

# Effect of Armed Conflict on the Mental Health of Youth in Kashmir

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## ABSTRACT

**Introduction:** Conflict of any course and nature has its impact on youth as they are emotionally immature and are more vulnerable to exploitation. The current study aimed at comparing the level of neuroticism, overall anxiety, mental tension, guilt proneness, level of maturity, suspiciousness and level of self-control in youth of Kashmir on the basis of age, gender, residence and witnessing of violent episodes.

**Material and Methods:** State Trait Anxiety Inventory and Self Reporting Questionnaire was used. A sample of 150 participants was selected. It was conducted on school and college going youth.

**Results:** The study reported significant difference in the level of neuroticism, anxiety, mental tension, guilt proneness, level of maturity, suspiciousness and self-control in youth from rural areas and in youth who have and haven't witnessed any traumatic episode. There is also significant difference in the level of mental tension and guilt proneness in late adolescence group (16-20years) and early adulthood group (21-25 years). After checking the correlation between the scores of SRQ and STAI and its dimensions, the results indicate that those who scored high on SRQ also scored high on STAI and those who scored less on SRQ scored less on STAI, thus indicating positive correlation between the findings of these two tests.

**Conclusion:** As very less information exists about the mental health of youth, this research can add up to the existing pool of studies done in this area and it will help in understanding and providing proper mental health care to youth.

**Keywords:** Conflict, Mental health, Youth, Kashmir, STAI

## INTRODUCTION

Armed conflict can be defined as the use of armed violence to resolve local, national and/or international disputes between individuals and groups that have a political, economic, cultural and/or social (as opposed to inter-personal or criminal) origin. In active conflict zones, people have a detrimental impact on their mental health. Disturbed and antisocial behaviour, such as family conflict and aggression towards others are the offshoots of psychological trauma. Mental disorders and psychosocial consequences associated with conflicts include sleeplessness, fear, nervousness, anger, aggressiveness, depression, flashbacks, substance abuse, suicide, and domestic and sexual violence.<sup>1</sup>

Kashmir has been a major issue of conflict between government of India and Pakistan since its partition in 1947. Youth are contemplated to be the future of nation, so the constructive development of youth is very important for any nation to develop. Due to incessant exposure to an environment filled with terrorizing events of massacres and distress of conflict, a large number of youth participated in the ongoing struggle. This combat resulted in loss of lives of numerous young ones, loss of their beloved ones and a deteriorated future of many others and overall has led to

serious medical as well as psychological issues. Not only these two aspects but armed conflict has also ruined the social and cultural ethics that youth was supposed to learn. The socio-psycho development of youth gets hampered by conflict and the developmental problems in turn have an enormous devastating impact on the society. Youth are more vulnerable to depression as already they are trying to cope with the changing complexities of adolescence and when they face conflict related problems, their adjustment and coping becomes difficult.<sup>2</sup>

The aim of the study was to see the "Effect of armed conflict on the mental health of youth in Kashmir".

## MATERIAL AND METHODS

Youth was examined on the basis of four categories: age (late adolescence group, 16-20 years and early adulthood group, 21-25 years), gender (males and females), residence (rural and urban) and violence (youth who have and haven't witnessed any violent episode (violent episodes indicate any direct traumatic experience due to armed conflict). Comparisons were made in all these categories on the levels of neuroticism, overall anxiety, mental tension, guilt proneness, maturity, suspiciousness and self-control.

An informed consent was taken from the participants and those who didn't consent were excluded. The study was approved by the departmental and institutional ethical committee and to maintain confidentiality of the study, the names of the participants were not recorded.

**Participants:** The study was conducted on a sample on 150 participants from Kashmir (Random Sampling). It was conducted on school and college going youth. The minimum age was 16 years and the maximum age was 25 years. The sample consisted of youth from both rural and urban areas, males and females, and youth who have and haven't witnessed any episode of violence. 75 participants in the late adolescence group (16-20 years) and 75 in the early adulthood group (21-25 years), 69 participants were males and 81 participants were females, 74 participants were from rural background and 76 were from urban background and 74 participants had witnessed violent episodes and 76 had

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never witnessed any traumatic episode.

