

Inter-Conflict and Mental Health in North Kashmir – A Case Study

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ABSTRACT

The aim of the study was to examine the inter-conflict and mental health in North Kashmir. Mental Health Battery by A.K Singh and Sen Gupta (original Hindi version translated by Mrs. Gulnaz in English version). The sample for the present study consisted of 100 respondents in which 50 were male and 50 were female. The investigator also stratified the sample in terms of gender and dichotomy. The study shows that there is a significant mean difference between male and female respondents and no significant difference between rural and urban respondents.

Key Words : Inter-conflict, Mental health, North Kashmir

INTRODUCTION

Kashmir Valley has rightly been called as the “Paradise on Earth” and “Switzerland of Asia”. Bernier, the first European traveler to enter Kashmir, wrote in 1665 that “In truth, the kingdom surpasses in beauty all that my warmest imagination had anticipated.

North Kashmir:

Description of Universe The north Kashmir comprises of three districts i.e., Kupwara, Baramulla and Baramulla. All the three districts were considered to undertake the present study. District Baramulla District is one of the largest Districts in entire valley both with reference to the population and area. The District is spread over an area of 4588 Sq. Kms and its population according to 2011 Projections is ten lakh eight thousand and thirty nine.

As per census 2011, Baramulla has population of 1,008,039 of which 534,733 are males and 473,306 are females. The Average literacy rate of the district is 64.63. The gender wise literacy rate of the district is 75.53 in case of males and 52.38 in case of females. The Sex Ratio of the district is 885 females per 1000 males while as the child sex ratio is 863 girls per 1000 boys. The

numbers of children under age of 0-6 are 164,581 of which 88,321 are males and 76,260 are females.

District Kupwara:

According to official website district Kupwara is the backward frontier District of Kashmir Valley, full of scenic beauty. Dense forests and rich wild life make it significant from tourism and wildlife point of view. Nature has been very kind to Kupwara. District Kupwara was carved out from erstwhile District Baramulla in the year 1979. The District Headquarter “Kupwara” is situated at a distance of 90 kms from the summer capital of state, i.e. Srinagar. The District is situated at an average altitude of 5300 feet from the sea level. The geographical area of the District is 2379 sqkms. The north west part of the District is bound by line of actual control (L.O.C) while the southern portion is bound by the District Baramulla. There are three bad pocket areas, namely, Machil, Keran and Karnah located near L.O.C which remains land locked for more than six months in a year. There are some other areas located at barbed distances and remain cut off from District Headquarter for a considerable time, like Kumkadi, Lashdat, Jungund, Kethanwali and Budnambal. Tehsils: District Kupwara Consists of 15 Tehsils and 24 Rural Developments Blocks. In 2011,

Kupwara had population of 870,354 of which male and female were 474,190 and 396,164 respectively. Average literacy of Kupwara is 64.51% of which male population is 75.68% and female population is 50.95%. The sex ratio is 835 Females/1000 males.

District Bandipora:

According to official website of District Administration Bandipora, Bandipore is a District in the state of Jammu & Kashmir carved out of Baramulla district in 2007. It comprises seven tehsils, twelve CD Blocks and three assembly Constituencies Bandipore, Sonawari and Gurez. Total Population of the District as per 2011 census is 3,85,089. The district is bounded by Kupwara district in the West, Baramulla district in the South and Kargil, Srinagar and Ganderbal districts in the East. Sex ratio is 52% males and 48% female. The urban population is 17%, general population is 67% and S.T population is 16%. The literacy rate is 67.29% males and 43.94% females.

Half widows are struggling hard to provide food and education to their children. They find it difficult to cope with these additional complex responsibilities. Majority of half-widows are illiterate and therefore do some menial jobs like washing dishes, to work as part time domestic helpers in the families of well to do people or opt for some other much lesser important jobs in various small establishments which never are well paid. Thus, their financial needs remain half addressed besides being unsatisfactory.

Half widows further suffer when they are separated from their children. Given the aforementioned tense dynamics in the in-laws home, their in-laws at times choose to keep their grand children, while turning out the half widow and providing no visitation rights. In other cases half widows natal family take "Her" only on the condition that the children will remain with their paternal side or sent to orphanage. In certain cases children are divided between the half widow's parents and in-laws and she may never see one/some of her children. Their forced status as "single women" coupled with gender bias result in half widow facing social isolation, shaming and physical vulnerability.

The absence of husbands renders women economically vulnerable. In already socio-economic weak families, which are the status of most families that have suffered disappearances, such vulnerability leads to destitution.

Objectives :

1. To assess the mental health among male and female.
2. To assess the mental health with respect to their domicile.
3. To compare the male and female on their mental health.
4. To compare the mental health with respect to their domicile.

METHODOLOGY

Sample:

The sample for the present study consisted of 100 respondents in which 50 were male and 50 were female. The investigator also stratified the sample in terms of marital status, age-group and dichotomy.

Tools used for the present study:

Following tools were used for the present study:-

Tools I:

Mental Health Battery by A.K Singh and Sen Gupta (original Hindi version translated by Mrs. Gulnaz in English version).

The following six popular indices of mental health have finally been selected for inclusion in the present battery.

1. Emotional stability
2. Over-all adjustment
3. Autonomy
4. Security insecurity
5. Self concept
6. Intelligence

A brief description of each of these indices is as under:

Statistical treatment:

The data collected was subjected to the following statistical treatment.

- Mean
- S.D
- t-test.

