



Psychosocial problems and wellbeing among children in Kashmir: an observational study

Abstract

Background: Mental, social, and physical health are essential standards of life that are interdependent and interlinked to each other. In a region of conflict-ridden society, mental health issues can multiply considerably. Kashmir has been observed in the episodic cycle of violence that affected people from different walks of life, including children. **Methodology:** Based on the review of literature and observation in the field, an attempt was made to narrate the psychosocial problems of children encountered in the Kashmir valley. **Results:** A phenomenal increase in the number of children attending psychiatric hospitals is a direct reflection of the magnitude of psychosocial problems in Kashmir. There is a significant increase in the number of children being diagnosed with depression, anxiety, and posttraumatic stress disorder. It reveals that the emotional and psychological damage caused by the conflict continues to surge. Frustration and anxiety are more likely to be observed among the masses of school-going children. They are continuously affected due to the long-time shutdown of their schools due to hartals. Such activities majorly affect children's mental health and wellbeing. In major cases, children were observed suffering from fear and anxiety at an early age that was resulting in depression and substance abuse. Negative judgments and stigmatisation soar when victims of mentally depressed children indulge in the drugs and antisocial activities, resulting in damage to social, mental, and economic fibre. **Conclusion:** Recognition of the psychosocial problems and steps to find the solution to them is significant for the wellbeing of children.

Keywords: Conflict, violence, dropout, risk-taking behaviour

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INTRODUCTION

In any society, children are considered to be the future and foremost growing section of society. They shoulder all intellectual capacities for a growing society. Violence, poverty, and unemployment evoke a keen sense of sadness towards deprived life in a conflict region. The people of lower socioeconomic status, women, elderly, persons with a disability, and children are more vulnerable and victims. Among them, the children are more vulnerable and would be affected more. The closure of schools and abandonment of resources push children to psychological issues.[1] It is reported that the prevalence of violence and mental health disorders of children is interlinked[2] and it is estimated that ten to 20% of children are suffering from mental health problems worldwide due to violence.[3] For decades, Kashmir has been observed as a politically unstable state in India, and Kashmir valley experienced violence and instability for years. This instability pushed Kashmir back to ruined hamlet in its development. Therefore, it is observed, both structure and psychological health are differing considerably. Clinically, of every four members in a family, one member is seen suffering from a mental health disorder.[4,5] It was reported that 1.6 million (41%) adults and children having

significant symptoms of mental distress, anxiety disorders, posttraumatic stress disorders (PTSD), and meeting all the diagnostic criteria for severe depression.[6] Children show the delineation of gloomy faces, sad gestures, and traumatic experiences. Children in schools, communities, madrasas, orphanages, and other institutions depict a brazen cold and flat emotions of prolonged trauma. Many children experienced trauma because of witnessing the deaths of their parents and relatives. The psychiatric morbidity of PTSD led to the chances of substance abuse in adolescents at an early age.[7-10] A huge concentration of armed camps is located near the locations of schools and colleges, which develop fear and anxiety among children for any unpleasant attack.[11] The problems and challenges children are confronting lead to the emotional and psychological impact.[12,13] The purpose of the study was to explore and examine the consequences of psychosocial problems of children.

METHODS

The objectives of the study were to observe the impact of violence on the psychosocial problems and wellbeing among children in Kashmir valley. This is a descriptive study, and based on observation methods of both participatory and

non-participatory, data was collected. Ninety children, ten each from nine schools in four districts of Kashmir, viz., Anantnag, Pulwama, Srinagar, and Budgam, participated in the study. The principals and one assistant teacher from every school were contacted in advance and interacted with them (18 teachers). A total of 15 parents, nine community leaders, and five faith healers were contacted and discussed. The problems chalked out, narrated by the children and stakeholders. During the interactions and observations, the majority of the responses reflected the cause of psychosocial problems and mental health problems due to the Kashmir conflict and violence. Based on the collected secondary data and primary data, the themes were prepared and described in the results. The psychosocial problems, viz., emotional, behavioural, substance abuse, and antisocial activities were observed from the responses of interaction and participation with the population of the study. The purpose of the observation study was to understand the mental health problems while interacting with the stakeholders. Permission was obtained from the school authorities. The ascent from children and informed consent from parents of the participants was obtained, and the study had obtained ethical clearance from the school board of the Central University of Karnataka, India.

