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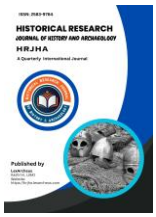

From Marginalization to Reform: Missionary Initiatives and Women's Lives in Kashmir

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ABSTRACT

The transformation of women's lives in Kashmir from marginalization to reform reflects a complex interaction between entrenched social structures and external intervention. Kashmiri women remained largely excluded from education, healthcare, and public life, constrained by patriarchal norms and economic hardships. The late nineteenth century marked a turning point with the arrival of Christian missionaries, who introduced organised systems of female education and modern medical care. Mission schools, hospitals, and awareness campaigns created new spaces for women's participation and addressed issues such as illiteracy, poor health, and prostitution. These initiatives contributed to gradual shifts in social attitudes and enabled women to engage beyond the domestic sphere. At the same time, missionary efforts operated within a colonial context and encountered resistance, suspicion, and selective acceptance from local society. The resulting transformation was uneven and contested, shaped by negotiation between reformist influences and indigenous responses, laying the foundation for long-term changes in women's status in Kashmir.

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INTRODUCTION

The history of social reform in Kashmir cannot be adequately understood without situating women at the centre of its analytical framework. For much of the pre-colonial and early Dogra period, Kashmiri women occupied a structurally marginalized position, circumscribed by intersecting hierarchies of patriarchy, class, and limited institutional access. Their exclusion from formal education, restricted mobility within public spaces, and lack of access to organized healthcare were not merely social conditions but constituted a broader epistemic marginalization where women's voices, experiences, and agency remained largely absent from dominant historical narratives. It is within this context that the entry of Christian missionary enterprises in the late nineteenth century assumes critical significance. Missionary initiatives in Kashmir were not isolated acts of philanthropy but formed part of a larger colonial encounter that sought to reshape indigenous societies through education, medicine, and moral reform.

Jammu and Kashmir State legalized prostitution, one of the most repugnant and wicked practices seen in practically every civilization, allowing a prostitute to legally pursue her career. Due to a lack of education and other exposures, the majority of people in Kashmir lived in poverty and were uninformed. Many people, especially women, did not hesitate to engage in prostitution as a means of making money because of poverty. However, this wicked practice brought in 25% of the state's revenue, the government was hesitant to outlaw it.[1] HIV (Human Immunodeficiency Virus) is a disease that has always been present in sex workers.[2] Those Kashmiri women who engaged in the immoral practice of prostitution frequently contracted various STDs, including granuloma venereum, syphilis, gonorrhea, and chondroid.[3] It is heartbreaking to see these prostitute women's deplorable situation. Dogra monarchs ignored the prostitute's health because they had an insatiable appetite for money and allowed everything that brought in money, regardless of the societal consequences. Prostitution-related taxes were not used to support women. In Kashmir, there were very few hospitals where sick prostitutes suffering from illnesses like syphilis could get the care they needed. Contemporary sources shed light on the sad plight of these women. The Srinagar Mission Hospital treated 12977 patients in total between 1877 and 1879. Of them, 2516 patients, were prostitutes had "venereal diseases". Such was the cruelty and hunger for money, even the Dogra authorities seized a prostitute's belongings after she passed away. According to F. Henvey, an Officer on Special Duty in Kashmir in 1880, young English citizens contributed to the growth of prostitution, and as it was a source of income for the state, the authorities did nothing to stop it.[4] As a result, the administration never considered doing any progressive work for the Kashmiri people, particularly for women. During the period under study credit goes to Christian missionaries who began a mission to liberate Kashmiris in general and women in particular. Education and health were the two key areas where Kashmiris seriously lack behind. The missionaries' first preference was to raise people's awareness by outlining the dangers of this wicked behaviour. They offered medical care to sick prostitutes. Additionally, they encouraged and inspired registered sex workers to come forward for screening.[5]

