

CONTINUOUS VIOLENCE IN KASHMIR AND ITS EFFECT ON THE MENTAL HEALTH OF KASHMIRI ADOLESCENTS: AN EMPIRICAL OUTLOOK

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Abstract

The continuous violence in Kashmir is bound to have irreparable consequences to the mental health of the masses. Adolescents are the most impressionable section of a population and hence are the one that we need to be most concerned with. The researcher using MHI-38 has measured the mental health of Kashmiri adolescents in four districts of the region viz. Srinagar, Anantnag, Kulgam and Budgam. The result of the study indicated that there is no statistically significant difference in among the four districts in anxiety, depression, general positive effect, life satisfaction and emotional ties whereas significant difference of 0.001 was found in loss of emotional and behavioural control among male adolescents while there was significant difference of 0.026 among females in life satisfaction and general positive effect.

Key Words: Adolescents, Kashmiri, Mental Health, Mental Health Inventory, anxiety, depression

INTRODUCTION

Kashmir conflict is often seen as a dispute between two neighboring countries India and Pakistan. There have been three wars between these nuclear armed countries. Since armed conflict is no more confined to battlefields the communities suffer the warlike situations and suffer destruction of properties, loss of lives, rape, torture and disappearances. In 28 years after 3400 disappearance cases and 47000 and counting people dead the conflict is nowhere coming to an end (India, 2008). The conflict in Kashmir has been going on since more than two and half decades now, adolescents have no reference point of conceptualizing what peace is. One of the most alarming aspects of the conflict is that adolescents are the majority victims of the violence. The adolescents of Kashmir had a tainted childhood due to the armed conflict and hence face a tough time in socializing. Due to continuous violence in the state their families failed to provide a safe environment resulting in feeling of insecurity, school dropout and unemployment and social adjustment problems. As many as 891 schools have been destroyed since 1989 in Kashmir (Rather, 2013). Strikes, security threats, bomb blasts, arrest of teachers and absenteeism have left the educational performance and Health care facilities in the Valley paralyzed.

Adolescence is a phase in one's life when one is undergoing many physical and emotional changes. During conflicts, adolescent girls are particularly at risk for gender-based violence and sexual exploitation. The extreme and often prolonged circumstances of armed conflict can interfere with identity development. As a result, many adolescents, especially those who have had severely distressing experiences, cannot foresee any future for themselves (UN, 1996). According to Manzoor (2018) adolescents boys have been beaten and their identity cards checked frequently. They have also faced abusive language, were stopped and kept aside and some of the boys have also experienced frisking. Adolescent girls have faced verbal harassment, harassment through gesture and physical harassment. On seeing men in uniform most intact-disrupted adolescent boys get angry; whereas most intact-disrupted adolescent girls get scared on seeing them (Manzoor, 2018).

Mental Health

Mental health of the people of Kashmir has been neglected and ignored from the very beginning of the conflict. With tremendous increase in the number of mental health cases with different issues due to the stressful situations in Kashmir; no efforts are being made by the state authorities to help the society in need. The continuous war like situation in this region has given birth to multiple mental health issues. This does not come as a surprise given that the place has not seen peace in quarter of a century. The constant threat to life and property or becoming victims of massacre, torture, rape or targeted has left a permanent fear that has tinted the childhood of every Kashmiri adolescent.

An adolescent who should be focusing on life and the gifts it offers is instead fighting a fear since birth and that's all they have known. It takes a toll on the mental health of every Kashmiri adolescent. The conflict is responsible not only for the death and destruction for the last 30 years but also played the greater part in leaving a region with a generation of young adults and adolescent with mental health issues. The act of stone pelting, strikes and mass demonstration in these regions of Kashmir is an outcome of the fear and the mental pressure that's been cooking up in every Kashmiri mind as a result of the war like situation that is never coming to an end. Trying to cope with the mental pressure of the situation in the region has led to rebelling against the government resulting in the hostile attitude towards uniformed personnel. While some silently slips into mental health issues some joined in arms against the government while other seeks the company of drugs to ease the pain.

The alarming rise of drug abuse among Kashmiri adolescent including girls is another huge problem now. Drug abuse cases and related psychological issues totaled up to more than 14,500 cases in 2014 to 33,222 in 2016, an aggressive rise in 130% in two years (Pandey, 2017). Stress and the turmoil in the state and the constant fear of an uncertain future guaranteed by the conflict serve as a natural role in pushing many adolescent towards the path of drugs. Therefore, the cocktail scenario of a conflict zone mix with years of

violence and unrest and easy access to drugs has turned Kashmir into a hotbed of mental health issues and problems among the adolescents.