RESULTS

Kashmir has a history of armed conflict, widespread hartals, and long stretch curfews. This prevents children from attending schools in turmoil. Therefore, restrictions have severely crippled the education system, social life, and mental health among children.[14] The situation of daily living among children was assessed from the viewpoint of several informants. Open interaction and observation determined the life pattern and situation of children in schools and communities. The women, children, and men are badly affected by the murky political issue of Kashmir. Children happened to be the worst affected. They could see the protests, slogans, bullets, pellets, and other scary situations, which become a cause of fearful nightmares and dreams. The various domains of children where conflict has affected the mental health of children are described under various themes.

Psychosocial problems

Kashmir conflict has developed lunatic feelings in the children. During interaction with children, it was ascertained that they lack the free atmosphere to play with other children. Teachers opined that with growing age, they develop a stubborn and cynic personality, which is full of anger and lack of control. Children in orphanages whose parents died due to Kashmir conflict perpetuate in the suffering of trauma and acute stress. They witness their parents' deaths in front of their open, visible eyes. That horror imprints left long-lasting and severe psychological consequences on their minds with repeated nightmares and sleepless nights. The teachers working in orphanages told that orphanages showed an upward rise in the admission of parentless children. Children take refuge in the orphanages for getting basic life and psychological support. It was observed while talking to children suffering from mental trauma, and their gloomy faces give the message of continuous pathetic life of living.

The teachers believed that those children who are not able to express their mental trauma and continuously suffer in grim psychosocial situations are prone to severe mental disorders. The children grew up with a lack of interpersonal skills, coping with emotions, and stress. Their communication with family members, friends, and peers gets hampered. They are socially withdrawn and have less coping and problem-solving skills. The following statements depict this:

"I can't get well along with my peers. I find myself down in class, at the playground, and school activities. My behaviour looks so different from others. My friends don't like me. My emotions are getting disturbed when my friends ignore me. I hate myself." - Child 1.

"One of my students' father died due to the conflict. The child constantly misses the classes, and whenever he comes to the class, he is always isolated." - Teacher 2.

Emotional problems

Children undergo emotional changes with the development of hostility and rebelliousness in the environments they live in. Teachers expressed the observation of children in school settings with temper tantrums, emotional outbursts, irritability, and worry. Parents have seen their children with anxiety and depressive thoughts at home. The community leaders opined that the children living in volatile areas of Kashmir are showing hatred and aggressiveness to the unfavourable people around them. Therefore, teachers and parents have seen such children grow-up with inadequate coping strategies to control the emotions and anger, which led them to extreme behavioural changes. Community leaders are also in such a view that stubbornness and short-tempered are looming more in the children. The following statements describe this:

"The student X can often be seen fighting with his colleagues. He has immediate anger outbursts and irritability for other children in the class. But he is nervous when a new teacher comes to class and less confident to take the initiative at morning assembly." - Teacher 1.

"I am fearful of the police. I get easily scared when I see armed forces on the way to school. I am unhappy when my parents and teachers scold and beat me." - Child 2.

Behavioural problems

The children are displaying temper tantrums and sudden outbursts of anger, frustration, and aggression. The teachers have observed that the children are indulging in biting, kicking, throwing objects, and screaming. Children reported disturbances of sleep, nightmares, and fearful dreams. The parents opined that children with fear psychosis had experienced enuresis and involuntary passage of urine during bedtime. The community leaders have expressed the behaviour of children with frequent peer fights, abusive language, smoking habits, and disobedience. The following statements describe this:

"My child is often lying to us. He is stealing small things at home. He gets angry when we ask him about his mistakes. He is often aggressive." - Parent 1.

