societal, interpersonal, community, and individual factors in determining health outcomes. Furthermore, feminist viewpoints emphasize the use of gender analysis in clarifying power dynamics and disparities that affect women's health, building on the writings of academics (Sen, 1990 & Kabeer, 1994).

Whereas, identified that sociocultural impediments prevent women from accessing SRHR services in conservative societies posing a disproportionate impact on women's health and livelihoods especially in mountainous locations (Ahmed, et al. 2018; Ali, et al. 2021; Hussain, A. 2019; Khan, S. et al. 2020).

A qualitative study on the sexual and reproductive health rights of indigenous women in Pakistan was conducted in which 50 indigenous women from various parts of Pakistan were part of the study to investigate the unique experiences of women in Pakistan in terms of SRHR. The findings highlighted cultural, social, and economic hurdles to accessing SRHR services, emphasizing the importance of culturally responsive interventions in addressing inequities (Khan S., Ali R., & Ahmed F. 2018).

Another survey was conducted with 300 indigenous teenagers, ages 15 to 24, from underprivileged communities which aimed to assess the degree of



knowledge on sexual reproductive health rights among Pakistan's indigenous youth. The findings revealed gaps in awareness and understanding, highlighting the significance of focused educational interventions to provide youngsters with appropriate SRHR information (Malik & Hassan et al. 2019).

Similarly, another research where 200 people from indigenous cultures were inducted to live in isolated places. The instrument used in this research was the sexual reproductive health rights access scale (SRHRAS) used to assess barriers to receiving SRHR services. The findings identified geographical, financial, and cultural constraints, emphasizing the critical need for tailored interventions to promote access and equity in terms of SRHR (Ahmed, N., & Khan, T., and Ali, S. 2020).

Another ethnographic study was conducted to explore traditional practices and beliefs impacting the sexual reproductive health rights of women in Pakistan in which 30 women from traditional communities were inducted. This study focused on how cultural and traditional practices influence women's SRHR in Pakistan. The findings suggested cultural norms and beliefs on reproductive decision-making and access to services, highlighting the significance of cultural sensitivity in SRHR interventions emphasizing the importance of adapting interventions to align with local cultural contexts and values, ensuring that they are respectful, inclusive, and responsive to the needs and preferences of diverse communities (Ali, M. & Khan, A. 2021).

The studies mentioned above suggest that promoting community engagement and partnerships with local stakeholders can facilitate the design and implementation of culturally appropriate SRHR policies and programs that promote acceptance, trust, and sustainability within the target population.

## **Gaps in the Relevant Literature**

Despite growing recognition of the intersectionality between climate change, gender, and SRHR, there remains a lack of empirical evidence and targeted interventions in Skardu and other remote regions of Pakistan. Few studies have provided detailed assessments of gender-responsive climate adaptation measures in Gilgit Baltistan, particularly their impact on women's SRHR outcomes. Furthermore, there is a lack of agreement on the most effective methods for incorporating gender issues into climate adaptation policies and programs. Existing studies have primarily focused on broader climate change adaptation strategies, with limited attention to the specific needs and priorities of women in accessing SRHR services in the context of climate change-induced floods.

## **Theoretical Framework - I'll remove this**

The social ecology model and feminist viewpoints are included in the theoretical framework of this study to clarify the complex interactions between variables affecting women's health in Gilgit Baltistan. This approach focuses on individual, interpersonal, communal, and structural factors that interact to give a thorough knowledge of the potential and problems associated with advancing women's health and well-being (Salihu et al, 2015).

The literature is structured thematically, including sections on gender-responsive climate adaptation techniques, women's SRHR, and the context of Gilgit Baltistan. Within each theme, research is categorized according to their theoretical frameworks, methodology, and major findings (IUCN, 2022).

## **Key Theories and Concepts**

This research prioritizes women's empowerment, and autonomy in climate adaptation measures, drawing from feminist theory and rights-based perspectives.

In the existing context, Feminist theory provides an important perspective for analyzing and addressing the dynamics of gender, climate change, and SRHR (Jerneck, 2018). It emphasizes the significance of examining power structures and dynamics that perpetuate gender inequality. In the context of climate change and SRHR, this viewpoint assists in identifying how patriarchal norms and structures

marginalize women, increasing their vulnerability to climate threats and limiting their access to SRHR services (Bermúdez et al., 2023).

The feminist approach to climate adaptation and sexual and reproductive health rights (SRHR) in Gilgit Baltistan, emphasizes the importance of centering women's voices and experiences, addressing structural inequities, promoting agency and empowerment, and challenging traditional gender roles. By prioritizing participatory methods and understanding the specific needs specially related to SRHR of women in marginalized communities, such as Gilgit Baltistan, interventions can be tailored to promote accessibility of SRHR services, social justice, equity, and inclusion. This will also lay the foundation for empowering women to actively participate in decision-making processes and access to resources achieving gender equality and promoting resilience in the face of climate change. Additionally, advocating for gender-transformative policies and interventions that challenge traditional gender norms can create opportunities for women to engage in resilience-building activities and exercise greater autonomy over their reproductive health choices.