**Assessment technique:** State Trait Anxiety Inventory: STAI is based upon the MAP series which measures 20 personality dimensions. The test includes 40 items. The test includes 5 domains that are tension, guilt proneness, maturity, suspiciousness and self-control. The STAI was developed as a means of getting clinical anxiety information in a rapid, objective and standard manner. It is appropriate for use in chronological ages of 14 years and above, throughout adulthood.<sup>3</sup>

Self-Reporting Questionnaire-20 (SRQ-20): SRQ has been developed by WHO. It consists of 20 items which have to be answered by yes or no. it may be used either as a self-administered or as an interviewer administered questionnaire. The SRQ-20 is an instrument which question respondents about symptoms and problems likely to be present in those with neurotic disorder.<sup>4</sup>

### STATISTICAL ANALYSIS

Means and standard deviation was calculated of the scores. The Statistical Package for social sciences (SPSS 16.0) was used, in which t-test was calculated by comparing all the four categories i.e. age, gender, residence, violent episodes on the parameters of neuroticism, overall anxiety, mental tension, guilt proneness, maturity, suspiciousness and self-control and correlation was also calculated between self-reporting questionnaire and State Trait Anxiety Test and its dimensions.

### RESULTS

The table-1 is depicting the level of neuroticism according to age group, gender, residence and violent episodes. It was observed that level of neuroticism is higher in youth who have faced violent episodes (M=15.959, S.D.=3.928), followed by youth of rural areas (M=14.594, S.D.=4.816). There is also significant difference in the t-values calculated based on

residence and violence group. The t-value of group based on residence is 6.427 which is highly significant and the t-value of group based on violence is 13.040 which is also highly significant whereas the t-values of groups based on age and gender is insignificant. There is not much difference in the means calculated on the basis of age groups and gender.

The table-2 is depicting the level of overall anxiety according to age group, gender, residence and violent episodes. It was observed that level of anxiety is higher in youth who have faced violent episodes (M=8.675, S.D.=1.752), followed by youth of rural areas (M=7.756, S.D.=2.563). There is also significant difference in the t-values calculated based on residence and violence group. The t-value of group based on residence is 5.537 which is highly significant and the t-value of group based on violence is 13.084 which is also highly significant whereas the t-values of groups based on age and gender is insignificant. There is not much difference in the means calculated on the basis of age groups and gender.

The table-3 is depicting the level of mental tension according to age group, gender, residence and violent episodes. It was observed that level of mental tension is higher in youth who have faced violent episodes (M=7.959, S.D.=1.912), followed by youth of rural areas (M=7.378, S.D.=4.894). There is also significant difference in the t-values calculated based on residence, violence and age. The t-value of group based on age is 1.941 which is significant, the t-value of group based on residence is 6.039 which is highly significant and the t-value of group based on violence is 10.404 which is highly significant whereas the t-value of group based on gender is insignificant. There is not much difference in the means calculated on the basis of gender.

The table-4 is depicting the level of guilt proneness in groups based on age, gender, residence and violent episodes. It was observed that level of guilt proneness is higher in youth who have faced violent episodes (M=7.959, S.D.=1.912), followed by youth of rural areas (M=7.473, S.D.=2.433). There is also significant difference in the t-values calculated

Variables		N	Mean	St. deviation	St. error mean	t-value
Age group	Late adolescence group (16-20)	75	11.853	4.528	.522	-.781.
	Early adulthood group (21-25)	75	12.506	5.657	.653	
Gender	Males	69	11.942	4.658	.560	-.524
	Females	81	12.382	5.499	.611	
Residence	Rural	74	14.594	4.816	.559	6.427**
	Urban	76	9.828	4.253	.487	
Violence	Faced violent episode	74	15.959	3.928	.456	13.040**
	Haven't faced violent episode	76	8.500	3.030	.347	

**Table-1:** Indicating level of neuroticism

Variables		N	Mean	St. deviation	St. error mean	t-value
Age (16-25 Years)	Late adolescence group	75	6.400	2.336	.269	-.684
	Early adulthood group	75	6.720	3.310	.382	
Gender	Males	69	6.956	2.434	.293	1.575
	Females	81	6.222	3.154	.350	
Residence	Rural	74	7.756	2.563	.297	5.537**
	Urban	76	5.394	2.658	.304	
Violent episode	Faced violent episodes	74	8.675	1.752	.203	13.084**
	Haven't faced violent episodes	76	4.500	2.132	.244	