A few individuals, like Subhan Hajam, started a campaign against this immoral behaviour, but society as a whole or as a group never spoke out against it. He was inspired by this mission and received assistance from British individuals such as Lady Biscoe, Khatleen Younghan, and C. E. Tyndale Biscoe. Additionally, the Kashmir Valley owes a debt to a few other Europeans whose good hearts assisted the valley's residents in escaping the threat of prostitution and human trafficking. Sir Walter Lawrence, Robert Thorpe, Miss Helen Burges, Miss Churchhill Taylor, Miss Stubs, Miss Goodwill, and Miss Fitze were among them. Another significant figure is Dr. Elmsile, Doctor from Britain who spent eight years as the superintendent of Zenana Hospital, caring for female patients with venereal illnesses.[6]

Role of Missionaries in the Development of Women Education in Kashmir

Women's standing has remained unchanged for decades. The situation in Kashmir in general and Kashmiri women in particular is said to have improved starting in the late 19th century. Due to exposure to a variety of broader perspectives and the general modernization of communities, open challenges to improve women's status began to modify the situation. After the Treaty of Amritsar, Christian missionaries entered Kashmir with the intention of serving the oppressed men and women

there on a humanitarian basis [7]. Female education was virtually non-existent until the end of the first part of the 19th century, so the Missionaries deserve the credit. the Missionaries did everything in their power to get girls to attend their schools [8]. Speaking at the All India Women's Conference, Dr. Muthu Lakshmi Reddy stated that: Missionaries have contributed more to women's education in our nation than the government itself.[9]

The first C.M.S School for girls was opened in 1894, by a Christian Missionary lady Miss Irene Petric at Srinagar's Fateh Kadal area, but it did meet much popularity, for it was initiated by a foreign lady.[10]This was followed by a school at Habba Kadal founded by Dr. Kate Knowels in 1909 and another school was founded by Miss Fitze in the year 1912 [11]. Kashmiri parents were not willing to send their daughters to the Christian teachers even if she happens to be a lady. Initially opening of the girls' school shocked the people of Srinagar. There were rumours and whispers in the streets. The people thought that Missionaries opened these schools with an aim to pollute the minds of young girls with impure ideas.[12] Despite fierce opposition from superstitious and traditional Hindu and Muslim elders as well as the Dogra Government, who were dubious of the Europeans' motives and unwilling to permit the education of young girls, they made great efforts to Europeans to relocate across the valley. With a 700 rupee government subsidy in 1918, the Fateh Kadal School in Srinagar was elevated to the intermediate grade; yet, growth was appallingly slow. Only a small number of girls passed their middle standard exam, and not a single girl finished matriculation in these educational institutions. Early marriage was the main cause of girls' inability to finish their education.[13] However, under Miss Mallinson (1922–1961),During her tenure, she brought forth a tremendous lot of improvement in both education and culture, which resulted in substantial changes at Christian Missionary School.

Among the brave individuals who made girls' education appropriate in Srinagar were Miss Churchill Taylor, Miss Robinson, Miss Fitze, and Miss Mallinson. The story of foreign missionaries battling male conceit and mistrust is a triumphant episode in the history of Kashmir's cultural revival[14]. Mr. Biscoe stated, "Girls' education is advancing far faster than that of boys at its inception, and I think the mothers of this growing generation have been educated," in reference to the advancements made by the girls' school. It was Miss Mallinson who was instrumental in fostering adequate educational and cultural development among Kashmiri women. The school became a centre of cultural events under her inspiring leadership [15]. Mission schools have significantly helped to emancipate Kashmiri women. The quality of family life has been greatly enhanced through the activities of missionaries. The women started receiving training and shown interest in the technical and political fields. Furthermore, they began to leave the home and enter various realms of social life and work outside the home. They have developed a new definition of themselves, broadened their perspective, and gained an understanding of their potential thanks to missionaries.