Including the feminist theory in this research framework has enhanced the understanding of the gendered aspects of climate change and sexual and reproductive health rights (SRHR) in Gilgit Baltistan. This approach has also enabled a comprehensive examination of the unique challenges faced by women in marginalized communities. Feminist theory has not only guided the development of gender-responsive policies and programs but has prioritized women's rights, agency, and well-being, contributing to more inclusive and effective interventions aimed at promoting resilience and advancing gender equality in the context of climate change in Gilgit Baltistan.

#### *Critical Analysis and Synthesis*

The literature highlights feminist theory, intersectionality, and rights-based approaches to development. Studies emphasize the significance of incorporating gender perspectives into climate adaptation measures to address the disparities in climate change's effects on women's health and human rights. However, there is little study that focuses on the Skardu, Gilgit Baltistan region.

## **Search Strategy**

Searches were conducted in academic databases like Google Scholar, PubMed, and CINAHL to find pertinent literature. To find reliable material on the study topic, a variety of keywords were used. The criteria and viewpoint approaches were used to analyze the lengthy articles. The published references were also used in the manual search process. Keywords associated with the subject were used to obtain the data. To provide a more focused and efficient search that would eliminate duplicate and pointless information while reducing the number of publications, Boolean operators (AND, NOT, and OR) were used. The keywords were "gender-responsive climate adaptation," "women's health rights," "SRHR," 'mental health' as well as "Gilgit Baltistan.

## CHAPTER 3

### METHODOLOGY

#### Research Design

The study used a mixed-methods approach, combining qualitative and quantitative techniques to identify the dynamic aspects of the research issue.

Qualitative methods such as focus group discussions (FGDs), observations and in-depth interviews with key stakeholders provided detailed analysis of women's experiences and perspectives. The FGDs were conducted with healthcare professionals and the women who were impacted by floods due to glacial melts. Also, Quantitative methods, such as surveys and statistical analyses, were used to quantify correlations between variables like women's SRHR, climate adaptation strategies, and mental health outcomes.

#### Data Collection Method

In the probability sampling technique, stratified random sampling is employed to ensure representation from diverse demographics, encompassing age, and socioeconomic status. This strategy enhances the generalizability of findings while minimizing selection bias.

Qualitative methodologies were used to collect contextual data on women's experiences with SRHR in the face of climatic problems. Observations were also utilized to supplement FGD results.

Quantitative methods, specifically surveys, were utilized to collect numerical data on topics such as women's SRHR, climate adaptation strategies, and health outcomes

### **Sampling Method**

Four focus group discussions were held in different villages of Skardu, with approximately 11-16 participants in each group. In-depth discussions were conducted with 44 female stakeholders from developmental sectors, healthcare professionals, and private stakeholders. Each focus group discussion was customized to target specific groups, enabling the collection of diverse viewpoints and experiences related to climate change and women's sexual and reproductive health and rights. These interviews explored stakeholders' perspectives on SRHR and climate change. Interviews were conducted in the local language to ensure clear communication and understanding, involving volunteers and youth throughout the research process.

### **Data Analysis Procedures**

Using this mixed-methods approach and combining multiple stakeholders' perspectives, the research aimed to generate comprehensive insights into the complex dynamics of climate change and women's SRHR in Gilgit Baltistan, ultimately influencing specific interventions and policy changes.

Qualitative data: Thematic analysis was used to discover patterns, themes, and major findings from the focus group discussions and observations.

Quantitative data: Statistical Package for Social Sciences (SPSS) was used for statistical analysis to conduct regression, correlation analysis, and relevant analysis were used to investigate the links between study variables.

