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Depression and Anxiety among Women: An Analysis of Kashmir Valley

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Abstract

Mental, physical and social health are the important elements of life that are deeply interwoven and closely interdependent. Mental disorder affects all people of all countries and societies, individuals of all ages, men and women, the rich and poor, rural and urban and so on. In conflict regions, depression and anxiety are very common and disrupts the social, economic and political life of the people. Many people living amidst the rages of conflict suffer from a posttraumatic stress disorder. The valley of Kashmir is a conflicted region between India and Pakistan. Most civilians witnessed war-related traumatic events such as shootings, killings, rape and loss of family's members. Bomb attacks, indiscriminate firings have affected the daily lives of the people. Human rights are abuses in such conflict area, and they are reported in the form of arrests, extra-judicial, loot, abduction, and torture by the Armed forces. High level of violence and mass uprisings are still against this oppression. The ongoing conflict, constant threats, and poor future perspectives put a heavy strain on the natural coping mechanisms of the people of Kashmir. A lot of people suffer from stress, high amounts of psychosocial problems and disorders like anxiety, mood, and post-traumatic disorder are mounting. These psychological problems have also given rise to general health problems like diabetes, cardiac problems, and hypertension. This Paper will highlight as to what extent the conflict has affected the mental health of Kashmiri women from the period of the 1990s.

Keywords: Kashmir Conflict, Mental Health, Disappearance, Orphanage, Impacts on women

1. Introduction

The state of Jammu and Kashmir is located in the heart of Asia. It is situated between 32.17 and 35.58 degree north latitude and 72.26 and 80.30 degree east longitude. The state of Jammu and Kashmir was formed on 26th October 1947. The state covers an area of 2, 22,236 sq. Km. and is the sixth largest state of India in terms of area. The state of Jammu and Kashmir is surrounded by Himachal Pradesh in its south as well as neighboring countries like Pakistan, Afghanistan, and China from west, north and east respectively (Report, 2012).

Conflicts in South Asia can be ascribed to four reasons: Firstly, some have their roots in British colonial policies such as divide and rule. Secondly, some conflicts have arisen due to

the modernization process in the sub-continent which benefits some and marginalize and exclude others. Thirdly, conflicts are due to the intervention of external countries like Soviet intervention in Afghanistan in early 1980's, and the last being is that some conflicts arise because of limited resources and the struggle for these resources. Kashmir conflict is a complicated and multidimensional one and can fit into the first category (Ganguly, 1996). The political mobilization of the Kashmiri Muslims, deinstitutionalization of Indian politics and the intervention of Pakistan sowed the seeds of discontent in Kashmir (Ibid, 1996). India took repressive measures to deal with the insurgency that created the situation of 'new war' in the state of Jammu and Kashmir. Mary Kaldor (1998) argues that the 'new wars' were basically post-cold war conflicts which differ from the accepted definition of warfare. The main features of these conflicts include human rights abuses, identity issues and the presence of Para-military forces, which lead to displacement of population. Moreover, these conflicts take place in the context of criminality, corruption and administrative failures.

Kashmir had a Muslim majority population and was ruled by Mughal-Afghan dynasties. In the nineteenth century, the British gained it from Sikhs after the latter is defeated in the first Anglo-Sikh war (1845-46) and imposed an indemnity on the Sikh government. The Sikhs were not in a position to pay and hence gave Kashmir, Jammu, Ladakh, and Baltistan to British. The Hindu Maharaja Gulab Singh (Dogra) stepped in and agreed to pay the indemnity of seventy-five lakh rupees to the Britishers and the Treaty of Amritsar¹ was signed (Kaul 2010:43, Dewan, 2008). Thus, the valley of Kashmir witnessed Dogra rule from 1846-1947 and was marked by the alienation of Muslims in Kashmir. The imposition of heavy taxes, capital punishment, and the constant terror was created by the Dogra's against Kashmiri Muslims (Ahmad, 2010).