Due to continuing conflict in Kashmir during the last 28 years there has been a phenomenal increase in psychiatric morbidity. The results of a study revealed that the prevalence of depression is 55.72%. The prevalence is highest (66.67%) in the 15 to 25 years age group, followed by 65.33% in the 26 to 35 years age group. The difference in the prevalence of depression among males and females is significant. Depression is much higher in rural areas (84.73%) as compared to urban areas (15.26%). In rural areas the prevalence of depression among females is higher (93.10 %) as compared to males (6.8%) (Amin & Khan).

Studies have shown that adolescents and children's who are often exposed to violence such as terrorist's attacks are at a risk of developing post-traumatic stress disorder (Barenbaum, Ruchkin& Schwab Stone, 2004; Garbarino, 2001). Studies have revealed that adolescents living in environment where violence is reported to be more frequent or where violence remains a constant part of their lives develop Mental health disorders, behavior problems, somatic complaints, and impaired cognitive functioning (Macksoud&Aber, 1996).

Method

Sample

The sample consists of 400 adolescents from four districts of Kashmir valley. These four districts viz Srinagar, Kulgam, Anantnag and Budgam are violence prone districts of Kashmir region. The participants were in the age range of 17 to 19 years. 100 participants from each district were selected for the study.

Procedure

Data collection was done through random sampling technique. Participants were given detailed information about the purpose of study. They were assured about the confidentiality of their personal information. Moreover participants were told to feel free for further queries if they had any.

Tool Used

Mental Health Inventory (MHI-38) (Veit& Ware, 1983): It is a 38 item inventory used for assessment of mental health of adolescents in non-clinical settings. It assesses both psychological well-being as well as psychological distress and five factors i.e. anxiety, depression, loss of behavioral/emotional control, emotional ties, and general positive affect. All of the 38 MHI items, except two, are scored on a six-point scale (range 1-6). Items 9 and 28 are the exception, each scored on a five-point scale (range 1-5). The MHI may be aggregated into

- Six subscales – Anxiety, Depression, Loss of Behavioural / Emotional Control, General Positive Affect, Emotional Ties and Life Satisfaction;
- Two global scales - Psychological Distress and Psychological Well-being; and
- A global Mental Health Index score.

Result

Table 1: showing Mean and SD of male and female adolescents of four districts of Kashmir.