**Table-2:** Level of anxiety

based on residence, age and violence group. The t-value of group based on residence is 5.003 which is highly significant, the t-value of group based on age is 1.978 which is significant and the t-value of group based on violence is 10.404 which is also highly significant whereas the t-values of group based on gender is insignificant. There is not much difference in the means calculated on the basis of age groups and gender. The table-5 is depicting the level of maturity in groups based on age, gender, residence and violent episodes. It was observed that level of maturity is higher in youth who have faced violent episodes (M=7.554, S.D.=1.888), followed by youth of rural areas (M=5.959, S.D.=2.608). There is also significant difference in the t-values calculated based on residence and violence group. The t-value of group based on

residence is 5.262 which is highly significant and the t-value of group based on violence is 12.179 which is also highly significant whereas the t-values of groups based on age and gender is insignificant. There is not much difference in the means calculated on the basis of age groups and gender. The table-6 is depicting the level of suspiciousness in groups based on age, gender, residence and violent episodes. It was observed that level of suspiciousness is higher in youth who have faced violent episodes (M=7.135, S.D.=2.002), followed by youth of rural areas (M=6.824, S.D.=2.639). There is also significant difference in the t-values calculated based on residence and violence group. The t-value of group based on residence is 6.077 which is highly significant and the t-value of group based on violence is 11.615 which

Variables		N	Mean	St. deviation	St. error mean	t-value
Age (16-25 Years)	Late adolescence group	75	6.560	2.279	.263	1.941*
	Early adulthood group	75	5.680	3.196	.369	
Gender	Males	69	6.434	2.452	.295	1.273
	Females	81	5.851	3.058	.339	
Residence	Rural	74	7.378	2.578	.299	6.039**
	Urban	76	4.894	2.458	.281	
Violent episode	Faced violent episodes	74	7.959	1.912	.222	10.404**
	Haven't faced violent episodes	76	4.328	2.334	.267	

Table-3: Level of mental tension

Variables		N	mean	St. deviation	St. error mean	t-value
Age (16-25 Years)	Late adolescence group	75	6.893	1.983	.229	1.978*
	Early adulthood group	75	6.066	3.028	.349	
Gender	Males	69	6.768	2.256	.271	1.263
	Females	81	6.234	2.825	.313	
Residence	Rural	74	7.473	2.433	.282	5.003**
	Urban	76	5.513	2.363	.271	
Violent episode	Faced violent episodes	74	7.959	1.912	.222	10.404**
	Haven't faced violent episodes	76	4.328	2.334	.267	

Table-4: Level of guilt proneness

Variables		N	mean	St. deviation	St. error mean	t-value
Age (16-25 Years)	Late adolescence group	75	5.680	2.218	.256	.470
	Early adulthood group	75	5.466	3.243	.374	
Gender	Males	69	5.797	2.535	.305	.912
	Females	81	5.382	2.960	.328	
Residence	Rural	74	5.959	2.608	.303	5.262**
	Urban	76	3.789	2.440	.279	
Violent episode	Faced violent episodes	74	7.554	1.888	.219	12.179**
	Haven't faced violent episodes	76	3.644	2.037	.233	

Table-5: Level of self maturity

Variables		N	mean	St. deviation	St. error mean	t-value
Age (16-25 Years)	Late adolescence group	75	4.840	2.260	.261	-.089**
	Early adulthood group	75	4.880	3.166	.365	
Gender	Males	69	5.405	2.463	.296	.886
	Females	81	5.000	3.049	.338	
Residence	Rural	74	6.824	2.639	.306	6.077**
	Urban	76	4.353	2.330	.267	
Violent episode	Faced violent episodes	74	7.135	2.002	.232	11.615**
	Haven't faced violent episodes	76	3.289	2.051	.235	

Table-6: Level of suspiciousness

is also highly significant whereas the t-values of groups based on age and gender is insignificant. There is not much difference in the means calculated on the basis of age groups and gender.

