



Conflict and Psychological health of people: A study of Jammu and Kashmir

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ABSTRACT: Mental health is about the psychological well being of a person functioning with a satisfactory level of emotional and behavioral adjustment. It is about creating a balance between the daily activities and the efforts to achieve a psychological resilience. Since the conflict in Jammu and Kashmir is a kind of flashpoint between the two nuclear powers of south Asia, Therefore the prevailing conditions especially in the Kashmir valley have affected the psychological health of people seriously, resulting in the mental handicap of people. The torture in form of physical injuries is quite evident but the psychological trauma is being put to question time and again. Therefore, the study aims to assess the psychological trauma that crosses all thresholds of torture among the people due to conflict in Kashmir.

I. INTRODUCTION

Mental health is a level of psychological well being and a state of proper functioning of an individual with a satisfaction level. It includes the satisfaction level both from the emotional perspective and from behavior point of view. It is about an individual's ability to enjoy life, and also about the creating a balance between life activities and efforts to achieve the psychological resilience. World health Organization (WHO) about the mental health says that it is the subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others. Shrestha NM *et.al* (1998) mentions that well-being of an individual is encompassed in the realization of their abilities and coping with normal stresses of life with a productive and contributory approach to their community [3]. A WHO report estimates the global cost of mental illness at nearly \$2.5 trillion (two-thirds in indirect costs) in 2010, with a projected increase to over \$6 trillion by 2030. Good mental health is healthy and long life with good mental health to enhance one's life, while poor mental health can prevent someone from living an enriching life. Baingana, F. (2003) mentions that people who lack good mental health and the emotional expression are more inclined to anti-social behaviours like drug abuse, vandalism and physical fights too and therefore acerbating the issues too [1]. Derek S (2000) mentions that secondary consequences of war—on family, social, and economic life—are important predictors of psychological outcomes. The study mentions that war is not a private experience, and the suffering it engenders is resolved in a social context. Fundamental to processing atrocious experience is the social meaning assigned to it, including attributions of supernatural, religious, and political causation [2].

Mental Health and Conflict

Mental health is an important development issue, especially in the case of conflict-affected countries. The issue of mental health is receiving an increased attention and has been regarded as the most undesirable and pathological state of mind and body. Research also suggests that major depression and Post-Traumatic Stress Disorder (PTSD) are prevalent and chronic people living in conflict areas and displaced populations and the impact of trauma to such people is quite long term in nature. The Kashmir conflict too has become intractable between India and Pakistan over a period of three decades and at present the situation of Kashmir is getting worse with dozens of causalities and injuries everyday. The long resisted frustration has turned Kashmiries to violent means of resistance and affected psychological health. Studies reveal that in conflict zone, 1-3 % people have a psychiatric disorders and the number also increases due to PTSD, alcoholism/drug abuse and depression arising from conflict-related stress. Moreover symptoms such as sleeplessness, irritability, hopelessness and hyper vigilance also persist and become more severe among the people living in the conflict zones like Jammu and Kashmir. Children are the most vulnerable group in conflict settings and it is found that children of Jammu and Kashmir too have severe repercussions on their mental health due to conflict in Kashmir. Their normal course of action and routine severely gets interrupted due to

ongoing hartals and curfews in the state. The sensitive neurological system makes them more susceptible to shocks of their development process. These shocks include the violent and traumatic events like encounters, blasts, grenade attacks and sudden killings of near ones. The depression state of mothers leads to the suffering from PTSD and therefore a least concern to the stimulus to their children. Stress in the external environment of Jammu and Kashmir often manifests itself as violence in the home, which the children and other members witness or sometimes become the victims themselves. Thus members of a terrorized social group who find that what has happened to them is incomprehensible, and that their traditional recipes for handling crises are useless, are particularly likely to feel helpless and uncertain what to do. When war so routinely targets the social fabric, community structures may not be able to fill their customary role as a source of support and adaptation. Terror causes mistrust and weakens communities. In situations of social crisis or breakdown there may be other consequences with deleterious effects like conflict of values, moral degradation, low emancipation as an individual and the dysfunctional social structure. Kohrt *et al.* (2009) mentions that conflict puts women at higher risk due to the experience of domestic violence and other stressful events. Conflict never leads to development of favorable atmosphere for men too as the security personnel frequently ask them about the status of the male members in the household leading to threatening situation always and thereby leading to the mental health problems as a serious public health issue [4].