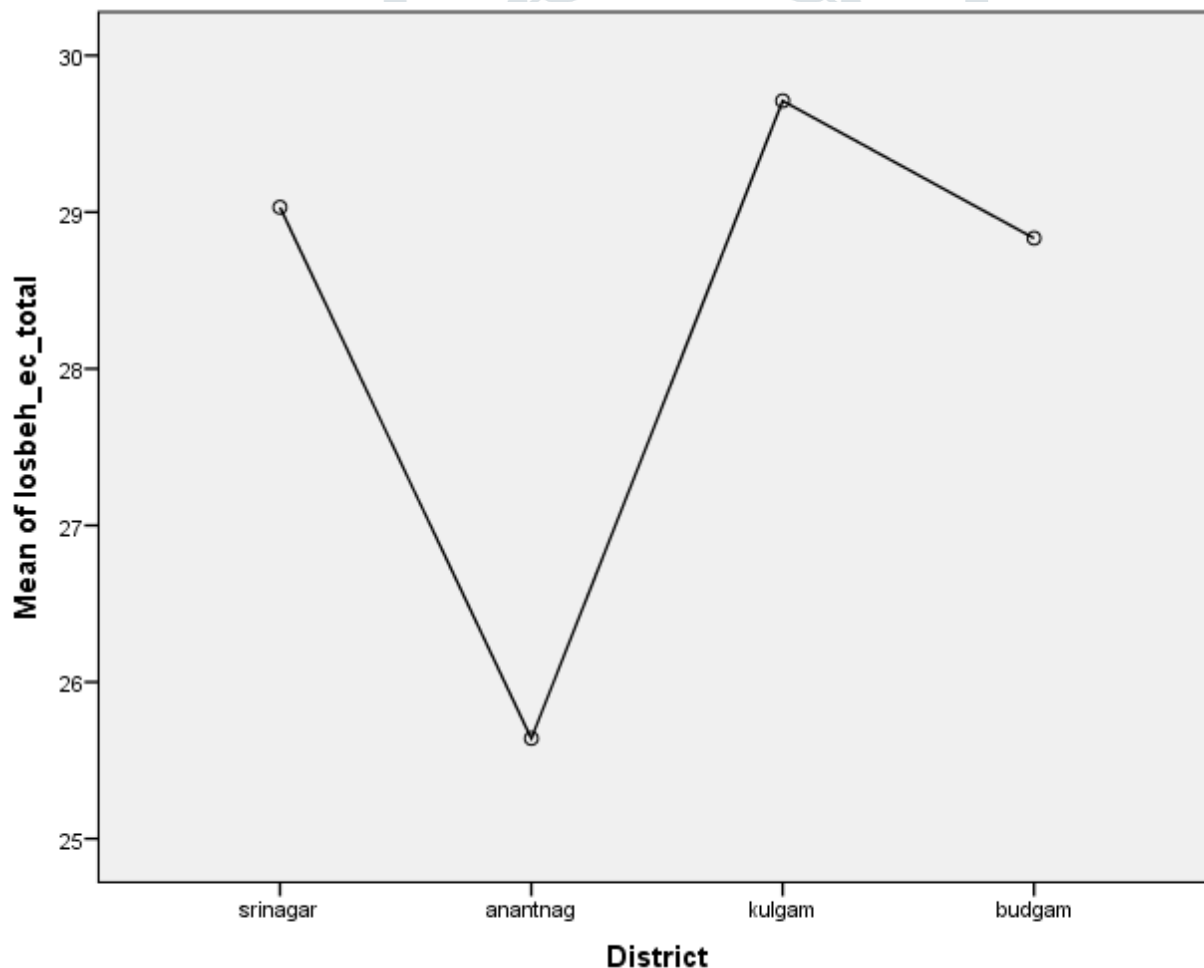
Districts	SRINAGAR		ANANTNAG		KULGAM		BUDGAM	
	MALE Mean(S D)	FEMALE Mean(S D)	MALE Mean(S D)	FEMALE Mean(S D)	MALE Mean(S D)	FEMALE Mean(S D)	MALE Mean(S D)	FEMALE Mean(S D)
Anxiety	30.42(6.26)	33.25(8.06)	31.19(6.69)	30.75(8.51)	32.45(5.76)	30.20(7.54)	31.41(5.41)	32.69(7.12)
Depression	12.27(3.60)	13.79(4.01)	12.28(3.56)	12.31(4.06)	13.72(3.25)	12.79(3.69)	12.74(3.48)	12.91(3.34)
Loss of Behavioural/ Emotional control	28.02(6.89)	29.92(7.71)	25.26(5.98)	26.12(8.03)	31.15(5.31)	29.09(6.59)	27.90(6.22)	29.87(6.75)
General Positive Affect	35.87(8.27)	32.21(8.31)	35.71(8.81)	37.12(7.44)	35.00(7.06)	35.88(9.31)	33.82(6.66)	35.11(6.36)
Emotional Ties	7.06(2.52)	6.94(2.75)	7.28(2.58)	6.33(2.74)	7.69(2.51)	7.11(2.55)	6.76(2.67)	7.42(2.24)
Life satisfaction	3.08(1.38)	3.94(1.13)	3.38(1.49)	3.42(1.34)	3.18(1.55)	3.21(1.65)	3.31(1.52)	3.20(1.55)

Table 1 reveals the comparison among male and female adolescents across four districts of Kashmir region in terms of anxiety, depression, loss of behavior/ emotional control. General positive affect, emotional ties and life-satisfaction. The result shows that male and female adolescents do not differ significantly in any of the above mentioned dimensions. There was also no significant difference in terms of the above mentioned dimensions across the districts. except for loss of emotional and behavioural control.

Table 2: One-way Analysis of Variance: Showing mean differences on the measures of sub-scales of MHI-38 in Kashmiri adolescents.

<i>Dimensions</i>		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P</i>
<i>Loss of Behavioural and Emotional Control</i>	Between Groups	632.278	2, 398	210.759	5.480	0.001
	Within Groups	6768.716		38.459		

Table 2 shows that loss of behavioural and emotional control is significantly lower in adolescents in Anantnag as compared to adolescents of the other districts. The difference was found significant beyond 0.01 ($F=5.480$, $p < .001$). However there was no significant difference among adolescents from Srinagar, Kulgam and Budgam.. The graphical presentation of the difference across the district in loss of emotional and behavioural control is given below.



