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Effect Of Ongoing Conflict On The School Going Children In Kashmir

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Abstract

Kashmir conflict remains one of the most intractable conflicts of the contemporary times. It has permeated almost all aspects of life in Kashmir. The society in its various stratifications has been affected by this violent conflict. Education, be it school or higher, has been one of the most badly affected sectors of Kashmir since the conflict took violent shape. Since 1989 in general and from the last decade in particular Kashmir has witnessed innumerable strikes, lockdowns, curfews etc that have significantly affected the very conduct of educational system. The conflict has meant that many school going children suffer from psychological problems like Stress, depression, anxiety, PTSD etc at a very tender age. The uncertain and violent circumstances that present Kashmir faces has also meant the loss of productive school days due to continuous lockdown, protests, curfews etc. This projects a bleak future career prospects for the future generations of the troubled valley. Through this research paper, the researcher would like to highlight these psychological problems faced by the school children of the conflict ravaged Kashmir.

Keywords: Conflict; School education; Anxiety; Depression

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Introduction

The state of Jammu and Kashmir in the Union of India is a landlocked territory located in North Western part of Indian subcontinent. It came into existence on March 1846 when the British handed over the state to Raja Gulab Singh through the treaty of Amritsar. Prior to this, the three broad regions- the Kashmir valley, Jammu and the Ladakh- were governed separately under different rulers. The roots of the Kashmir conflict can be traced back from the partition of the Indian subcontinent in 1947 into two separate dominions of India and Pakistan. At the time of partition, there were 562 princely states ruled by princes and Jammu and Kashmir was one of the largest princely states among them. When the British left India in 1947, they advised the rulers of princely states either to join India or Pakistan. The geographical contiguity and the wishes of people were the two principles that prince have to take into consideration before discussing the future of the state. With the exit of Britisher, almost all the princely states acceded either of the Dominion except Hyderabad, Junagarh and Jammu and Kashmir. The Hyderabad and Junagarh had Muslim rulers but the majority Hindu population and later on India settled their accession by a combination of force and diplomacy. But the choice for Mahraja Hari Singh was difficult. He was the Hindu ruler with Majority Muslim population. He thus contemplated to remain independent from both of the Dominions. He concluded a standstill agreement with Pakistan and the same was declined by the Indian leadership. Indian rejection of standstill agreement coupled with the delay in deciding the future of the state created further apprehension in the mind of Pakistan with regard to Maharaja's intention which finally tried to invade the state through tribal invasion, the tribesmen from North West Frontier province of Pakistan invaded Kashmir in 1947. Promptly, Maharaja of Jammu and Kashmir requested India for military help. Finally, India accepted the proposal as soon as Maharaja signed an "instrument of accession" with India. (Varshney, 1991)

India's Military started a full flagged war with tribal in the Kashmir. In between the matter was taken to the United Nations by the Indian leadership for the solution and the United Nations intervened and a cease-fire line was observed between India and Pakistan in 1949. The line demarcated the state into Indian administered Kashmir and Pakistan administered Kashmir. India got control over Jammu, Kashmir valley and Ladakh, while as Pakistan retained Azad Jammu and Kashmir and Northern areas of Gilgit-Baltistan (Adhikari & Mukul Kamle, 2010).

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Kashmir becomes a symbol of identity for both India and Pakistan. For India, it represents the crown of secular body and for Pakistan, it is jugular vein and one important thread for the Muslim unity in the Subcontinent. For Pakistan, Kashmir is unfinished business of Partition and should be resolved according to United Nations resolutions. But for India, it is an integral part of Union and it would never allow Kashmir to secede. India claimed that if Kashmir becomes a part of Pakistan its secular character come under threat that would lead to the balkanization of the Union. The United Nations adopted several resolutions for the peaceful resolution of the dispute but the hard-line approach adopted by both countries averted any solution. It is because of this dispute that both the countries fought four wars in 1947-48, 1965, 1971 and 1999 respectively. Now both countries have achieved the status of nuclear powers and made the state a nuclear flashpoint in South Asia and the same was asserted by the former American President Bill Clinton in 2002.

The conflict took a new turn in 1989 when an armed struggle was started by the people of the state with the backing of Pakistan. Consequently, the Indian state took recourse to its hard power approach or what we call military muscle to crush the movement. Thus the deadliest conflict was started with ruined the whole social fabric of the state. Half of the million people have died in this conflict and caused other physical and psychological damage to the local population.

Since 1989 in general and from the last decade in particular Kashmir has witnessed innumerable strikes, lockdowns, curfews etc. Such conflict has a devastating effect on the civilian population in general and women and children in particular. Numberless strikes, crackdowns, search operations, bomb blasts, cross firing, cordoning off areas and killing innocent persons has not only violated human rights but have a significant effect on the education of the students. Many children became orphans and were subjected to torture. Around one lakh people were killed and more than two lakh children orphaned. Orphan children have been identified who belong to deceased militants and are ignored, neglected and discriminated against because the state and Central government have a policy under which kith and kin of militants will not get any relief or financial assistance. These identified orphans are not being rehabilitated by the state through institutional care though they have taken birth after the death of their militant fathers. They do not know why their fathers took to the gun and turned militant. In short, conflict has ruined the social and cultural ethics that children were supposed to learn. The psycho-socio development of children gets hampered

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by conflict and the developmental problems, in turn, have an enormous devastating impact on society.