RESULTS AND DISCUSSION

The Table 1 shows the mean comparison of mental health between male and female respondents. The above table indicates that there is a significant mean difference

Table 1: Showing the mean comparison of mental health between male and female respondents

| Occupation | N | Mean | Std. Deviation | t-value | Level of significance |
|------------|----|-------|----------------|---------|---------------------------|
| Male | 50 | 60.58 | 9.459 | 3.18 | Significant at 0.01 level |
| Female | 50 | 67.33 | 9.477 | | |

Table 2 : Showing the mean comparison of mental health between with respect to their domicile

| Domicile | N | Mean | Std. Deviation | t-value | Level of significance |
|----------|----|-------|----------------|---------|-----------------------|
| Rural | 50 | 64.32 | 10.458 | 0.42 | Insignificant |
| Urban | 50 | 63.56 | 9.621 | | |

between male and female respondents. However, mean favours female respondents, which implies that female respondents have better mental health as compared to male respondents.

The Table 2 shows the mean comparison of mental health between with respect to their domicile. The above table indicates that there is no significant difference between rural and urban respondents. Both the groups rural and urban have somewhat similar on their mental health.

Case study-I:

Name: Naseema

Naseema 28 is a half widow. She was married in Kupwara at the age of 10-12 years. She belongs to Gujjar Community where the girls get married even before their teens. She is living in a very miserable condition at her maternal home with her daughter who is 10 years old.

Her husband disappeared in 2002 from Kupwara when some unidentified persons entered the house and picked up her husband. She told that I asked them where you are taking him. Who are you? They in reply told me that he will be back very soon. We want a help from him. He left with and time was 8 pm. The story narrated by her is, waiting for him for the whole night but did not returned. In the morning, I told the whole story to my brother in law who is handicapped. He told don't worry he will be back soon. Years passed but my husband is missing till date. I lodged FIR about disappearance in police station also, but did not find any clue yet.

I did not leave my husband's home. I was there with my daughter. I was working in the houses of people and what so ever the money I get from there was the only source of survival for me. Then, I got myself registered with APDP who are taking care of me and my daughter. My brother in law was trying to exploit me which I could not bear. He also send a proposal of marriage which I rejected, then his exploitation got

intensified and he forced me to leave the house. I was helpless I could not manage to stay with him. Then, APDP headed by Mtr. Parveen Ahanger motivated my brothers to provide me a single room accommodation. They provided me the financial support for construction of room. Now I am living with my only daughter, at least I'm not afraid of any exploitation.

The socio-economic status of Naseema is very low. She could not manage two times meals for herself and for her daughter. She is living in a very miserable condition. She was asked you are young what are your future plans? Could you set yourself settled after remarriage? She wept bitterly and told No.....I will not remarry, but will wait for my husband I know he will return some day.....?

After listening to painful story of Naseema, and administration of the scale like mental health and emotional stress. It was found that Naseema is emotionally and mentally disturbed to greater extent. She is dependent on ant depression pills as she is suffering from insomnia and PTSAD.

Case study-II

Name: Shahnaza

Shahnaza 38: She lives in Sopore, Besides the administration of conflict and mental health an interview was conducted in which she described her miseries and painful story.

"My husband was a driver by profession. He was a nice person and we were living happy life. I had two daughters. My husband got disappeared in 2002. My first daughter was only two years old and I was again expected. I gave birth to another daughter after 5 months of her father's disappearance. The story narrated by Shahnaza was painful. She is still in her in laws home. But her in laws have tortured her to a great extent where she several times thought about suicide. But her daughter's fate stopped her from doing so. No doubt she

is residing in laws house but the condition of the house is very deteriorated. She even is not having washroom facility. she is using washing room of her neighbours. She brusted into tears while narrating her miseries. As there is no source of income and her daughters have become a liability for her maternal parents. Her brother is taking care of her daughters and providing them educational and other expenses. She has lost everything as stated by Shahnaza. She sold the vehicle of her husband and spends the money on tracing the whereabouts of her husband. Shahnaza is still living in a hope that her husband may return one day. She is highly thankful to some her neighbours who helped her a lot and forced her in laws to hand over the old house to Shahnaza so that she could provide shelter to her daughters. The economic condition of Shahnaza is very disappointing. Her in laws are not providing her the property rights she is being abused by them off and on. Apart from disappearance of her husband, economic inefficiency is making the condition of Shahnaza worst. She is of view that she is without a man, people are making so many allegations, that is why she prefers to stay indoor rather than to go for some work. It was found that the mental health and emotional disturbance had led her to a very bad condition and it seems impossible that she will recover from that trauma which she is facing after her husband's disappearance.

Findings:

– It was found that there is a significant mean difference between male and female respondents. Female respondents have better mental health as compared to male respondents.

– It was found that there is a significant difference between married and unmarried respondents on their mental health. Unmarried respondents have better mental health as compared to married respondents.

– It was found that there is no significant difference between rural and urban respondents. Both the groups rural and urban have somewhat similar on their mental health.

– It was found that there is no significant difference between age-group among the respondents. There is no effect on age on the mental health among.

Suggestions:

– Findings of this research will be useful to the research scholars why doing research in these areas.

– Findings of this research will be useful to understand level of mental health and job satisfaction of different categories of the society.

– Other statistical technique can be use for data analysis on same sample and same variable

– Reception and care structures should provide more adequate, preventive and curative interventions to those adolescents who frequently participate in protests and government policies should consider these adolescents as 'minors'.

– Basic education should be combined with trauma healing activities for adolescents who experience nightmare more frequently.

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