

POST-MISCARRIAGE HEALING PRACTICES: CULTURAL BELIEFS, TRADITIONS AND TABOOS IN VILLAGE ANDROT, AZAD JAMMU & KASHMIR

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Abstract

With an emphasis on cultural beliefs and customs around pregnancy loss, this qualitative study investigates post-miscarriage healing practices in Village Androt, Azad Jammu & Kashmir. The findings of this study show that women's experiences and coping mechanisms are greatly influenced by the idea of "Pachawa" (evil eye), which is connected to spiritual causes of miscarriage. These insights underscore the importance of culturally responsive healthcare interventions that respect local beliefs in enhancing reproductive health outcomes, particularly given the scarcity of existing literature on the subject. An unstructured interview guide was prepared to collect in-depth information from the 21 respondents that has faced miscarriage. For this ethnographic study, twenty-one in-depth interviews were conducted by applying a purposive sampling technique to choose the participants. The recorded interviews were transcribed for doing a thematic analysis. The field notes were separated into various themes. The results of this study emphasize the shame and social stress that women experience following a miscarriage, which frequently leads to social exclusion and limited involvement in community activities. The research adds important knowledge to the understanding of women's health challenges in rural areas by shedding light on these cultural frameworks.

Keywords: Miscarriage, Healing Practices, Social Support, Emotional Well-being

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Introduction

While there are regional variations in the vocabulary for describing miscarriage of pregnancy, Miscarriage, spontaneous abortion, early pregnancy failure, and early pregnancy loss are some of the many words used to describe the failure of an early pregnancy. Other classifications for pregnancy failure include missing, inevitable, embryonic, or anembryonic mortality (Rouse et al., 2017). Generally, a baby who dies at or after 28 weeks of pregnancy is referred to as a stillbirth while a baby who dies before 28 weeks of pregnancy is considered a miscarriage (WHO, 2019). Generally, miscarriage, defined as the loss of a pregnancy before viability, is a prevalent issue affecting approximately one in four pregnancies globally (Kilshaw & Borg, 2020). For this study, the term

miscarriage refers to the loss of pregnancy before the 28th week of conceiving. The study focuses on the post-miscarriage healing practices and the emotional well-being of the women who have experienced miscarriage.

Recent studies in the Pakistani context, (Sathar et al., 2025) indicate a rise in the abortion rate, largely due to various complications associated with abortions that significantly contribute to maternal morbidity and mortality. A study conducted by (MM, 2016) stated that in Pakistan, abortion rates are increasing, and in countries such as Pakistan, to estimate the incidence of abortion in Pakistan by (Sathar et al., 2007) every year, 890000 induced abortions performed, with 29 out of 1000 women between the ages of 15 and 49 getting an abortion. Symptoms such as shock, infection, stomach pain, and vaginal bleeding are often signs of an imminent pregnancy loss. To determine Pakistan's abortion rate, study by (Sarwar et al., 2018) was completed in Hyderabad's Liaqat Medical College Hospital between January 2005 and December 2006. The majority of abortions occur among women aged 25 to 40, especially those from lower socioeconomic backgrounds who face increased risks due to low income.

According to the research in Lahore about poverty, malnutrition and other socioeconomic factors affect maternal health by (Malik et al., 2022) recent years have seen a miscarriage rate exceeding 20%. An individual's health is strongly influenced by their socioeconomic status. Limited income often results in inadequate housing, poor nutrition, and restricted access to healthcare, all of which can increase the likelihood of miscarriage. Additionally, obesity is recognized as a significant risk factor for miscarriage in Pakistan (Shinwari et al., 2024). Field data shows that women in Village Androt face significant emotional, physical, and social challenges after a miscarriage, including distress. Miscarriage leads to emotional turmoil, physical discomfort, and sleep issues, all of which can negatively impact a person's quality of life.

The emotional recovery process after a loss is gradual for women, with those who are childless often experiencing more intense grief following an abortion, resembling symptoms of depression (Darroux, 2022). Grieving rituals can help women cope with various losses attached to miscarriage after stillbirth (Mander, 2007). Bereavement rituals are any kind of action, whether it be done in private or in public, that expresses emotions, beliefs, and concepts related to loss (Layne, 1990). This ethnographic study reveals that women often prefer traditional or alternative practices because they are cheaper, more accessible, and more familiar. Generally, women attribute miscarriage to evil possession or evil eye (Sultana, 2008b) which is known as "*Pachawa*" in the area of this study with an affirmed belief that young, pregnant, or unmarried women are more susceptible. Local healing practices are used to remove "*Pachawa*" and restore the affected woman.