Health Care

In Kashmir, the indigenous traditional medical system has been practiced for ages. The inhabitants and hakims (physicians) were so skilled that they attributed medical qualities to every growing thing and used almost every plant and tree for some purpose.[16] People were drawn to Ayurvedic and Unani medicine. A woman known as Dai or Warin served as the pregnant women's midwife, performing the vital delivery procedure[17]. During her nine months of pregnancy, they did not administer any medication. They just helped her give birth by giving her courage and emotionally preparing her. They were only able to observe when the baby would eventually be delivered because of their experience. According to Lawrence, there were 1,900 barbers and 300 Native doctors (Hakims), and the public responded well to them. In addition, there was no way for them to accept any other medication from someone who was completely unknown to them.[18] For nearly two decades the Dogra's never bothered to establish a hospital. Only in the latter part of the nineteenth century, Christian Missionaries from London introduce the modern medical system and hospital concept to Kashmir. The idea of sending a Christian missionary to Kashmir was actually discussed at the Lahore conference in early 1862. At that time, Kashmir was specifically mentioned as a place where medical assistance was unavailable and people still relied on traditional medicine, which was insufficient to effectively treat modern illnesses like cholera. As a result, Rev. Clark became the driving force behind the Kashmir mission's founding.[19] He along with his wife opened a dispensary for women in Nawakadal Srinagar,

and his wife was more expert than the local hakims and very soon number of women who would have otherwise died of simple illness came to her to receive treatment and cure.[20] In 1865, Dr. Elmslie (1832–1872), the C.M.S.'s first medical missionary, reached Kashmir. However, it should be kept in mind that the doctor had to overcome overwhelming obstacles in his early years due to his strong colonial motivation, but he was still able to fulfil his duty. Despite the fact that he lacked a hospital to treat illnesses, he was nevertheless able to care for the sick and carry out surgeries beneath the trees.[21]According to Mr. Biscoe, "His life was hard and difficult because he had no hospital and his operations were performed under trees; additionally, orders were issued that the people were not to visit the doctor, and sepoys were stationed around to keep them away, as the sick persisted in coming for relief." A number of patients were imprisoned for defying the authorities' orders.[22] However, the missionaries never gave up, stayed steadfast and unwavering in their objective, and eventually succeeded in altering the state's mindset through their selfless labor and devotion.[23] The government began to follow missionaries and established several dispensaries around the valley; the first state dispensary opened its doors in 1870.[24] Men and women from London abandoned their opulent lifestyles for the sake of the valley's impoverished residents after Dr. Elmslie missionaries descended upon the area. Following Elmslie's departure, notable individuals such as Dr. Arthur Neve, who dedicated thirty years of his life to serving Kashmir, followed Dr. Theodore Maxwell. Physicians such as Edmund Downes, Arthur Neve, and Earnest F. Neve frequently visited the villages and district headquarters to treat patients who were unable to go to the hospital due to distance and lack of transportation.[25] The missionary hospitals were manned by qualified, trained, and skilled physicians and nurses, including Fanny Buttler, Nora Neva, Miss Lucy, M. Cormack, Miss Irene Pertie, Miss Robison, Ht. Smith, and others. People responded in such a way that they flocked to receive therapy. The missionary hospital was so packed that Arthur Neve referred to Drugjan Hospital as a second pilgrimage site, after the well-known Hazratbal Shrine.[26] Having committed female physicians to treat their protracted ailments made the city's ladies happy. The missionary enthusiasm continued to expand throughout the Kashmir Valley. Zenana Hospitals in Ananatnag, southern Kashmir, were also founded with the same spirit by Mrs. Bishop.[27]

CONCLUSION

The transition of Kashmiri women from marginalization to reform reveals a complex interplay between external intervention and internal social change. Christian missionary initiatives disrupted entrenched patriarchal structures by introducing female education, medical care, and new forms of social engagement, thereby opening limited yet significant spaces for women's agency. However, these efforts were not purely emancipatory; they operated within colonial frameworks and generated resistance, negotiation, and selective acceptance within local society. Thus, the transformation of women's lives in Kashmir cannot be reduced to a linear narrative of progress. Rather, it was a contested and gradual process in which missionary interventions acted as catalysts, while the actual momentum of change was shaped by indigenous responses, adaptations, and aspirations. The legacy of this encounter lies in its enduring impact on the reconfiguration of gender roles—marking the beginning of a longer, internally driven journey toward women's empowerment in Kashmir.

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