“I have been smoking for the last six months. I started smoking with my friends. My parents beat me and scold me even for small mistakes. I find discrimination from my parents with my elder brother. They care for my brother more than me.” - Child 2.

Antisocial activities

Teachers understand the temperament of each child in the school. While talking to teachers and students, very few cases of antisocial behaviours of children came to limelight. Children are hesitant in front of teachers about the responses of theft, setting fires, lying, harming animals, or others. However, community leaders stated that half a dozen children in respective schools and villages are indulging in antisocial activities. Parents reported lying and theft of a few children. The following statements describe this:

“One boy from our neighbouring house is quite disobedient. He throws stones to dogs and animals. He once set fire to a big pile of grass near to cowshed of our neighbour which had bad consequences to the cowshed owner.” - Community leader 1.

“My student has a problem with shoplifting. Our canteen owner once complained against him. He had few complaints before as well. Later, his parent also raised concern to us about his theft at home.” - Teacher 2.

Mental trauma

PTSD is a reaction to severe stress of exceptionally threatening or catastrophic events. The disease causes pervasive distress. The community leaders and parents witnessed the causes of PTSD through natural and human-made disasters occurring in the Kashmir valley. As community leaders experienced, Uri earthquake (2005), Shrine Board land violence (2009), Kashmir floods (2014), six-month long strike, and curfew (2016) as negative consequences for the mental health of children. Teachers narrated their ordeal that serious accidents, floods, earthquakes, armed violence, violent deaths, torture, rape, crime, and terrorism are the causes of PTSD. One of the parents whose child was on treatment at the National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bengaluru expressed that distressing dreams, flashbacks, sense of numbness, and emotional blunting disturb their child. They are so bothered to fear and unavoidable curfews that remind the child of the original trauma. The subjective distress and emotional disturbance usually affect the social functioning, behaviour, and mood of the children. The following statements narrate this:

“I am constantly sobbing, crying, and not able to sleep in the eerie fearful nights after my father’s death. I can see him in dreams. I can’t go alone to bed. My sleep is disturbed. I am getting low grades after I lost my concentration.” - Child 1.

“One of my students’ father died due to the conflict. The child constantly misses the classes, and whenever he comes to the class, he is always isolated.” - Teacher 2.

Education and dropout issues

Continuous hartals and curfews impacted the education of children. Schools and colleges remain closed for days and

months. Teachers communicated that day in and out of children are distracted from their studies. It was observed from the conversation of teachers and parents that a good number of children discontinued their education due to the constant violence. Furthermore, it was elicited from teachers that girl students are more in dropouts. Due to the incessant hartals and curfews, teachers find it hard to motivate those children who are dropouts. Parents often have a fear of sending their children to schools in untoward situations. The lower socioeconomic families face the brunt of violence and get impacted. Parents and children find fear psychosis, a reason that paralysed the peaceful life of children in schools. Community leaders narrated the impact of violence on education, the biggest loss for child education, and girl empowerment. The following statements describe this:

“One of my girl students coming to our school from the village that is quite far away was from a lower socioeconomic background. Due to incessant hartals and curfews, she lost interest in studies. Later on, she started being absent on normal working days. I learned from her friends that she drops-out school because of having a fear of going to school alone through the vast agriculture fields.” - Teacher 1.

“My son is not able to go to school. My husband died six months back. Now, my elder son is the only breadwinner for our survival. He goes to work with his uncle for hotel work. However, my younger daughter goes to school.” - Parent 2.

Substance abuse

The least noticed and un-imagined alcohol took birth in Kashmir society with the increase of psychological problems. Although alcohol consumption is not found high, many other drugs like heroin, ganja, charas, etc., are found in good percentages with their easy accessibility. Children of affected families find themselves in irritability, grief, guilt, aggression, difficulty in falling asleep, and other negative behaviours. Adolescents and adults are quite often fond of trying new things. Teachers in schools observed that adolescents find substance use an alternative and wrong pathway to soothe themselves. Children who voluntarily exposed their substance abuse during interaction told that they take several drugs to relieve tension, promote temporary sleep, and rest. The community leaders believed and have observed continuously in the villages and cities that adolescents indulge in more substance use without having considerable knowledge of their side effects and long-term addiction. While parents did not see their children indulging in substance use, but have heard from their friends and neighbours about cigarette smoking. The following statements describe this:

“I see children in small groups sitting behind the ruined building and puffing cigarettes with a smell of charas. They run away when they see me approaching them.” - Community leader 1.