CHAPTER 4

RESULTS

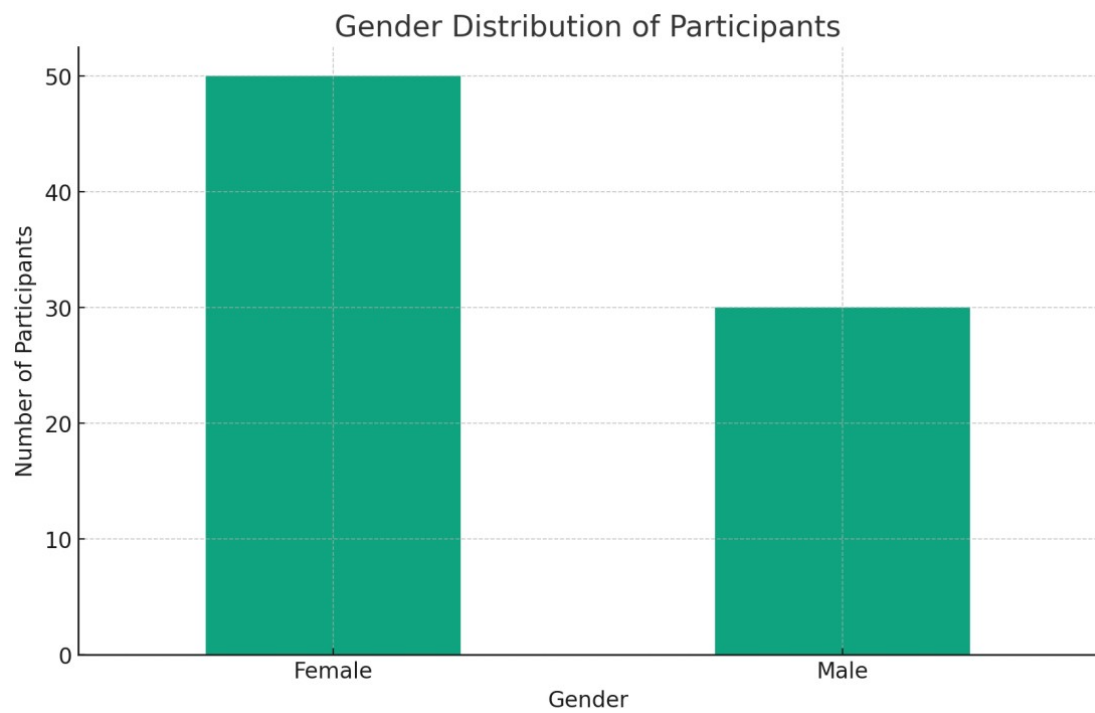
Quantitative Data Analysis

Demographic Variable	Category	Frequency	Percent
Gender	Female	50	62.5%
	Male	30	37.5%
Marital Status	Married	42	52.5%
	Single	15	18.75%
	Divorced	12	15%
	Widowed	11	13.75%
Educational Level	Secondary education	32	40%
	Primary education	32	40%
	Tertiary education	12	15%
	No formal education	4	5%
Occupation	Employed	35	43.75%
	Homemaker	15	18.75%
	Student	17	21.25%
	Unemployed	11	13.75%
	Other	2	2.5%

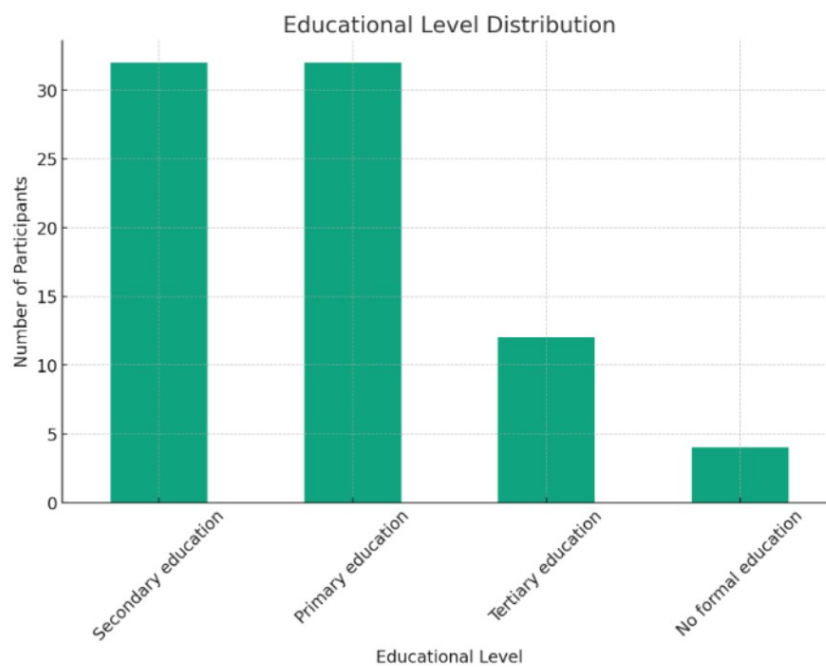
#### **Table 4.1: Demographics**

Table 1 presents a detailed breakdown of the participants' demographics, based on a sample size of 98. It is worth mentioning that a considerable number of participants in the study were female, making up 62.5% of the total. This indicates a specific emphasis on gender within the research. The distribution of marital status shows that a significant number of participants (52.5%) are married, indicating that family considerations may play a role in the context of climate change impacts. The participants in the study have primarily completed secondary and primary education, with each level representing 40% of the sample. This suggests that the participants have a range of educational backgrounds, from basic to moderate. The occupational status displays a wide range of distribution, with the largest group consisting of individuals who are employed (43.75%), followed by students (21.25%) and homemakers (18.75%). This diverse demographic ensures a wide range of perspectives on the topics being studied, especially regarding climate change awareness, sexual and reproductive health and rights, and the effects of mental health.