The medical causes of miscarriages (Ali et al., 2020) are based on several reasons including drug abuse, thyroid issues, diabetes, immunological problems, and genetic abnormalities. The American College of Obstetricians and Gynecologists (ACOG, 2018) states that genetic defects in the embryo, often due to chromosome abnormalities, are the most common cause of miscarriage, especially in older women. In rural areas, where modern cultural practices like drug use are less common, chromosome abnormalities remain the primary cause of miscarriage. Modern health practitioners offer biomedical treatment to overcome the physical impacts of miscarriage. Whereas in the context of Androt, the women believed that miscarriage also had impacts on the soul for which they had various cultural practices.

Studying post-miscarriage healing practices in Kashmir helps to understand cultural beliefs and customs influencing reproductive health. This research aims to explore rituals as coping strategies and support systems, aiding healthcare providers in creating culturally sensitive approaches to improve reproductive health outcomes and align medical care with local traditions.

Research Methodology and Methods

This qualitative study was conducted in the village Androt District Poonch of Azad Jammu and Kashmir. Modern safe birth facilities are not commonly available in the village and this is the reason for a higher number of miscarriages in the selected village. The easy availability of women with post-miscarriage healing practices and strong references were reasons for the selection of the research site. Using an in-depth interviewing technique, the researcher explored the respondent's responses. The respondent and the researcher spoke face-to-face to delve deeper into the issue. Verbal consent of the respondents was ensured before collecting each of the in-depth interviews. To preserve a relaxed, welcoming atmosphere, interviews typically lasted between thirty and forty minutes and were conducted in the native language, (Pahari). In addition to in-depth interviews, the findings of participant observations were also included in the field data to deeply understand the topic of this study.

A purposive sampling technique was used to select 21 women between the ages of 20 and 80 who had suffered a miscarriage, this method selects participants consciously based on particular study-relevant characteristics in order to ensure that they were chosen for their applicability and capacity to provide meaningful insights. Field research was carried out in a naturalistic environment to obtain accurate, genuine, and legitimate data. The interviews were transcribed from Pahari (native language) into Urdu and then into English. Following thematic classification, the data were analyzed using the Thematic Analysis Technique (TAT). After an in-depth examination of relevant works of literature, themes were created and enhanced with knowledge gleaned directly from original field data. These themes encompassed recurrent themes, feelings, and cultural associations around miscarriages. Observations and conversations with respondents were employed to ensure the validity of the findings.

Findings

This ethnographic study on post-miscarriage healing in Village Androt, AJK, reveals the complex influence of cultural, religious, and social factors on women's recovery. It highlights that healing is not only physical but also deeply emotional and cultural, with diverse recovery practices, traditional rituals, familial support, and community responses. The study also explores the reasons for miscarriage in remote areas and the taboos surrounding it.

Cultural Beliefs

The loss of a miscarriage is perceived in the context of traditional beliefs about fertility in the village of Androt, where people believe.

In Village Androt, local customs and traditional beliefs about fertility and loss shape how miscarriage is perceived. The study reveals that miscarriage is often viewed through a spiritual lens, where cultural interpretations deeply influence healing practices and social expectations. According to popular belief, miscarriages might be caused by the "evil eye" (nazar) or a spiritual ailment (jinn or asaib). As a result, women may seek protection through ritual baths, shrine visits, or amulets (ta'wiz). Elders may recommend spiritual cures including silent nighttime rituals, the use of holy water, or the recitation of particular verses. These practices are seen not only as healing acts but also as necessary steps to restore a woman's spiritual purity and social standing within the community. These interpretations significantly influence women's emotional responses and the support they receive, as reported by many respondents during interviews. Here few stances are quoted. Participant number 10 of this study, named as Fatima, age 39 and is a housewife, share narrated:

"I have a lot of faith in these rituals because I have always heard about them, and there was a woman in our neighborhood who had no children for 15 years due to pachawa. After she performed the pachawa rituals, she finally had a son."

Whereas Ayesha, participant number 19 who is working as a teacher, age 43 discussed:

"I don't believe in these rituals because my sister-in-law is a doctor, and many patients with similar cases recover without lasting effects. Miscarriages may cause complications, but with proper care and diet, a woman can conceive again. These are just old stories."