“My son comes late home in the evening. I know he is smoking. But he keeps room locked inside and doesn’t come out for hours. I am suspicious of his behaviour. I think he takes ganja.” - Parent 2.

Traditional healers

The belief system and trust in traditional healers are from ancient times. In Kashmir, they are more predominant in treating mental illness. People of rural areas visit more to peers and fakirs, aastans and dargas for getting rid of evil spirits (jin) in psychiatric patients. Faith healers often dose them holy water to drink and provide amulets to wear. Many are going to aastans to bring sacred materials with a belief to get cured. They have such belief that evil spirits to be cured by faith healers. The causes of any illness, whether mental or physical, the possession of an alien spirit is associated. In such spiritual practices, a large number of people with a mental health condition got impacted who merely depend on traditional healers and did not get psychiatric treatment on time. Commonly, faith healers have less knowledge about mental health problems. While interacting with the faith healers, it was observed that they receive children with the problems of demonic possession, depression, fear, anxiety, and traumatic related events. The faith healers reiterated that they are getting lots of respect from the people because of having belief and faith in them. Faith healers stated in the conversation that it is female children more who visit them for the treatment. The following statements describe this:

“The poor and middle-class families are constantly coming to me for the spiritual help of their problems. Many children do come with disturbed sleep, loneliness, social isolation. The families of the children see mental problems a Godly curse on them. God only would save them.” - Faith healer 1.

“I believe in my peer baba. My daughter has this problem for two years. She becomes normal when peer baba gives her taweez and water to drink.” - Parent 2.

DISCUSSION

Kashmir is considered to be a conflict zone where political instability persists for decades. Kashmir conflict is more complex, where there is both military and militant movement. The dangerous confrontations of armed activities have increased the fuel of conflict. At the same time, mental illness is more and dangerous to the children. The consequences of the conflict have severe manifestations on the mental health of children. In conflict, children witness and experience the traumatic events of the actual threat of death, serious injury, violence, fear, sexual abuse, and disability. Those traumatic events have a major impact on the emotional, cognitive, behavioural, and physiological functioning of the children. A study conducted by Jordans and Tol[15] has reported that conflict harms the mental health and psychological wellbeing of children with the major problems of psychological distress and mental disorders. Another study reported children and adults living in the Kashmir valley are experiencing high levels of anxiety, PTSD, and depression due to traumatic events of both natural and human-made disasters.[16] The children are concerned with future life that is anxiously hovering in their minds. Children are often seen with sad faces in schools. They are pessimistic about their future life. The academic activities would be seen decreased. This is supported by the study done by Schulte-Körne.[17] The study reports that mental health problems increase the risk of low grades, truancy, and