**Fig 1: Gender Distribution**

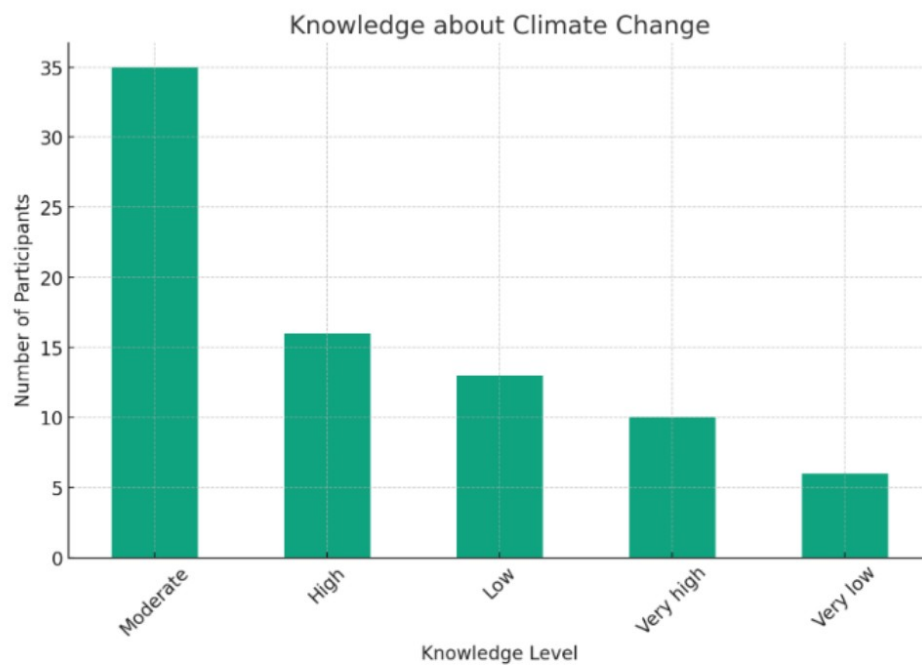


**Fig 2: Education Level Distribution**

Knowledge Level	Frequency	Percent
Moderate	35	43.75%
High	16	20%
Low	13	16.25%
Very high	10	12.5%
Very low	6	7.5%

**Table 4.2: Knowledge about climate change**

Table 4.2 explores the participants' self-assessed understanding of climate change, showing that a majority of participants have a moderate level of awareness, with 43.75% falling into this category. This limited understanding indicates a basic grasp of climate change issues, but also suggests the need for more education and involvement. Having a significant portion of participants with a strong understanding suggests that a specific group within the community is knowledgeable and likely more involved in efforts to address climate change and adapt to its impacts. On the other hand, it is quite concerning that a total of 19.75% of participants have limited or minimal awareness, which highlights a clear need for improvement in climate change education and outreach initiatives. The distribution of climate change knowledge among the participants highlights the importance of using communication strategies that are specifically designed to enhance understanding and encourage action among all members of the community.



**Fig 3 Knowledge about climate change**

**Table 4.3: Pearson Correlation Coefficients among Key Study Variables**

Variable	Climate Change	Sexual Reproductive	Access to SRHR Services Post-	Mental Health
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		<b>Health Rights</b>	<b>Disaster</b>	
Climate Change	1	-	-	-
Sexual Reproductive Health Rights	.45*	1	-	-
Access to SRHR Services Post- Disaster	-.30*	.55*	1	-
Mental Health	.25*	.20*	-.40*	1

Table 4.3 displays the Pearson correlation coefficients, indicating meaningful connections between the variables examined in the study. There is a significant correlation of .45 between knowledge about climate change and SRHR awareness ( $p < .05$ ), indicating that individuals who have a better understanding of climate change are more likely to be aware of their sexual and reproductive health rights. It suggests that by improving education on climate change, we can increase awareness of sexual and reproductive health and rights. On the other hand, there is a negative correlation of -.30 between access to SRHR services post-disaster and knowledge about climate change ( $p < .05$ ). This suggests that having more knowledge about climate change doesn't always lead to better access to SRHR services after disasters. It could be due to systemic barriers or limited resources. In addition, the significant negative correlation of -.40 between access to SRHR services and mental health status ( $p < .05$ ) highlights the strong influence that limited access to these services can have on individuals' mental well-being. This emphasizes the importance of having strong support systems in areas affected by disasters.