During fieldwork, many respondents stated that 80% of the community still holds these beliefs, while 20% of the younger generation does not. Rather than just medical problems, common beliefs include the notion that miscarriages are caused by the power of spirits (jinn), black magic, or the evil eye (nazar). Because of this, women frequently perform certain rituals for healing and protection. These include visiting shrines (mazars), burning incense, wrapping amulets (ta'wiz) about the body, and taking ritual baths at predetermined times. Stories of healing and wish fulfillment are shared in locations like Mazars, strengthening the belief in spiritual cures among the populace. Driven by enthusiasm, emotional fragility, and the cultural idea that spiritual intervention is necessary for future fertility and well-being, women frequently resort to these rituals after a miscarriage.

Traditional Practices and Rituals

The traditional practices and rituals was the most common finding among the respondents of this study, who linked these with the healing process after miscarriage. The vast majority of the respondents were of the view that after miscarriage there is an evil eye on the female which is known as "pachawa" in the native language and can only be removed by performing specific types of showers and other traditional practices. Khadija, who is a housewife, mother of 5 children and passed through 4 miscarriages and age 43, shared:

"First, I drink water from an amulet three times a day for three months, perform different prayers and rituals after each prayer, and take mandatory showers with specific procedures. The showers vary sometimes on a full moon night, after the 15th of the moon, at midnight, or early morning, often far from home under a tree, and without seeing my own body."

Midnight shower is an essential ritual after a miscarriage every woman who faces a miscarriage must go for a particular bath. Asma Tariq, age 77 and was oldest lady of the village added:

"The ideal date for performing the ritual to remove the "pachawa" is April 1st, known as "Phosooy" in Kashmiri language. This type of miscarriage is referred to as "baal gira ka pachawa". Seven branches from different trees are placed in water, and after a bath, the water is poured over the body with eyes closed. The bath is taken at a crossroads, not under a tree. Then, a fire is lit, and you must circle it an odd number of times to burn away the 'pachawa.' The clothes worn are burned and discarded in a hidden place to avoid harm."

In the study area, women visit specific shrines to perform rituals for healing and fertility. Many respondents stated that these practices help them feel relaxed and hopeful for conceiving again. Participant share their experience:

"A nomadic woman gave me an herb to grind with pumpkin roots and mix with 2.5 leaves from a spreading tree, then take three showers with my eyes closed. I also went to Chor Chowk Ziarat, where I passed under a tree's roots, and I took another shower there with my eyes closed."

The Participant shared, that in addition to an amulet, an elderly woman in her neighborhood performs a midnight ritual bath using a dead snake. After her second miscarriage, at her mother's place, she was instructed to bathe over a 4-month-old baby placed under a basket, keeping her eyes closed until her body dried. Once dry, she looked at a completely withered tree.

Underlying Causes of Miscarriage in Rural Communities

The biggest reason of miscarriage in village Androt is a belief of "Pachawa" which is transferable from one women to another by doing specific things. Almost all respondents talked about "Pachawa" as a reason of miscarriage. Misses Ali, with no child at all and pass through miscarriage in her first pregnancy said:

"If a pregnant woman visits another woman after a miscarriage or within 40 days of childbirth, she may be affected by 'pachawa' a spiritual blockage. It can also transfer through seeing someone after a midnight shower or the ingredients used in it, or by attending a funeral during pregnancy."

While discussing common causes of miscarriage participant shared:

"Common causes of miscarriage included heavy household work, lifting weights, fatigue, and working with livestock. After another miscarriage at 3-4 months, I had been working with our pet buffaloes. One stepped on my foot, causing me to fall, and after a night of mild pain, I miscarried the next morning."

The reason for miscarriage was often attributed to a complex mix of cultural beliefs, traditional practices, and environmental factors. Biological reasons can also be a reason stated by Tuba who has a twin sister:

"My twin sister married two years after me, but she also experienced miscarriages. People believe it's because we're twins, and that if one of us has a child, the other will too."

Jealousy is a natural emotion, but when it leads to harmful actions, it becomes destructive. In rural communities, such feelings of envy can sometimes take a dark turn, particularly during pregnancy. Women often believe that jealousy from others can manifest in ways that cause harm, such as through rituals or harmful gestures meant to disrupt a woman's fertility. One Participant named as Kulsoom shared a painful experience from her own life, and said:

"My husband was an army officer, and many women in the village were jealous of me. One woman, who liked my husband, served me food with mule hairs under the table, believing it could cause a miscarriage and prevent me from becoming a mother again."

