



Psychological distress among young adults exposed to armed conflict in Kashmir

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ABSTRACT

Aim: The broad objective of the present study was to examine the psychological distress among young adult college and university students exposed to traumatic and stressful events of armed conflict in Kashmir, India and its association with background variables.

Methods: This study followed a cross-sectional research design. Data was collected from 693 college and university students by using a Semi-Structured Questionnaire and Mental Health Inventory (MHI-18).

Results: Findings disclosed that being a male and low monthly family income were significantly associated with higher rates of anxiety and depression. Further, data revealed that low monthly family income and living in rural areas were significantly associated with increased loss of behavioral control. Rural places of residence, affected by conflict and maternal educational backwardness, were significantly associated with higher rates of anxiety. Qualitative data regarding intra-family relationships were perceived to be disturbing by one-third of the youth. At the same time, continuous conflict had an adverse effect on mental health as disclosed by a large number of participants.

Conclusion: The study recommends mental health support services for Kashmiri students through institution as well as community-based approaches.

1. Introduction

Kashmir remains a bone of contention between India and Pakistan since its inception in 1947 and four majors have been fought for its control (Bose, 2003; Ganguly, Smetana, Abdullah & Karmazin, 2019). Kashmir is regarded as one of the dangerous places on the planet, where conflicts between the Indian army and Kashmiri militants have become regular affairs for a long time. As a result, the common people living in the border areas of both the countries have been witnessing conflicts and the civilians get caught in this, more specifically the people living in the violence prone Kashmir Valley (Dar & Deb, 2020a; Scobell, 2001). Today, Kashmir remains divided between Pakistan, India, and China, each control one of its three parts (de Jong, Ford et al., 2008). With the advent of insurgency in 1989, Kashmir has been subject to violence of armed conflict. For the last three decades of violence, more than 100,000 people were killed, at least 10,000 people disappeared and over 7000 mass graves of unidentified people were reported in Kashmir (Dar & Deb, 2020a). The year 2018 was the deadliest in which 586 killings occurred, which included 160 civilian people, 267 armed militants, and 159 armed forces, including police personnel (Bhat, 2019).

There is a high level of violence prevalent in Kashmir and common people of region are the major victims of it (Bhat & Rangaiah, 2015; Khan, 2016). They have been exposed to a number of traumatic events which include torture, humiliation, forced labour, spending long hours under curfew, killing of near and dear ones, firing, explosions, sexual violence, maltreatment, kidnapping, firing of pellets and teargas, detention, and so on (Bhat & Rangaiah, 2015; Dar, 2011; Dar & Deb, 2020a, 2020b; de Jong, Ford et al., 2008; Deol & Ganai, 2018; Margooob et al., 2006).

Conflict has a devastating effect on the mental health of people, by fragmenting communities and families and disrupting the development in social, educational, and economic spheres. It brings long-term harm to the physical and psychological health of the people (Alemi et al., 2018; de Jong, Ford et al., 2008). The impact of prolonged violence on the mental health and wellbeing of people has been compounded by natural disasters like earthquakes and floods. Moreover, livelihood factors of unemployment and poverty, as well as poor mental health, have increased affecting the social and other health aspects at the individual, and community levels (Bhat & Khan, 2018; Housen et al., 2017).

Before the armed insurgency started, the ratio of people in Kashmir

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suffering from mental health disorders was not different from the regions adjacent to it (Dar & Deb, 2020a; Yaswi & Haque, 2008). The mental health disorders have increased drastically since 1989. It was observed that the number of people attending the psychiatrists in hospitals in 1989 was 1700 which increased to 100,000 people in the year 2017 (Bhat & Khan, 2018). Research has documented a range of mental health disorders among the people of Kashmir due to continuous conflicts such as post-traumatic stress disorder (Bhat & Rangaiah, 2015), depression (Khan et al., 2014), anxiety (Housen et al., 2017), suicide (Ara & Ahad, 2016), obsessive compulsive and panic disorder (Dar, Hussain, Qadri, Hussain & Fatima, 2015), insecurity (de Jong, Van de Kam, et al., 2008), anger (Hassan, Khan & Bhat, 2019), somatoform disorders (Khan et al., 2014), adjustment disorder (Chadda, Malhotra, Kaw, Singh & Sethi, 2007) and substance disorder (Wani & Singh, 2017).