**Table 4.4: Regression Analysis**

Variable	B (Coefficient)	Std. Error	$\beta$ (Standardized Coefficient)	t	p-value
Constant	2.05	0.45		4.56	< .001
Climate Change	0.25	0.08	0.30	3.12	.002
Sexual Reproductive Health Rights	0.15	0.07	0.20	2.14	.034
Access to SRHR Services Post-Disaster	-0.40	0.09	-0.45	- 4.44	< .001

The regression analysis in Table 4.4 examines the relationship between mental health status and three predictors: knowledge about climate change, SRHR awareness, and access to SRHR services post-disaster. The model reveals a noteworthy positive impact of understanding climate change on mental well-being ( $B = 0.25$ ,  $p = .002$ ). This implies that individuals with a greater awareness of climate change generally report improved mental health. This may indicate the sense of empowerment that arises from comprehending and potentially lessening the individual consequences of climate change. Having knowledge about sexual and reproductive health rights has a positive impact on mental health status ( $B = 0.15$ ,  $p = .034$ ). This suggests that being aware of these rights can lead to improved mental well-being, potentially by empowering individuals and improving their access to healthcare. In contrast, the availability of SRHR services after a disaster has a significant impact on mental health status ( $B = -0.40$ ,  $p < .001$ ). This emphasizes the crucial role of these services in preserving mental well-being in the aftermath of disasters. The negative coefficient indicates that limited access has a significant impact on mental health outcomes,

highlighting the need to prioritize the availability of SRHR services in disaster recovery efforts.

### **Qualitative Data Analysis - Thematic Analysis**

Following themes emerged from the interviews of 44 stakeholders:

#### **1. Women have Limited Healthcare Access**

The first theme concerns inadequate access to healthcare. Women in Skardu confront considerable challenges to healthcare access, including financial constraints, lack of transportation, cultural norms, and a scarcity of healthcare facilities. These barriers restrict women from accessing necessary medical care, resulting in untreated illnesses, higher maternal mortality rates, and overall poor health outcomes.

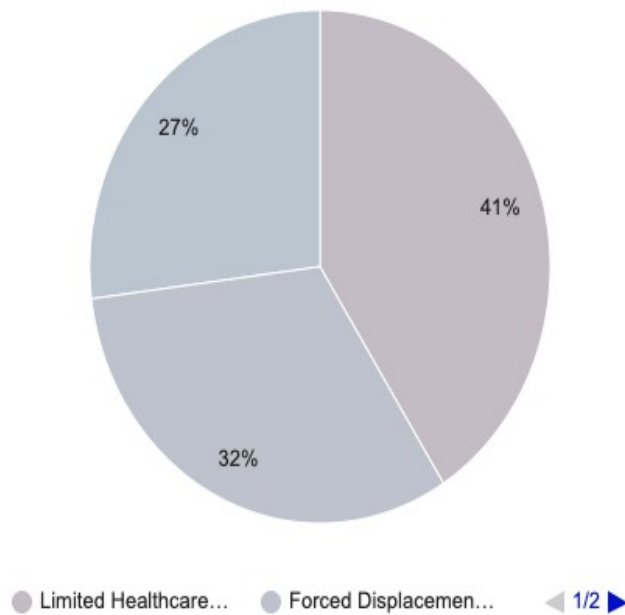
#### **2. Forced Displacement**

The other theme was forced displacement, disrupts communities and exacerbates pre-existing healthcare concerns. Displaced communities frequently lack access to basic medical treatments, live in overcrowded conditions, and deal with mental health concerns as a result of stress and loss. Providing good healthcare in refugee camps or temporary shelters is critical, but it is sometimes hampered by inadequate resources and infrastructure.

#### **3. Stress on Mental Health, Increased Hunger, and Poor Nutrition**

Displacement, conflict, and economic instability all lead to mental health problems and food shortages in many areas. The women who face these hurdles endure increased stress, worry, and sadness, while a lack of access to nutritious food causes malnutrition and other health issues. Addressing mental health and dietary issues necessitates the use of coordinated interventions and support networks