dropping out of schools. The children do not feel any pleasure in doing the activities when the atmosphere is not so calm and quiet. Curfews and hartals often deteriorate the children's loving atmosphere. Children from affected families have guilt feelings. They are obsessed with traumatic events. Several physical cases of abuse have happened in the past. They show displeasure to themselves being the natives of Kashmir. The conflict developed in themselves the thoughts of self-blaming and overly self-criticism. A study done by McIntyre *et al.*[18] reported that self-criticism potentially increases the symptoms of mental illness. In such cases, the children are quite judgemental towards themselves and others.[18] Several adolescents have suicidal thoughts being living in a caged life. The psychosocial problems in children are reported from several studies. One of the studies done by Eyüboğlu *et al.*[19] reported that psychosocial difficulties of children exhibit more living in areas where conflict lasted long. They are temperamentally aggressive and agitating. The loss of interest in doing daily life activities has reduced in themselves. They often feel worthlessness when seeing themselves idle and nothing to do. While trying their efforts to do something for their good future, conflict impedes them to get success in their academics and learning opportunities. They see themselves in loss of energy in the struggle of goal setting. The cycle of sleep gets disturbed in children with depressed thoughts and fearful nights. The indulgence of bad activities increases, and habit disorders arise. The appetite changes happened. They see with irritability and aggression. A study done by Wani and Singh[20] reported that children with depression, anxiety, behavioural and emotional difficulties are more in the percentage of substance abuse. The age of adolescents requires the freedom to develop full adulthood. But the conflict does not provide such an opportunity. This leads to hopelessness and helplessness on the causes of a bleak future. Therefore, behavioural problems steeply arise. They develop antisocial activities and substance abuse behaviours. This leads to a steep increase in delinquency among adolescents.

Suggestions

Both physical and mental health is important for the wellbeing of children. Every child faces ups and downs in their life span. However, it is fortunate for those children who can cope up with their life problems. But many are not able to withstand their problems and go into psychological distress. In the major populace of Kashmir, specifically in rural areas, the awareness of mental healthcare has been found less. Kashmir is a place where 90% of the population belongs to the rural areas. Therefore, the children's population is seen more in rural areas. The cause of psychological problems and their consequences are required to have an awareness of common masses and children. But the awareness level of mental health issues and the resources available in Kashmir is not as much wider than other states of India. People still believe in traditional methods for the treatment of children. The traditional healers who give pseudo-treatment to children are much popular than the psychiatrists in Kashmir. The treatment and awareness programmes are needed for the school going children and their families. The dissemination of knowledge about psychiatric disorders to children is the work of psychiatric institutions. However, the mental health services

are just picking up in Kashmir, where few psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses are available in major hospitals of Kashmir. Therefore, Kashmir lacks human resources in mental health to work for the betterment of children. Families of mentally ill children are ignorant of understanding their psychological problems and unaware of the treatment process. This triggers a bad situation of the mental health status of the children who need timely treatment and the helping hand of psychiatric professionals. The cultural belief challenges the psychiatric profession and belief in psychiatric treatment for mentally ill children. Families of children having psychological issues for decades approach more to traditional healers than psychiatric professionals in Kashmir. The consequences of not having psychiatric awareness among affected families led to severe problems in children of Kashmir. Schools, orphanages, and other pertinent institutions need to be properly supported and functionalised. Children of low socioeconomic families need to be supported through schemes, scholarships, and other financial benefits. Trauma driven events require addressing in families and communities. Mental health professionals need to work in harmony with children. Psychiatry departments shall reach out to communities and schools to carve out the treatment plan for children suffering from psychiatric illnesses. The resources at the local and national level need to be utilised. Psychiatric social workers bother to identify the needed psychiatric elements in village pockets and strengthen the community mental health education. The mental health awareness-building programmes, workshops, and sensitisation programmes are required for the widespread dissemination of mental health issues to children and ordinary people. The available services are not utilised due to lack of awareness or importance about psychiatric services, wrong notions, ambiguity, and stigma in psychiatric services. Therefore, school teachers and village leaders need to be involved. They would help to link affected children and their families towards mental health hospitals, services, and rehabilitation programmes.

Conclusion

The study clearly shows that children of Kashmir are facing many psychosocial issues and their wellbeing are at stake. The children are the victims of political turmoil, social disorganisation, system faults, and their mental health are at risk. It is observed that the children of Kashmir are the victims of the violence and facing many psychosocial issues that need to be addressed systematically. Unfortunately, the problems of children are not addressed adequately. The study highlights that the mental health issues of children need to be tackled professionally and in a humane way.

AUTHOR CONTRIBUTIONS

DRD: Initial proposal and conceptualisation, data collection, data entry, first draft preparation; **TV:** Conceptualisation, analysis, proof reading; **LG:** Conceptualisation, analysis, proof reading, dissemination (overall supervision).

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