The mental health of people living in Kashmir is a serious concern for the policymakers, more specifically, the mental health of the youth who have been exposed to traumatic exposure of conflict throughout their lives. Therefore, the main objective of the present study was to examine the psychological distress symptoms among young adult Kashmiri students and its association with background variables.

2. Methods

2.1. Study design

In this study a cross-sectional research design was followed.

2.2. Participants

A sample of 693 young adults between 18 and 25 years of age participated in this study. The participants were drawn from 10 districts of the Kashmir Valley by using multi-stage sampling method for getting representative sample and for capturing the views of youth of different locations so far as their mental health is concerned. The data collection was carried out during October 2018 to January 2019. The recruitment process followed for selection of study subjects is as follows:

Stage I: In this stage, a list of the colleges was prepared, district-wise, and two colleges were selected randomly from each district. Three university campuses were also covered to recruit the participants.

Stage II: Both undergraduate and post graduate students were covered, irrespective of their year of education in the same institution. Available students were recruited based on their voluntary participation during the field visit. Finally, 693 students were covered for the present study.

2.3. Procedure

The researcher obtained approval from the local educational authority of Kashmir for data collection. Prior to taking part in the study, each participant signed on the consent form. Participants were briefed about the goals of the study as well as their rights as study participants. Data was collected following self-administration method. All the participants completed the questionnaire within 30 min.

2.4. Measures

2.4.1. Semi-structured Questionnaire

The *Semi-structured Questionnaire* was devised in English by the authors with the aim of collecting data from the study subjects about their background. The questionnaire has five sections on issues like background information; relations with social agents (i.e. parents, family members, friends and teachers); perception about the Kashmir conflict and its impact on health (mental and physical) as well as education; views about perceived solution of the Kashmir issue; and perception about religion and media. The face validity of the Semi-

structured Questionnaire was checked by three experts in the field. Based on their inputs, it was revised. Further it was subjected to the pilot study and was made minor changes to make some of the questions simple and then it was finalized for final data collection. For writing the present article, some items from sections I, II and III were used. Given below is the description of each of these sections:

Section I: There are 11 items in section I and they include the participant's gender, monthly income, age, residence, and parental education and so on. For example, "What is your age?", "What is your gender?" and so on.

Section II: In this section, there are 13 items on issues like relationship with different social agents like parents, other family members, friends and teachers. For example, "Do you share good relations with your parents?", "Do you have good relations with your friends?" and the like. Responses of these items were recorded in "yes" or "no".

Section III: There are 26 items in section III covering areas like perception about the Kashmir problem and its impact on mental and physical health as well as education. The examples include "Do you feel that there is violence in Kashmir?", "Do you feel psychologically distressed because of the present situation?" and so on. The responses were recorded in "yes" or "no". The dichotomous items in section II and III were followed by open-ended items for instance, "Why did you say so....." to record the participants verbatim responses.

2.4.2. Mental Health Inventory (MHI-18)

This mental health inventory (MHI-18), developed and standardized by Veit and Ware (1983) was employed to assess the psychological distress symptoms of anxiety, depression and loss of behavioral control among the young adult Kashmiri students. The inventory consists of 18 items. Out of 18 items, 8 are reverse scored. The response ranges from 1 = all of the time to 6 = none of the time. The examples of inventory include "Have you felt loved and wanted?" or "Have you been moody, or brooded about things? Or "Have you felt calm and peaceful?" The score of MHI total as well as its sub-scales ranges from 0 to 100. High score indicates higher levels of psychological distress. The Cronbach's alpha of MHI-18 was found to be 0.72.

2.5. Statistical analysis

Frequency and percentage were used to describe the demographic and socio-economic background of the sample. Since the data was not normally distributed, Mann-Whitney *U* test was performed to interpret the results meaningfully. Thematic analysis was done for the analysis of open-ended questions. SPSS 20.0 statistical package was used for the analysis of quantitative data.