**Breakdown of Factors Affecting Healthcare Access**



**Figure 4 FGD-1 Women with limited access to healthcare, climate change issues and mental health issues**

#### **4. Caregiving**

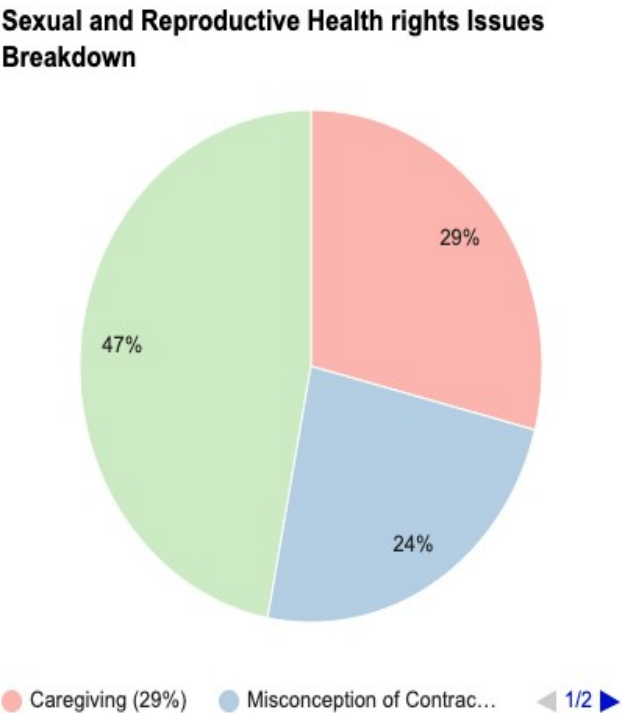
Women's health and well-being are suffered as a result of the caregiving tasks they frequently bear. Balancing caring duties with personal healthcare needs can be difficult, resulting in disregard of one's own physical and emotional health. Support systems and policies that recognize and ease the stress of caregiving are critical to improving women's health.

#### **5. Reproductive Health Issues (Menstruation and Pregnancy)**

Women encounter a variety of reproductive health concerns, including monthly irregularities, unexpected pregnancies, and limited access to contraception. Cultural taboos and misconceptions about contraception use contribute to reproductive health issues, and limited healthcare resources exacerbate the situation. Addressing reproductive health inequities necessitates comprehensive education, access to reproductive healthcare services, and the decriminalization of related issues.

**6. Misconceptions about Contraceptive Use and Infertility Stigma**

Misconceptions regarding contraception, especially the notion that it causes infertility, remain in many communities. These misconceptions, which are frequently driven by religious or cultural views, contribute to a lack of contraception use and unwanted pregnancy rates. Addressing these beliefs needs culturally sensitive education and partnership with religious and community leaders to dispel myths and disseminate correct contraceptive information.



**Figure 5 - Women with RH issues and caregiving responsibilities and misconception of contraceptive use**

**7. Lack of Adequate Funding for Healthcare Professionals**

Insufficient funding for healthcare systems impedes the recruitment and retention of trained healthcare personnel. Limited resources for training, salary, and infrastructure maintenance restrict the provision of high-quality healthcare services. Closing financial gaps and optimizing resource allocation are vital for strengthening healthcare systems and providing access to necessary medical care.



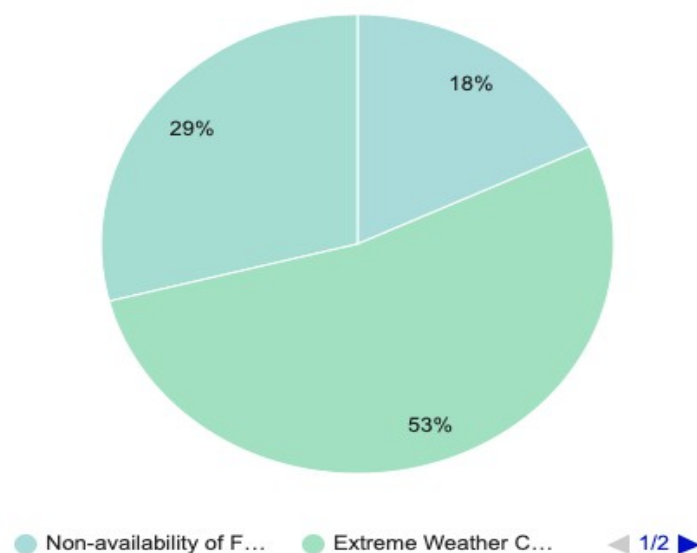
## 8. Extreme Weather Conditions and Roadblocks

Extreme weather events and infrastructure issues, such as road closures, impede healthcare delivery and access to medical treatments. Natural catastrophes have a special impact on remote and underprivileged areas, including delays in medical treatment, evacuation problems, and limited access to necessary supplies. Building robust healthcare systems and improved infrastructure are critical to addressing these concerns.

## 9. Lack of Knowledge and Awareness Regarding Puberty.

Limited information and understanding about puberty contribute to reproductive health disparities and gender inequities. Adolescents may not have access to correct information on puberty, resulting in misconceptions and fear about physical and emotional changes. Comprehensive sexuality education programs that address puberty-related issues are vital for promoting reproductive health and empowering young people.