This belief reflects how deeply rooted notions of jealousy and rivalry can influence a woman's experience of pregnancy and miscarriage in these communities.

Taboos associated with miscarriage

In many rural communities, cultural taboos surrounding pregnancy and miscarriage are deeply ingrained, with certain activities deemed inappropriate or dangerous for expectant women. These taboos are believed to protect both the mother and child from harm. Participant named as Fatima, who have 3 daughters shared:

"A pregnant woman is not supposed to attend weddings, funerals, or visit another woman who has just given birth within 40 days after delivery."

She recalled how, due to such customs, she was unable to attend her uncle's funeral. When a girl is pregnant, it's considered taboo for her to attend a funeral or a wedding. Because of this, I didn't attend my uncle's funeral. These practices reflect the belief that certain social events could bring bad luck or harm to the pregnancy. It is strongly observed in her own, underscoring how cultural beliefs shape women's experiences during pregnancy and loss.

Familial Support and Community Responses

Familial support and community responses are crucial during pregnancy and miscarriage. In rural areas, relatives and neighbors play key roles in emotional and physical healing. While some women find comfort in this collective care, others struggle with social expectations and traditional beliefs. Dua Bilal, age 43, have no child and face miscarriage in her first pregnancy. She said:

"We live in a society where the most important task after marriage is to have children. It has been two years since my marriage, and people started saying that I could not have children because I had undergone a cleaning procedure, which often resulted in doctors removing the uterus. The women who came to visit me would leave after making comments that only added to my distress, rather than offering comfort."

Societal pressure on women to have children quickly and the stigma around fertility issues create emotional and social challenges. Family support, shaped by tradition and gender, can either offer comfort or increase isolation during times of loss. Tahira Shayan, age 47 with two daughters, shared this perspective.

"The physical and emotional abuse I faced from my husband after the miscarriage. My husband's intense desire for a son to inherit his wealth, combined with my inability to conceive again, led him to treat me as worthless. Despite the trauma, I was forced to adhere to traditional rituals in secret, as my in-laws and husband pressured me to follow customs. The lack of empathy coupled with the weight of societal expectations, made it an incredibly difficult and isolating experience."

It can be difficult for women to completely absorb their loss when social pressure to maintain appearances or rapidly conceive again overshadows their grief. As a researcher looking into how society affects reproductive health, especially when it comes to miscarriages, it is evident that cultural pressures, expectations, and conventions have a big impact on how women experience and perceive pregnancy loss. Social norms around parenthood in many cultures can instill feelings of guilt or shame around miscarriages, which frequently cause women to internalize blame for the loss even when the cause is medical or outside of their control.

Discussion and Analysis

This anthropological investigation of post-miscarriage healing methods in Village Androt, AJK, highlights the intricate relationship between social dynamics, cultural beliefs, and customs related to miscarriage. The results demonstrate how the idea of "*Pachawa*" has a big impact on how women perceive and deal with pregnancy loss. A qualitative study in Punjab areas of Pakistan by (Sultana, 2008a) emphasized the critical role of investing in women's education as a means to safeguard their reproductive health. In accordance with the study, impoverished women who said that "parchawan" a form of evil possession or evil eye was the primary cause for miscarriages were misinformed. They assume that young married women, expecting mothers, and single girls are more likely to receive a "parchawan." The result of this ethnography reveal similar patterns among participants in the field study give spiritual reasons for their miscarriages, which is suggestive of deep-rooted beliefs about the need for specific healing techniques and supernatural powers.

Women's post-loss emotions are thought to be an ongoing process that gradually exposes emotional responses. Literature also highlights the issue (Tseng et al., 2018) that death-related rituals are highly culturally diverse. Participating in rituals permits a mother to do something for her deceased child, helps relieve her guilt, and lets her cope with the stillbirth or miscarriage. In the case of this ethnography, the respondents claimed that rituals after a miscarriage can help a woman recover from grieving and allow her to hope for a successful subsequent pregnancy. Field data shows that during a time of grief, these customs such as taking ritual baths and wearing amulets serve as coping strategies as well as a way to rebuild social ties and communal solidarity.