2.6. Ethical aspects

The participants of this study were treated as per the ethical guidelines of APA/ICMR. The approval to carry out the study was obtained from the Ethical Committee of the concerned University. The participation of respondents was voluntary and they were assured about the confidentiality of the information. The date and time for data collection was decided as per the convenience of the authorities of different colleges in Kashmir.

3. Results

3.1. Socio-demographic profile of the sample

So far as background of the study population is concerned, data provided in Table 1 indicates that out of a total of 693 young adults participated in the study, 467 were boys and 226 were girls. Of the respondents, 44.4% (308/693) belonged to 18–20 years of age group and 55.6% (385/693) were from 21 to 25 years of age group. About 65.5% (454/693) of the respondents came from low income families

Table 1
Socio-demographic profile of the sample (N = 693).

Sl. No.	Variable	n	Percentage
01	Gender		
	Male	467	67.4
02	Female	226	32.6
	Age		
03	18–20 years	308	44.4
	21–25 years	385	55.6
04	Monthly income		
	< 20,000 INR	459	66.2
05	20,000 INR and above	234	33.8
	Native place		
06	Rural	430	62.0
	Urban	263	38.0
07	Academic performance		
	Low	221	31.9
08	High	472	68.1
	Fathers education		
09	Below 10th	284	41.0
	10th pass and above	409	59.0
10	Mothers education		
	Below 10th	493	71.1
11	10th pass and above	200	28.9

while 33.8% (234/693) were from high income families. The majority of the respondents, 62% (430/693) hailed from rural localities and 41.1% (285/693) were from urban localities. The academic performance of 31.9% (221/693) was low, whereas 68.1% (472/693) performed academically well. The majority of the fathers (409/693) studied up to the 10th standard and above while 284 studied below the 10th class. Regarding the mother's education, 71.1% (493/693) studied up to the 10th standard and the rest 28.9% (200/693) were 10th pass and above. The present study was carried out in Kashmir Valley which is a Muslim majority region. As per the Census of India (2011)¹ 96.82% of population in Kashmir is Muslim and the remaining 3.18% Non-Muslim. Incidentally all of the same included in the study were Muslims. Non-Muslims mostly prefer their children to study and settle outside Kashmir Valley due to the prevailing conflict situation in the region which has affected every sector such education, business, tourism, etc.

3.2. Description of psychological distress symptoms

Table 2 indicates the description of psychological distress symptoms wherein the mean score of anxiety was found to be 55.06 ($SD = 16.78$). The mean depression score reported by the students was 57.18 ($SD = 14.00$). The mean score for loss of behavioral control was 64.58 ($SD = 16.12$). The score range of psychological distress symptoms reported to be 20–100.

3.3. Young adults views about relationships with social agents

Table 3 provides the views of the young adults about the relations with different social agents like parents, family members, friends and teachers. Of the 693 respondents, 96.2% (667/693) were having good relations with parents and a small number of them 3.8% (26/693) did not share good relations with them. An overwhelming number of participants 93.4% (647/693) reported positive relations with family members and the rest (6.6%, 46/693) were having disturbed relations and were opposite in their views. Over a quarter of the students 29% (201/693) reported incidents of fights/quarrels between their parents, which were disturbing for them and nearly three quarters 71% (492/693) did not report such incidents. Regarding social relations with teachers, 91.3% (633/693) students demonstrated healthy relations

Table 2
Description of anxiety, depression and loss of behavioral control (N = 693).

	Mean	SD	Actual Score range	Possible score range
Anxiety	55.06	16.78	20–100	0–100
Depression	57.18	14.00	20–100	0–100
Loss of behavioural control	64.58	16.12	20–100	0–100

Note: $SD =$ Standard deviation.

while 8.7% (60/693) were having unhealthy relations with teachers. The majority of the students 95.2% (660/693) were good in social relations with friend and a few 4.8% (33/693) were having unfavorable relations with their friends.