The table-7 is depicting the level of self-control in groups based on age, gender, residence and violent episodes. It was observed that level of self-control is higher in youth who have faced violent episodes (M=6.648, S.D.=1.989), followed by youth of rural areas (M=6.378, S.D.=2.733). There is also significant difference in the t-values calculated based on residence and violence group. The t-value of group based on residence is 5.669 which is highly significant and the t-value of group based on violence is 10.292 which is also highly significant whereas the t-values of groups based on age and gender is insignificant. There is not much difference in the means calculated on the basis of age groups and gender.

Results obtained by measuring the correlation between the results of self-reporting questionnaire and state trait anxiety test and its domains. It was observed that there is positive correlation and the correlation is significant at 0.01 level.

**DISCUSSION**

In our study we observed that level of neuroticism was much higher in youth who have witnessed violent episodes and in youth from rural areas. This indicates that physical problems like headache, lack of appetite, poor digestion, sleeping problems, always feeling tired shaking hands and other stomach problems; emotional problems like getting

frightened, feeling nervous, not thinking clearly, crying spells, loss of interest in life, feeling worthless, suicidal ideations and behavioral problems like not able to enjoy day to day activities, work suffering, unable to take decisions were more in youth from rural areas than youth of urban areas and those who have witnessed any episode of violence rather than those who haven't experienced any violent episode. These findings of our study are similar to the study conducted by Jong et al. (2006) in Kashmir, their study revealed that the most of the Kashmiri population suffered from high level of anxiety, tension and extensive worrying (62.07%), One third of the respondents had some psychological disorder and one third of them wanted to end their lives.<sup>5</sup> There was no major difference found when youth was compared on the basis of age and gender in our study. The findings are in contrast with Jong et al. (2008) who conducted a survey as a part of routine programme evaluation to assess confrontation with violence and its consequences on mental health, health service usage and socio-economic functioning. A two-stage cluster household survey was held in two districts using questionnaires and women scored significantly higher than males in having symptoms of psychological distress.<sup>6</sup> Our study also reveals that there is a significant difference in the results incurred by STAT, in youth who have witnessed violent episodes and those who belong to rural background. This reveals that the level of anxiety was higher in youth who have witnessed violent episodes and youth from rural areas, whereas no major difference was found in groups based

Variables		N	mean	St. deviation	St. error mean	t-value
Age (16-25 Years)	Late adolescence group	75	5.093	2.080	.240	-.408
	Early adulthood group	75	5.280	3.371	.389	
Gender	Males	69	5.087	2.553	.307	.935
	Females	81	4.666	2.893	.321	
Residence	Rural	74	6.378	2.733	.317	5.669**
	Urban	76	4.026	2.337	.268	
Violent episode	Faced violent episodes	74	6.648	1.989	.231	10.292**
	Haven't faced violent episodes	76	3.118	2.202	.252	

**Table-7:** Level of self control

		Self-reporting questionnaire	Overall anxiety	Mental tension	Guilt proneness	Level of maturity	suspiciousness	Self control
Self-reporting questionnaire	Pearson Correlation	1	.848**	.805**	.820**	.856**	.787**	.846**
Overall anxiety level	Pearson Correlation	.848**	1	.905**	.893**	.914**	.877**	.923**
Mental tension	Pearson Correlation	.805**	.905**	1	.900**	.888**	.827**	.870**
Guilt proneness	Pearson Correlation	.820**	.893**	.900**	1	.895**	.796**	.829**
Level of maturity	Pearson Correlation	.856**	.914**	.888**	.895**	1	.820**	.898**
Suspiciousness	Pearson Correlation	.787**	.877**	.827**	.796**	.820**	1	.883**
Self-control	Pearson Correlation	.846**	.923**	.870**	.829**	.898**	.883**	1

\*\*Correlation is significant at the 0.01 level (2-tailed).