Previous medical anthropologists' research (Barnes & Laird, 2017) in the areas of medicine, religion, and spirituality claims that people believe in spirituality to improve their health. Based on research conducted in Pakistan (Hussain et al., 2024) spirituality plays an important impact in reducing social stress while offering sufferers with internal satisfaction. This ethnography also found similar trends regarding coping with miscarriage through spirituality like "*Tawez*", "*spiritual bath*" etc. Compared to women who already have children, childless women experience higher degrees of mourning following an abortion, an outcome that is the same as that of depression symptoms. Using grieving rituals is one way to cope with the loss (Mander, 2007).

According to the study on social network by (Bellhouse et al., 2018) shows that social networks play a vital part in supporting women post miscarriage, and positive support experiences have been associated with buffering the level of sorrow and grief experienced. During the in-depth interviews, it was revealed that improper behavior in the environment, inadequate support, or a complete lack thereof means that women cannot afford to fully process their negative emotions, which can end up in mental disorders (depression, anxiety, post-traumatic stress disorder - PTSD) and loss of condensed in medical personnel (Iwanowicz-Palus et al., 2021). The most recent study by (Siusiuka et al., 2025) shows miscarriage can have a profoundly damaging influence on the behavior for many affected females. The symptoms of anxiety, depression, PTSD and pathological grief are the most prevalent. Among other things, social support, age, and previous miscarriages may have an impact on the severity of emotional suffering. Study conducted by (A. Malik et al., 2020) in two separate Lahore hospitals, religiosity, the frequency of miscarriages, and social and spiritual support were found to be significant predictors of miscarrying women's distress. This ethnographic study, indicates that women's partners tend to play a supportive part rather than focus on their mourning. The majority of women regarded their partner as their primary source of support, with 96% reporting support and 87% finding it beneficial (Conway, 1995).

According to current research, women who experience miscarriages particularly face stigma, rejection, and abuse from the community, medical professionals, and spouses and family members for neglecting to take care of their pregnancy. Miscarriage is a life-changing occurrence for women and can have a severe mental, physical, and social impact, with a negative effect on interactions within the family

and community, shown in the research by (Asim et al., 2022). According to the respondents in this study, women receive little attention in the home and are always in risk of divorce or having their partners marry someone else. Such women are seen as unfortunate and are not invited to social gatherings in the community.

Grief emotions in women can resemble those following the death of a newborn. A literature review by (Stitzinger et al., 1999) highlights that the woman's relationships with her spouse and kids may suffer, and she may have lingering feelings of melancholy, inadequacy, and dread if she is not given the chance to process her loss. Research on pregnancy by (Dellicour et al., 2013) shows that the belief that women who suffer from a poor pregnancy outcome are stigmatized rather than supported. According to this ethnographic study's participants, women who miscarried were rejected and forbidden from leaving their houses until they had received spiritual healing. Additionally, they were restricted from connecting with other pregnant women out of concern that this would spread and cause them to miscarry as well.

Women's viewpoints and reactions to pregnancy loss are shaped by deeply rooted cultural ideas, like as the idea of "*pachawa*," according to the data analysis from this anthropological study. The commonplace shame and societal stigma surrounding miscarriage are reflected in traditional healing techniques and spiritual rituals, which offer emotional comfort and a sense of communal solidarity. The study underlines the need for a more empathetic and informed approach to postpartum care for women, one that incorporates cultural customs with medical and psychological support to guarantee their overall health.

Conclusion

According to the findings of this qualitative anthropological study, the people of Androt village in Poonch district, Azad Kashmir, were accustomed to using traditional healing methods to treat miscarriages. The intricate interactions between cultural beliefs, customary healing methods, and social dynamics around miscarriage in Village Androt, AJK, are highlighted in this anthropological study. It demonstrates that whereas spiritual practices, including those meant to remove "*pachawa*," offer social and emotional support, they also mirror the cultural pressures and ingrained stigma that women experience following a miscarriage. Despite being consoling to some, these cultural customs frequently make people feel even more alone and distressed, particularly when paired with a lack of thorough medical and mental support. These findings highlight how crucial it is to combine medical assistance with cultural awareness to ensure that women receive considerate, knowledgeable care that supports their emotional and physical recovery following a miscarriage. The study also emphasizes how women are stigmatized following miscarriages since social taboos make it difficult for them to participate in communal activities and make them feel even more alone. Additionally, some respondents show skepticism about superstitions by pointing to medical reasons for miscarriages, implying that the collected

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