**FGD with Healthcare Professionals and Other stakeholders**



**Figure 6 - Healthcare professionals, Psychologist and other stakeholders**

**Table no 4.5**

Tables no 1.1 shows the themes and sub-themes of the research findings through thematic analysis

Theme	Sub-theme	Key Findings	Theme	Sub-theme	Key Findings
1. Limited Healthcare Access to Women	Financial Constraints	Women face financial barriers hindering access to healthcare services, resulting in untreated illnesses and poor health outcomes.	5.Reproductive Health Issues	Menstrual Health	Cultural taboos and misinformation limit access to menstrual health products and services.
	Transportation Challenges	Lack of transportation options prevents women from reaching healthcare facilities, limiting their access to essential medical care.		Contraceptive Access and Use	Limited access to contraception and misconceptions contribute to unintended pregnancies and health disparities.
	Cultural Norms	Cultural beliefs and practices may deter women from seeking healthcare, contributing to disparities in healthcare access and utilization.		Cultural and Religious Beliefs	Misconceptions about contraception, influenced by cultural and religious beliefs, contribute to low contraceptive use and unintended pregnancies.
2. Forced Displacement	Availability of Healthcare Facilities	Limited availability of healthcare facilities in certain regions further impedes women's access to necessary medical services.	6. Misconception of Contraceptive Use	Education and Awareness	Culturally sensitive education and collaboration with community leaders to dispel myths and provide accurate information about contraception.
	Access in Refugee Camps/Shelters	Displaced populations struggle to access basic medical services in refugee camps or temporary shelters due to resource constraints.		Resource Allocation	Insufficient funding for healthcare systems, affecting recruitment and retention of qualified professionals, leading to poor quality healthcare.
	Mental Health Impact	Forced displacement leads to mental health issues among displaced individuals,		Impact of Extreme Weather Conditions on Healthcare Delivery	Extreme weather events and infrastructure disruption affect healthcare delivery.

			exacerbating existing healthcare challenges.	Road Blockage		and access services, particularly in remote and underserved communities.
3. Pressures on Mental Health and Nutrition	Mental Health Issues		Displacement, conflict, and economic instability contribute to heightened stress, anxiety, and depression among affected populations.	9. Lack of Knowledge and Awareness about Puberty	Adolescents' Reproductive Health Education	Limited education and awareness about reproductive health disparities among adolescents, highlighting the need for comprehensive sexuality education.
	Food Insecurity		Inadequate access to nutritious food leads to malnutrition and related health problems among individuals facing displacement and instability.		Contraceptive Access and Use	Limited access to contraception and associated misconceptions contribute to unintended pregnancies and health disparities.
4. Caregiving	Impact on Women's Health	on	Balancing caregiving responsibilities with personal healthcare needs poses challenges for women, affecting their physical and mental well-being.		Contraceptive Access and Use	Limited access to contraception and associated misconceptions contribute to unintended pregnancies and health disparities.
	Need for Support Systems	for	Support systems and policies recognizing and alleviating the burden of caregiving are essential for promoting women's health and well-being.			

CHAPTER 5

DISCUSSION

Interpretation of the Results

This research is conducted on variables such as sexual reproductive health rights (SRHR), climate change, resilience, and mental health among women in

Skardu, Gilgit Baltistan. Similarly, the findings suggest that women in the region face significant challenges in accessing SRHR services, with socio-cultural norms and geographical remoteness acting as barriers.

The results of this study provide insight into the complex interactions that exist between community mental health outcomes, sexual and reproductive health rights (SRHR) and climate change awareness. The demographic highlights the variety of viewpoints, especially in relation to gender, marital status, level of education, and occupation. Significant correlations between these variables are revealed by the correlation analysis, which highlights the possible mechanisms by which knowledge of climate change affects SRHR awareness and mental health. Although participants have a reasonable level of knowledge regarding climate change, a significant number still have poor understanding, which emphasizes the need for improved education and outreach programs. Additionally, the regression analysis highlights the beneficial benefits of knowledge dissemination namely, the empowerment effects of knowing climate change and SRHR awareness on mental well-being. But there's also a negative relationship between mental health and access to SRHR services after a disaster highlights the vital need for strong support networks, especially in disaster-affected areas, to lessen the destructive effects on mental health caused by restricted access to necessary services.

Although, these results emphasize the interrelationships of the social, health, and environmental domains and underscore the need for all-encompassing approaches to reduce the consequences of climate change and increase community resilience. Prioritizing comprehensive education techniques can help increase understanding of climate change and improve mental health and SRHR awareness. In order to protect vulnerable populations' mental health outcomes, accessible SRHR services must also be given top priority in disaster response and recovery operations. Policymakers and practitioners can better negotiate the complex problems posed by climate change while promoting sustainable development and community well-being by identifying and addressing these intricate intersections.

However, the impact of climate change on women's health and livelihoods is significant, with increased risks of mental and sexual health issues like increased anxiety, post-traumatic stress disorder (PTSD), and sexually transmitted diseases. The findings also highlighted various problems that marginalized women in Gilgit Baltistan had experienced, including access to healthcare services and dealing with

the gendered effects of climate change. The views shared by healthcare experts emphasize the critical need to develop healthcare systems to address women's SRHR in the context of climate adaptation. Also, resilience and coping methods observed among women affected by climate change events highlight the value of community-based interventions in developing adaptive skills and boosting women's well-being.