II. OBJECTIVES OF STUDY

1. To identify the psychoanalytical effects of conflict on the people of Kashmir.
2. To analyze the condition of people living in Jammu and Kashmir.

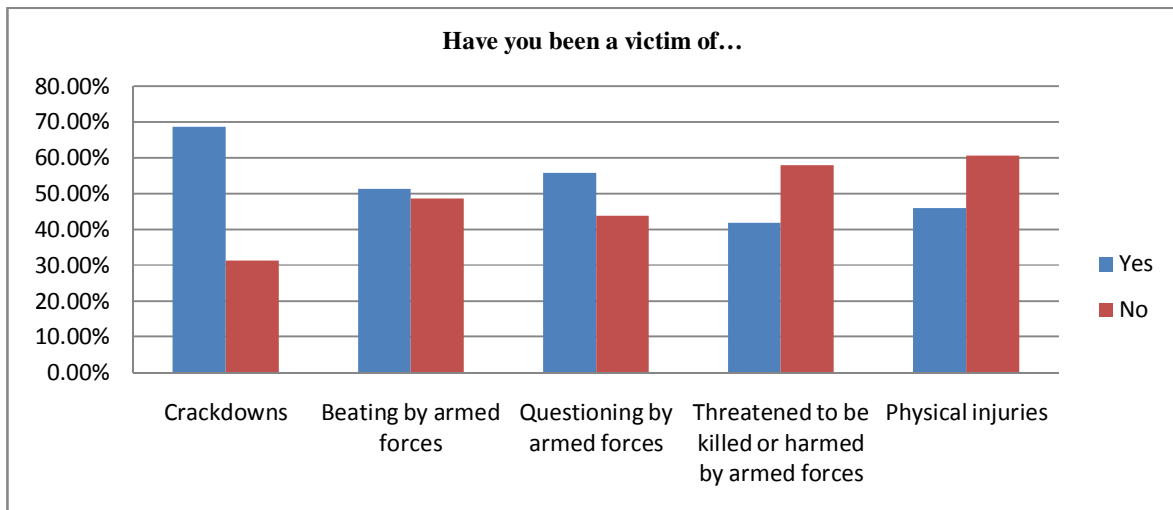
III. METHODOLOGY

The universe of the study in Jammu and Kashmir and the data has been collected from the three districts of Kashmir. The districts include District Anantnag, District Pulwama and District Baramullah. The sample of the study is 150 and the tools used for the data collection are Questionnaires and interviews are too conducted. Some statistical tests are also used for the further interpretation of the data which includes chi-square test and t-test.

IV. STATISTICAL ANALYSIS AND INTERPRETATION OF DATA

Table 1.

Q. 1. Have you been a victim of following.					
	Crackdowns	Beating by armed forces	Questioning by armed forces	Threatened to be killed or harmed by armed forces	Physical injuries
	Total (Male & Female)	Total (Male & Female)	Total (Male & Female)	Total (Male & Female)	Total (Male & Female)
Yes	103	77	84	63	69
Yes	68.66%	51.33%	56%	42%	46%
No	47	73	66	87	91
No	31.33%	48.66%	44%	58%	60.66%

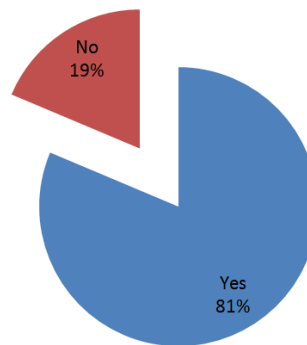


Interpretation: From the survey, we conclude that 68.66% of the respondents witnessed crackdowns and 31.33% said that they have not witnessed any crackdowns. 51.33% have witnessed beating by armed forces, while as 48.66% have not witnessed beating by armed forces. 56% respondents said that they have been questioned by armed forces, while as 44% said that they are not questioned by armed forces. 42% people said that they are threatened to be killed or harmed by armed forces, while as 58% said that they are not threatened to be killed or harmed by armed forces. 46% have witnessed physical injuries, while as 60.66% have not witnessed any physical injuries.