On the eve of independence in 1947, there were five hundred and sixty-five princely states in colonial India and were given a choice to merge either with Pakistan or India (Dewan, 2011). Kashmir was one of the largest princely states, and its Dogra ruler Maharaja Hari Singh wanted to remain independent and refused to accede to either state. In 1947, the Maharaja faced an armed revolt by Muslims from Poonch, and the revolt then began to spread to other parts of Jammu and Kashmir. To maintain the status quo, the Maharaja signed a Standstill Agreement² with Pakistan. In 1947, the Kashmiri Muslims revolted openly against the oppressions of Maharaja and the revolt was supported by the tribesmen of Pakistan's North West Frontier Province (NWFP). In October 1947, the tribesmen captured the several towns and massacred a large number of civilians and advanced to capture Srinagar (summer capital of valley) (Husain, 2009: 1008). To crush the rebellion, the Maharaja sought assistance from the state of India and the Prime Minister Jawaharlal Nehru, agreed to send troops to Kashmir on the condition that the state should accede to India. On October 26, 1947,

¹ The Treaty of Amritsar was signed on March 16, 1846 between the British and Gulab Singh Dogra. Under this treaty, Kashmir came under the direct control of Dogra's. The Maharaja Gulab Singh gained the possession of the land to the west of the Indus including Hazara (Bali 2014).

² The Maharaja of Jammu and Kashmir signed a still stand agreement with Pakistan on August 12 in an exchange of telegrams. The main objective of this agreement was to ensure those services which existed for trade, travel and communication would carry on in the same way as they had in British India. However, India did not sign the still stand agreement with the state of Jammu and Kashmir and created suspicion among the Pakistanis about the future plans of India (Schofield, 2003)

Maharaja Hari Singh signed the Instrument of Accession³With India on the condition that Kashmir should be permitted to have its own constitution (Bazaz, 2005).

In January 1966, Tashkent Agreement was signed between India and its neighboring country, Pakistan and both countries decided to solve the Kashmir dispute through peaceful negotiations. However, in 1971, India supported East Pakistan for its independence and another war come into existence between India and Pakistan. In 1972, an agreement was signed, and both countries decided to end their conflicts through bilaterally, and this agreement came to be known as Shimla Agreement (Singh, 2011: 12). The main features of Shimla agreement are that both the countries should respect each other's territorial integrity, sovereignty, political independence and non- interference in each other's internal affairs. Besides it lay emphasis on the cooperative relationship with the special focus on people to people contact and upheld the inviolability of the line of control (LOC) in Jammu and Kashmir (Ministry of External Affairs, 1972).

2. Conflict vs Mental Health in Kashmir Valley

After the Shimla Agreement, the conflict of Kashmir became bilateral. However, the conflict laid its ill effects on all ages of people whether men or women, old or children, literate or illiterate, poor or rich, urban or rural and soon. In other words, it can be argued that the Kashmir conflict had a deeper impact on all sections of the society. The negative impact of violent conflict is experienced by the people, who suffer displacement, loss of home and property, loss or involuntary disappearances of close relatives, broken family, poverty and disintegration.

The impact of conflict and violence on mental health started only in the 1970s after the humanitarian crisis started in Biafra and Nigeria (Shafi & Hassan, 2013). Nowadays it is a concern for everybody, as there are so many conflicts like Kashmir, Palestine, Syria, Rwanda, Somalia, Ukraine and soon. In all these nations there are violent emotional reactions mainly in women and stress, and depression are common. The people in such regions are badly affected by Psycho-Traumatic stress disorder, mal nutrition, hypertension and other cardiac diseases which creates a barrier in their today life.