Discussion

Anxiety and Depression are very common in all Kashmiris due to the on-going clash between separatist and the government. Violence is unpredictable and may occur at any time in any district resulting in death and destruction of life, property and grave injury. When curfew is declared it is imposed on the whole state. The unpredictability and violation of human rights is a common occurrence in every corner of Kashmir. The unavailability of facilities to counter these psychological problems is the same in every district. Hence, it is understandable that no significant difference arises among the districts in level of anxiety and depression. Majied and Khan (2013) reported in a study that there was no significant difference in stress and anxiety among adolescents in the whole Jammu and Kashmir. However, adolescents in Kashmir scored higher in anxiety and stress. Housen et al (2017) reported high anxiety and depression in all 10 districts of Kashmir. Although there was no data comparison among the districts it was clear from the high score in every district that there was no significant difference among them.

General positive effect and life satisfaction too was reported to have no significant difference among the districts and all four districts scored almost similarly. This is predictable as stress, anxiety and depression are almost the same in every part of Kashmir it is a logical conclusion that life satisfaction and general positive effect will be the same everywhere. Life satisfaction requires peace of mind, free of psychological distress and fear or insecurity to have a good score. But in Kashmir all of these are only a dream. An adolescent in Srinagar is as much in risk as an adolescent in remote areas of other district. Hence, the lack of satisfaction, insecurity, negative vibe, fear and distress is the same everywhere. The presence of government policies or local awareness about the protection of these young minds is non-existent either in the capital district Srinagar or the remote Anantnag district. Jan and Masood (2017) reported in their study that life satisfaction is the same in the whole of Jammu and Kashmir. It's impossible to be hopeful of any situation or the future when living in a state like Kashmir. Therefore, any feeling of positive nature or hopeful is rare.

Emotional ties are not significantly differed among all districts in the present study but there is significant difference among them in loss of behaviour. Kashmir is a region inhabited by Kashmiris. The culture, tradition and beliefs are the same on all districts. Hence emotional ties of every Kashmiri are understandably the same everywhere. However, emotional ties being the same in all district does not incline in similar behaviour in all district. Srinagar being the capital city is more scrutinised by the government. There are more restrictions and more violence here. While other districts too have their equivalent share of violence some of the district has suffered more loss than the other. Also Srinagar enjoys more media glare hence facilities are more available. Literacy rates are better here than the rest of the district. These differences are the foundation to the difference in loss of behaviour which is clearly visible among the adolescence.

Conclusion

Adolescents form a big part of the population of Kashmir. They are also the future of the region and hence we must pay more attention to their well-being. Economic and infrastructure progress does not have any meaning when future of these adolescents lies uncertain. To be able to live up to their full potential and transform into well-adjusted adults contributing to a progressing society adolescents needs to have a well-protected, well-nourished and normal life as a teenager. But the present scenario in the Kashmir region is infested with adolescents living with constant fear of death and despair with the risk of falling into wrong influences of drugs or insurgency and the Kashmir conflict fuels the situation negatively into becoming a generation of mentally unstable and not living up to the full potential of their lives.

It is high time that the government takes cognizance of the gravity of the situation and start implementing plans and policies to safe guard the well-being of these adolescents. Well-being of the mind is as important as the well-being of the physical health. True positive mental health cannot be achieved just by existence of laws, policies and plans in fine prints gathering dust in a government archive. Only when the government and the society voluntarily and compulsorily start working from ground level can the future of the region be saved. Counselors and mental health professional in every schools and colleges either urban or rural is the first step towards ensuring a better mental health of these adolescents. Regular awareness seminar and workshops in schools, colleges, municipalities and panchayats must be organized informing the general population of the current status of their children and what can come out if things do not improve very soon. Specialized institute and professionals in every district must be established very soon to face the waves of mental health issues rising day by day.

Kashmir exists because of the Kashmiris, but future of Kashmir seems bleak with Kashmiri adolescents juggling the harsh reality of life and the burden of growing up in a conflict zone. As adults the least we can do to ensure the existence of Kashmir is to nurture these troubled young minds and ease their burden. The sooner we realize the problem the better the chances of having a better future. Keep ignoring and we will be ensuring the end of Kashmir. Let Kashmir remain the heaven on earth not the hell on earth.

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