Table 2.

Q. 2. Does living in a conflict area zone affect you psychologically.			
	Male	Female	Total
Yes	76	46	122
Yes	80%	83.36%	81.33%
No	19	9	28
No	20%	16.36%	18.66%

Does living in a conflict area zone affect you



Observed value	Expected value	χ^2
98	92.72	6.71
24	29.28	
16	21.28	
12	6.72	

H_0 : living in the conflict area zone is independent on trouble in living normally.

H_1 : living in the conflict area zone is dependent on trouble in living a normal life.

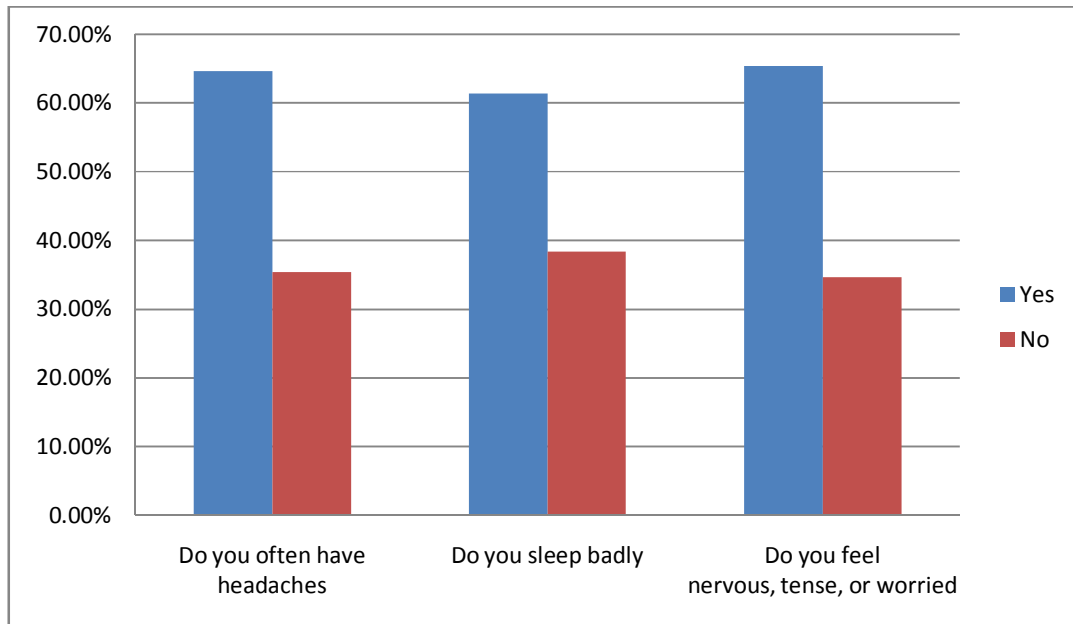
Here $\chi^2_{cal} = [(o - e)^2 / e]$ at 5% level of significance for 1 df, the calculated value of chi-square is 3.84

Since the chi-square calculated > chi-square tabulated. Hence H_0 is rejected, therefore, it is concluded that there is impact on the psychological aspect of people living in a conflict zone.

Interpretation: Whenever there is a conflict most of the people are prone to being hit the hardest. It affects people both psychologically and economically. From the graph it can be seen, there were 81.33% people who feel that living in a conflict area zone affects them and 18.66% feel that living in a conflict area zone doesn't affect them. So it is clear that majority of the people feel that living in conflict area zone affects them.

Table 3.

Q. 3. Condition of People due to Turmoil.									
	Do you often have headaches			Do you sleep badly			Do you feel nervous, tense, or worried		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	61	36	97	63	29	92	60	38	98
Yes	64.21%	65.45%	64.66%	66.31%	52.27%	61.33%	63.15%	69.09%	65.33%
No	34	19	53	32	26	58	35	17	52
No	35.78%	34.54%	35.33%	33.68%	47.27%	38.33%	36.84%	30.90%	34.66%



Interpretation: Conflict has its impact on minds of the youth .During the survey, 64.66% of our respondents said that they headaches and 61.33% sleep badly, and 65.33% feels tense, worried and nervous. This shows that most of the people are affected psychologically due to the conflict.