According to American Psychiatric Association, mental illness is a psychosocial disorder that is related to thinking (cognition) or the mood (emotions) and is correlated with psychological and social problems. Psychological trauma is associated with thinking and emotions, whereas social disorder is linked with relationships, feelings, behavior, and development (Hasan & Shafi, 2013). Such traumas had become evident in disturbed and anti-social behavior, such as the conflict in family and aggression towards others. In conflict-ridden nations, women become the first victim of depression and anxiety through various ways like rape, torture,

³ The instrument of Accession that was signed by Maharaja Hari Singh gave the dominion legislature powers to make laws in the state with respect to matters concerning defense, communication, external affairs and ancillary matters. There was a provision in the agreement that the state of Jammu and Kashmir would be made by the free will of the people until law and order should be restored (Dewan, 2011).

displacement, and killings of their beloved ones. The impacts of conflicts on mental health are complex and unpredictable because it is influenced by a number of factors such as the nature of the conflict, the kind of trauma and distress experienced, the cultural context and so on (Summerfield, 1991).

The mental illness related to conflicts includes sleeplessness, fear, nervousness, anger, aggressiveness, depression, substance abuse and suicide. All these traumatic events create nightmares, anxiety, and depression and lay foundation to the certain questions like security, identity, statelessness, and poverty. Besides these, conflict experiences may lead to post-traumatic stress disorder (PTSD) and chronic depression. Studies indicated that in conflicts regions women are not only affected by mental illness but have associated with bodily dysfunction, such as the problem of child reproduction, poor nutrition, education and development (Baingana, 2005). These all ill-treatment put a heavy strain on the women and increased the high amount of Psychological problems and disorders.

3. Role of Torture in Kashmir

Torture prevails in the Kashmir since the outbreak of insurgency in 1990. It is used as a tool of counter-insurgency by Indian security forces to crush the movement for self-determination. The Laws like Disturbed Area Act (1990), Armed Forces Special Powers Act (1990) and Public Safety Act mandated heavy militarization, which eventually led to torture and other methods like extra-judicial killings and custodial deaths which gives birth to the various disorders like fear, hypertension and cardiac problems particularly in women (Haq & Dar, 2015). In the valley of Kashmir, Rape is a form of sexual torture which is practiced by security forces against prisoners. Hundreds of women have been raped with impunity, and most of them go unreported given the social stigma and fear of retribution by the State.

The gang-rape Kunan Poshpora (Village in District Kupwara) and Shopian Kashmir in 2009 were the examples which are still fresh in the minds of people. All these brutal measures were used for the purpose of crushing the movement of self-determination that started by the people of Kashmir against the political system of India (Human Rights Watch, 1993). There are cases documented about the physically and mental torture of women's both by police officers and Indian security forces. Sarwar Jan, a woman of nineteen years old was married to a surrendered militant. On February 6, 2002, both of them were arrested by STF of the Jammu and Kashmir police. Her husband was killed, and she was sent back to home after torture. Many a time she had attempted to suicide due to the remnants of her miserable incidents (Qayoom, 2014). Another case such as, a 22 years old school girl was arrested from the road by the security force, considered her as a supporter of militants. She was released after tortured and raped by security forces (Torture Trial Documentary, 2012).

Various militants in Kashmir have also committed sexual torture (Rape) to many women's in order to create fear among them. Some militant forces also launched other attacks on women who do not observe Islamic dress code and other social restrictions. However, there are no clear evidence about the non-state actors regarding torture. There must be two reasons for that

[a] the militants mostly execute the detainees as they consider them as Mukhbirs (spies) of the army. [b] Most people fear to speak about the violations caused by militant because they fear of being killed by them. There are many such cases and evidence that the armed militants use sexual-harassment (sexual torture) as a tool during counterinsurgency. Despite laws and legal Act like Indian constitution, 376(1) of the Indian penal code and the criminal Act of 1983 and so on; no such serious investigation has been taken place by the government.