**Table-8:** Correlations

on age and gender. In addition it was observed that mental tension in youth belonging to rural background, youth who have witnessed any kind of violent episodes and youth of late adolescence group is higher (16-20 years), they tend to be more tense, excitable, frustrated, driven, restless, fretful and impatient. They are often fatigued, unable to remain active, they usually take a poor view of the degree of unity, orderliness and leadership. Mental tension was nearly equal in males and females. The level of guilt proneness in youth of rural areas, youth of late adolescence group (16-20 years) and youth who have faced any episode of violence is higher, they tend to be depressed, apprehensive, troubled, moody, worrier, full of foreboding and brooding. They do not feel accepted or free to participate in groups, are ineffective speakers, remain rigidly task oriented in their remarks and have few peers as friends. The level of maturity in youth of rural background and youth who have faced any episode of violence is higher and they are easily affected by feelings and tend to be low in frustration tolerance, changeable and plastic. They usually evade necessary reality demands and are neurotically fatigued. They are fretful, easily emotional and annoyed, active in dissatisfaction and have neurotic symptoms like phobias, sleep disturbances, psychosomatic complaints. The level of suspiciousness in youth of rural areas and youth who have faced any episode of violence is higher and they tend to be more suspicious, mistrusting, doubtful and hard to fool, they are often involved in their own ego, are interested in internal mental life, are usually unconcerned about others and poor team members and the level of self-control is higher in youth of rural areas and those who have witnessed any traumatic episode, they will not be bothered with will control and regard for social demands, they are careless of protocols and follow their own urges, they are overly considerate, careful or painstaking. They may also feel maladjusted and show affective maladjustments. After checking the correlation between the scores of SRQ and STAI and its dimensions, the results indicate that those who scored high on SRQ also scored high on STAI and those who scored less on SRQ scored less on STAI, thus indicating positive correlation between the findings of these two tests. The high level of anxiety shown in youth particularly those who witnessed violent episodes are in agreement with the series of studies of Margoob et al which reported high prevalence of PTSD among those who have faced traumatic events as compared to those who haven't witnessed any episode.<sup>7-8</sup>

Our study also contribute to extant knowledge that there is high anxiety in youth from rural areas as compared to urban, this could be due the fact that youth from rural areas belong to lower socioeconomic status and are mostly unemployment which leads to increased stress in them. They may worry about the socioeconomic stress in their families or the lack of employment opportunities. Our finding are in agreement with Amin and Khan (2009) who conducted a research to explore the characteristics of depression in Kashmir where a low-intensity conflict is present since past 17 years and found that the prevalence of depression is much higher in rural areas (84.73%) as compared to urban areas (15.26%).<sup>9</sup> There are other studies which have also documented a

considerable increase in the prevalence of acute stress reaction, depressive disorders, anxiety disorders, and in one of the study the prevalence of post traumatic stress disorder is reported to be 15.9% (Margoob MA and Sheikh, 2006) which is quite alarming for the state when compared to other places.<sup>10</sup>

One more similar research was done by Cardozo and others (2004), they conducted a nationally representative survey of Afghans and found that prevalence rates of symptoms of depression and anxiety were high among those who have faced traumatic events as compared to those who haven't witnessed any episode.<sup>11</sup>

As per the findings of our research no major difference was seen in the mental health of males and females. These findings are in contrast with other researches in relation to difference in anxiety in genders wherein females are more likely to develop anxiety symptoms and disorders Kohli and Showkat (May 2013) explained war brings disastrous changes in the psychological well-being of civilians, war causes serious mental health problems to adults, elderly people and children. It was seen that women face more severe consequences of war than men.<sup>12</sup>

**Limitations:** There are few limitations to the study. Illiterate youth was excluded from the study, sample size was small, few researches have been done in this field and purposive sampling has been done, if random sampling would have been done the sample would have been a better representative of youth population. The practical implications of the study are: As very less is known about the mental health of youth, this research can add up to the existing pool of studies done in this area and it will help in understanding and providing proper health care to youth.

## CONCLUSION

Armed conflict leads to disastrous consequences. The main aim of the present research was to see how mental health of youth has been affected by the prolonged low-intensity conflict in Kashmir. With the passage of time this low-intensity conflict turned into a violent one and escalated when youth resorted to violent means to achieve their objective of sovereignty. The findings of our study, although modest, speak in favour of both anxiety prevention efforts for youth and mental health promotion efforts aimed at this target group. Colleges offer an ideal setting for universal prevention activities such as general and specific prevention education, self-help strategies and resources, and psychosocial support networks and services with potential to reach large numbers of young students.

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