Q. 4. Do males feel lack of confidence in achieving their goals?

H_0 : the response of this question is independent of gender.

H_1 : the response of this question in dependent of gender.

Table 4.

Q. 4. Do you feel lack of confidence in achieving your goals as you are mentally disturb always.			
Gender	Yes	No	Total
	Males	72	23
Females	32	23	55
Total	104	46	150

$$\sqrt{P_1} = 0.757$$

$$P_2 = 0.581$$

$$P = 0.69$$

$$Z_{cal} = 2.250$$

$$Z_{tab} = Z_{5\%} = 1.96$$

Thus $Z_{cal} > Z_{tab}$

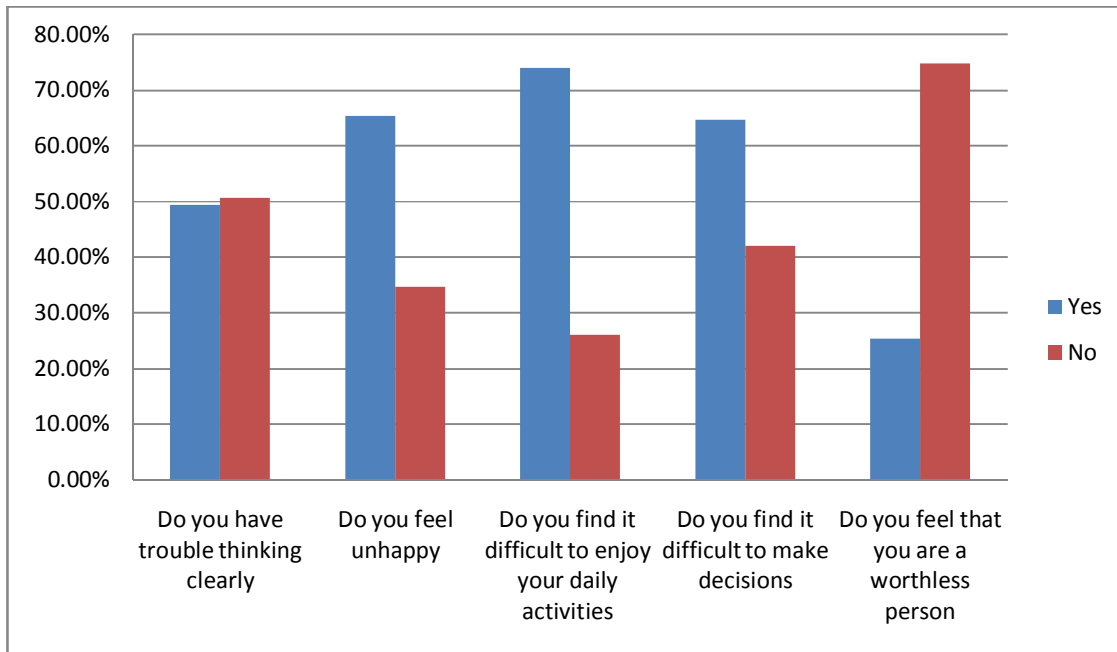
Therefore, we reject the null hypothesis H_0 .

$$[P = \{n_1 p_1 + n_2 p_2\} / n_1 + n_2]$$

$$[Z = \{p_1 - p_2\} / \{\sqrt{PQ(1/n_1 + 1/n_2)}\}]$$

Table 5.