4. Issues of Disappearance and Orphanage

In police custody, thousands of people have disappeared in the Kashmir valley. Disappearances often end in extra-judicial killings or death. Persons took into custody by law enforcement agencies and being denied to disclose the knowledge of their whereabouts is known as disappearances. Consequently, these terror incidents affected the mental health of the people especially the women. Being with patriarchal society the women have socially, emotionally and most importantly economically dependent on the male member of the family and relatives. As the violent conflict are male-oriented, the women are the most sufferer living with panic and stressful life when their male member- father, husband and children lose/death from the family. They also become the victims of "half-widow" status (unknown of their husband in the ongoing conflict-either dead or alive) in the society (Qutub, 2012). Unfortunately, woman/half-widow, which had small children, had faced the challenges of economic conditions to support their children. They have witnessed the conflicting status of self and society, whether to marry again or not. Such socio-psychological issues have been developed among the woman victim, and they lived with a stigma in the society. In addition, many children have become an orphanage.

According to Pervez Imroz, a human rights activist and a lawyer of Srinagar High Court argues that in Kashmir valley 1000-1500 disappearances have been documented, while the number of half-widows is ranged up to 8000. Besides the disappearance, the conflict of Kashmir also produced 107,366 orphans in the state from 1990-2010. The growing number of orphans had become a challenge for society. About 80% widows aged 25-32 with children below the age of 10 years prefer to remain single if remarriage is possible.

Table 1. Violence against women 1990-2010

Women Widowed	22,734
Children Orphaned	107,366
Women Gang Raped	9,946

Source: (Jahangir and Shafi 2013)

5. Impact of conflict on the mental health of women

The oppressive response used by Indian state to suppress the movement is torture, rape, enforced disappearance, custodial deaths and burning of houses in the valley, laid its worse impacts in the social life (Lubna, 1997). Depression and Anxiety emerged as a social-psychological problem in Kashmir after counter-insurgency by the Indian security forces. In the valley usually, no one is sure to return home safely in the evening. This environment of insecurity, killing, and disappearances of Kashmiri youths led to psychological problems. Traumatic events can have a profound and lasting impact on the emotional, cognitive, behavioral and physiological functioning of an individual. The most common traumatic event experienced is witnessing the torture and killing of a close relative.

The impact of conflict on women in Kashmir comes out in the form of suicide. Suicide is a fatal, self-inflicted destructive act with explicit or inferred intent to die. During the two and half decades, suicides became an epidemic in the valley of Kashmir. Sociologists and Doctors are of the view that the number of suicides has soared since the start of insurgency which increased mental health disorder. Studies have found that the trend of suicide is higher in females than males, because women have suffered emotional trauma due to the conflict (Shafi & Hassan, 2013). The most important aspect of conflict on women is that they had to face various challenges within their society. These challenges became their mental illness, which forced them to live the life of depression and anxiety. Among such challenges, socio-economic had badly affected the women, particularly on Half-Widows.

6. Conclusion

Women are an integral part of society. The multiple roles that they are fulfilling in society render them at greater risk of experiencing mental problems than males. Women are associated with being wives, mothers, and careers of others. Women are more likely affected by mental disorders, and most of the disorder found in them is depression and anxiety. Women in Kashmir have been closely associated with political mobilization and continue to be the victims of an ongoing cycle of abuse and violence. They continue to confront and cope with psychological and physical violence, dislocation and disillusionment of a situation of war. The women in the Kashmir valley also face psychosexual problems because of depression which leads to infertility, miscarriages, polycystic ovarian syndrome, serum insulin, insulin resistance and irregular menstrual cycle levels are significantly higher in women suffering from the disorder (Wani, et al. 2011). It has been estimated that the number of women suffering from depression and anxiety is more than men.

The conflict stressors include torture, rape, disappearance, displacement, fear, financial hardships create psychiatric disorders and give birth to the concept of suicide which is increasing from last ten years. Mental health is a symbol of overall health and quality of life. The cure for this mental condition is difficult in a situation like Kashmir. Patients need a peaceful environment, which Kashmir still cannot afford. There is a need for attention to concern the mental health in conflicted region especially the women, which incorporates both

preventive and care elements. This is the time to co-operate with local to national to the global level and work from the ground reality to tackle the issues of socio-psychological and other related problems for the bright future of the future generation.

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