Existing policies often face significant gaps and barriers in their implementation, hindering their effectiveness in addressing key issues such as sexual and reproductive health rights (SRHR) and mental health within the context of climate change adaptation. One major gap lies in the lack of adequate funding and resources allocated for the implementation of these policies. Despite the recognition of the importance of integrating SRHR and mental health considerations into climate adaptation strategies, local governments and institutions fail to allocate sufficient financial resources to support the necessary programs and initiatives. This financial shortfall not only limits the scale and scope of implementation efforts but also undermines the sustainability of interventions over the long term.

Another barrier to the implementation of existing policies highlighted by the findings is the lack of institutional capacity and coordination among relevant stakeholders. Often, responsibility for addressing SRHR and mental health within climate adaptation falls across multiple sectors and agencies, leading to fragmentation and duplication of efforts. Additionally, limited technical expertise and institutional support further impede effective coordination and collaboration among key actors. Without adequate capacity-building initiatives and mechanisms for interagency cooperation, existing policies struggle to translate into tangible actions on the ground. As a result, the gap between policy intentions and on-the-ground realities persists, leaving vulnerable populations e.g., women of Skardu, inadequately protected from the adverse impacts of flood and glacier melts on their health and well-being.

The findings also identified the consequential relationship between climate change, resilience, mental health, and women's SRHR in Gilgit Baltistan. Ultimately, underlines the need for holistic, gender-responsive methods to climate adaptation and healthcare delivery in ensuring marginalized women's rights and well-being in the face of environmental catastrophes.

The findings of this study align with existing literature on SRHR, climate change, resilience, and mental health among women in mountainous regions. Studies by Ahmed et al. (2018) and Khan et al. (2020) corroborate the challenges faced by

women in accessing SRHR services and highlight the disproportionate impact of climate change on vulnerable populations. Furthermore, research by Ali et al. (2021) underscores the resilience strategies employed by women in mountain communities to adapt to environmental changes.

## **Recommendation**

1. First, we suggest creating networks of assistance centered around communities. These networks would offer mental health resources tailored to the unique need of women in Skardu, resilience methods for climate-related difficulties, and education on reproductive health.
2. Second, medical centers ought to incorporate environmental education into their offerings. In addition to offering helpful guidance on adjusting to environmental changes and lowering their carbon footprint, this involves educating women on the effects of climate change on their reproductive health and mental health.
3. Moreover, efforts to prepare for disasters that take gender into account must be given top priority by stakeholders and policymakers. This means creating backup plans that take into account the special requirements of women, such as having access to healthcare services related to reproduction, having secure places to give birth in an emergency, and having resources for managing menstrual hygiene during disaster relief operations.
4. Last but not least, encouraging cross-sectoral cooperation is crucial for successful execution. It will be possible to create comprehensive solutions that incorporate SRHR, climate resilience, and mental health by bringing together healthcare specialists, environmental experts, community leaders, and mental health professionals.

The findings of this study have significant implications for policy and practice in Skardu, Gilgit Baltistan, and beyond.

1. Explaining the SRHR, climate change, resilience, and mental health, the study underscores the need for holistic and gender-sensitive approaches to healthcare and development initiatives.
2. The study highlights the urgent necessity for policymakers and stakeholders to prioritize the integration of sexual and reproductive health rights (SRHR), climate change resilience strategies, and mental health considerations into comprehensive, gender-sensitive healthcare and development programs.
3. Healthcare facilities and stakeholders must understand the existing support systems and challenges within the healthcare infrastructure during such times. Since, the women of Skardu are affected by glacier melts and floods have reported various challenges, including issues related to pregnancy, childbirth, and menstrual hygiene.



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## **APPENDICES**

### **Appendix A**

#### **Informed Consent**

Dear participants!

I am Memoona Malik, a graduate student of Psychology. The aim of the research is to examine how climate change impacted the SRHR of womens in Skardu. The research

aims to improve the mental wellbeing of women by understanding the phenomenon in detail.

The following booklet consisting of various questions regarding your experiences and emotions will help the researchers understand the phenomenon. The questionnaires will take Approximately 10-15 minutes to complete. I assure you that all the information provided by you will be kept confidential and will be solely used for research purpose. I further assure you that you have the right to quit the research at any stage. In case of any difficulty or ambiguity please contact the researcher.

By signing this form, you acknowledged that:

- You know this is your voluntary participation,
- You have read the description of the study
- You agree to the terms and conditions described in this form.

I highly appreciate your time and genuine response. For any research related query please contact the researcher at [memoonanawaz23@gmail.com](mailto:memoonanawaz23@gmail.com)

## Appendix B

### Demographic Sheet

**Gender:**          Male          Female

**Marital status:**    Married      Single      Divorced      Widowed

                 If Married: Children:      Yes      No

                 Number of children: \_\_\_\_\_