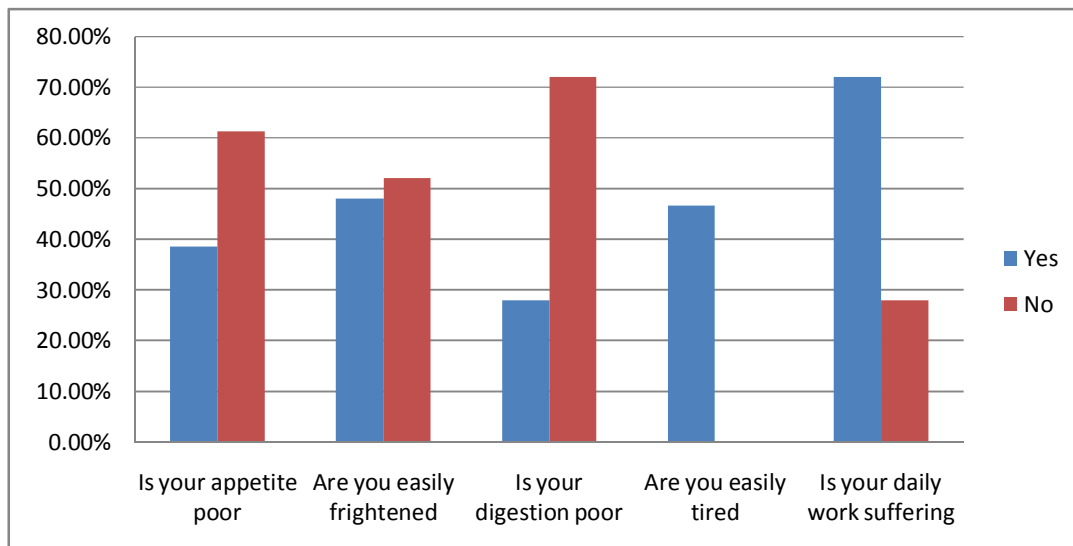
Q. 5. Condition of an Individual.					
	Trouble thinking	Alienation feeling	Normal routine life Assessment	Decision making capability	Concept of Self
	Total (Male & Female)	Total (Male & Female)	Total (Male & Female)	Total (Male & Female)	Total (Male & Female)
Yes	74	98	111	87	38
Yes	49.33%	65.33%	74%	58%	25.33%
No	76	52	39	63	112
No	50.66%	34.66%	26%	42%	74.66%



Interpretation: The above graph reflects that 49.33% of the respondents have trouble thinking clearly, 65.33% of the respondents said that they feel unhappy. 74% respondents said that they find it difficult to enjoy their daily activities, 58% said that they can't take decisions properly and only 25.33% said that they feel they are worthless.

Table 6.

Q. 6. Physical condition of Individual-Part 2.					
	Is your appetite poor	Are you easily frightened	Is your digestion poor	Are you easily tired	Is your daily work suffering
	Total (Male/Female)	Total (Male/Female)	Total (Male/Female)	Total (Male/Female)	Total (Male/Female)
Yes	58	72	42	70	108
Yes	38.66%	48%	28%	46.66%	72%
No	92	78	108	80	42
No	61.33%	52%	72%	53.33%	28%



Interpretation: From the above graph we conclude that 38.66% respondents have poor appetite, 48% are easily frightened, 28% people have poor digestion, 46.66% are easily tired and 72% people said that their daily work is suffering. So overall we can say that conflict has a very negative impact on the health of a person.

V. CONCLUSION

The study reveals that the prevalence rates of mental anxiety in the people are found to be the result of ongoing conflict. The findings underscore the need to address the current lack of mental health. Therefore the support for mental health in form of psychosocial programs in different sectors and with very different approaches is essentially needed to come out of the mental handicap that is getting developed in the people from Jammu and Kashmir since the period of insurgency. A need for collaboration within the health sector, between primary health care and mental health is essentially needed. Moreover the Coordination between the Government, NGOs and the private sector is also vital for the development of sound mental health. Last but not least is the advances in the psychosocial programming need to be put in action as the conflict in Kashmir is proving very detrimental for the people over there in form of physical and psychological health too.

REFERENCES

- [1]. Baingana, F. (2003). "Mental Health and Conflicts: A Discussion Note". Unprocessed draft.
- [2]. Derek. S (2000). "War and Mental health: A brief overview by" *The journal of conflict and health, bmj*. Vol. **321**, No. 7255, Pp 232-235.
- [3]. Shrestha NM, Sharma B, Van Ommeren M, Regmi S, Makaju R, Komproe IH *et al* (1998). Impact of torture on refugees displaced within the developing world: symptomatology among Bhutanese refugees in Nepal. *JAMA*, **280**: 443-448.
- [4]. Kohrt BA, Speckman RA, Kunz RD, Baldwin JL, Upadhaya N *et al* (2009). Culture in psychiatric epidemiology: using ethnography and multiple mediator models to assess the relationship of caste with depression and anxiety in Nepal. *Ann Hum Biol.*, **36**: 261-280.