Psychological Problems

According to Ngoo, (2002) Children may display a wide range of emotional and physiological reactions following a disaster/conflict. Childhood trauma can have a devastating effect on the development of the brain. Posttraumatic stress responses have been documented in children who have suffered the traumatic loss of their parents, siblings, and peers (Davidhizar & Shearer, 2002).

The more severe psychological reactions are associated with variables such as a higher degree of exposure (e.g., life threat, direct physical injury, witnessing a death or injury), closer proximity to the disaster, history of prior traumas, female gender, poor parental response, and parental psychopathology.

1. **Depression**

A common mental disorder that is presented with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety (WHO, 2012).

Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Rahman, Patel, Maselko, & Kirkwood, 2008). This risk factor could mean that maternal mental health in low-income countries may have a substantial influence on growth during childhood, with the effects of depression affecting not only this generation but also the next.

2. **Stress**

Stress is a state of psychological and physiological imbalance resulting from the disparity between situational demand and the individual's ability and motivation to meet those needs

Hans Selye (1974) defined stress as "the rate of all wear and tear caused by life".

3. **Anxiety**

Anxiety is an emotion, characterized by an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints, and rumination. It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death. People with anxiety disorders often have unrealistic images of themselves. Deeply anxious people seem unable to free themselves of recurring

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worries and fears. Their emotional problems may be expressed in constant worrying, sudden mood swings, or a variety of physical symptoms such as (headaches, sweating, muscle tightness, weakness, and fatigue). Anxious people often have difficulty forming stable and satisfying relationships. Even though their behavior may be self-defeating and ineffective in solving problems, those driven by anxiety often refuse to give up their behaviors in favor of more effective ways of dealing with anxiety.

Anxiety is not the same as fear. Fear is a response to a real or perceived immediate threat, whereas anxiety is the expectation of a future threat. Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as threatening. It is often accompanied by muscular tension, restlessness, fatigue, and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder.

4. **Post-Traumatic Stress Disorder (PTSD)**

PTSD is a psychiatric condition developed as an aftermath of severe trauma often involving violence and demolition. DSM IV-TR requires that for diagnosing a person as suffering from PTSD, there must be a history of exposure to severe trauma. The person may have experienced, witnessed or been confronted with an event or events that involved actual or threatened death, serious injury or threat to the integrity of self and others. The reactions of the person would be predominantly fear, helplessness, and terror. Typical symptoms include involuntary flashbacks or recurring nightmares during which the victim re-experiences the ordeal, often followed by insomnia and feelings of guilt.

Terr (2003) presents four specific symptoms characteristic of childhood PTSD: repeatedly perceiving memories of the event through visualization, engaging in behavioral re-enactments and repetitive play related to the event, fears related to the trauma event, and pessimistic attitudes reflecting a sense of hopelessness about the future and life in general.

Children often have greater difficulty in verbally expressing their pain, especially when physical or sexual abuse has been involved. You may have heard of horrible experiences of children during riots. They may have been subject to assaults themselves or have witnessed their parents assaulted. Victims of PTSD, especially children remain prone to psychiatric disorders and physical health hazards for the rest of their life. They may develop mood disorder, other anxiety disorders like Generalised Anxiety Disorder or Obsessive Compulsive Disorder, and Substance Abuse Disorder. Such children are also more likely to

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fail in academics, carer, and relationship. They may be more prone to cardiac problems in later life.

Mir, Rather, and Prusty (2016) comparing the level of neuroticism, overall anxiety, mental tension, guilt proneness, level of maturity, suspiciousness and level of self-control in the youth of Kashmir on the basis of age, gender, residence, and witnessing of violent episodes. They found a statistically 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. They also found a significant difference in the level of mental tension and guilt proneness in late adolescence group (16-20years) and early adulthood group (21-25 years).

Amin and Khan (2009) aimed to determine the characteristics of depression in the population in Kashmir where a low-intensity-conflict has been going on for the last seventeen years. They found 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%).

Conclusion

This conflict has a significant impact on the education of the students in Kashmir. It seriously interrupts the school routine and the processes of teaching and learning. High levels of emotional upset, the potential for disruptive behavior or loss of student attendance have been reported by the students. Students show lower grade points, more negative remarks in their cumulative records, and more reported absences from school. They may have increased difficulties concentrating and learning at school and may engage in unusually reckless or aggressive behavior. Besides that, the conflict has a directly as well as indirectly effect on physical and mental health of the children. The uncertain and violent circumstances in the Kashmir such as continuous lockdown, protests, curfews etc project a bleak future career prospects for the future generations of the troubled valley.

Mental health professional working in the field can play an important role in providing support and refer students who may be suffering from anxiety, stress, depression, and PTSD.

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School-based clinicians should be aligned with the educational mission of schools. By providing early intervention services to students who have these symptoms, clinicians can not only help in improving the academic performance in the classroom but also their social-emotional well-being of students.

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