Various themes emerged from the open-ended interviews are as follows:

3.3.1. Uncongenial family environment

Reasons for not having good interpersonal relationships with different social agents were explored via open-ended questions. Approximately, one-third of the youth reported an uncongenial family environment. Poor interpersonal relationships within the family were expressed by many students. For instance, one undergraduate male student shared, "In our family, we hardly talk to each other" and another postgraduate male student commented, "They sometimes do not understand the emotions of the child" which portrays the communication gap within the family. Few students also expressed that disturbed relationships and quarrels between their parents led to a distressed relationship with them. For instance, two undergraduate female students shared, "Yes, I get disturbed by my parents as they often quarrel with each other on petty things. Their quarrels always disturb my peace of mind" and another student stated, "My childhood was probably the time where the relations between my parents were not good". Such disturbances, due to frequent quarrels, may also add to other psychological issues as one undergraduate male student conveyed, "Because their fight pushes me psychologically". In addition to quarrel between parents, other issues within the family such as financial constraints and negative attitude impacted the students. For example, an undergraduate female student shared, "My parents are not open to things; they take many things negatively, even though they are positive" and another undergraduate male student commented, "There are many problems in our family and the biggest is related to income".

3.3.2. Personality traits

So far as relationships with friends are concerned, some youth felt that others are different and they follow different lifestyles while some reported that they were introvert in nature and hence they do not mingle with others. For instance, one postgraduate female student shared, "I am introvert, I guess". Another postgraduate male student expressed concern being labeled as different as a reason for lack of friends, "I don't have friends because people are different in one way and I am different in other ways".

3.4. Young adults' perception about Kashmir problem and its impact on their mental health

Table 4 shows the young adults' perception of the Kashmir problem and its impact on mental health. Almost all the participants 99.7% (691/693) felt that there is violence in Kashmir. An overwhelming number of students 95.4% (661/693) felt that they were suffering from psychological distress. A small portion 4.6% (32/693) did not feel the same. The majority of the students 87.3% (605/693) were of the view that educated youth can bring changes in Kashmir soon, whereas, more than one in ten students 12.7% (88/693) shared opposite views.

¹ <http://www.censusindia.gov.in/2011-Common/CensusInfo.html>.

Table 3
Views about relationships with social agents like parents, other family members, friends and teachers (N = 693).

Sl. No.	Statement	Mode of response	n (%)
01	Do you share good relations with your parents?	Yes	667 (96.2)
		No	26 (3.8)
02	Do you share good relations with other family members?	Yes	647 (93.4)
		No	46 (6.6)
03	Have there been incidents of fight/quarrel between your parents which disturbed you?	Yes	201 (29.0)
		No	492 (71.0)
04	Do you share good relations with your teachers?	Yes	633 (91.3)
		No	60 (8.7)
05	Do you have good relations with your friends?	Yes	660 (95.2)
		No	33 (4.8)

Table 4
Perception about Kashmir problem and its impact on mental health (N = 693).

Sl. No.	Statement	Mode of Response	n (%)
01	Do you feel that there is violence in Kashmir?	Yes	691 (99.7)
		No	2 (0.3)
02	Do you feel psychologically distressed because of the present situation?	Yes	661 (95.4)
		No	32 (4.6)
03	Do you think that youth (educated) can bring some change in Kashmir soon?	Yes	605 (87.3)
		No	88 (12.7)

3.4.1. Negative impact on mental health

The exposure to traumatic violence and its negative impact on mental health has been demonstrated by a majority of the students. The feelings of insecurity in educational institutions, resulting from conflict, were reported by an overwhelming number of the students. Students reported a negative impact of conflict on their psychological health as well as their education. For instance, a postgraduate female student commented on her fear, "I don't know when the bullet will hit me because I am witnessing killings of Kashmiri people on a daily basis?" Further extreme fear was expressed by a postgraduate male student, "There is conflict going on, people are being oppressed violently, blood is shedding like water but nobody cares about us. I feel insecure because I have fear of getting killed". Another undergraduate male student raised a concern regarding security, "No one is secure in Kashmir because of the turmoil environment and we have seen countless violent incidents like killings, encounters, beatings, protests, pellets, tear gases, etc". Additionally, students demonstrated other mental health issues like depression and stress. An undergraduate male student reported that he developed depression due to the violence as he expressed, "I have developed psychological depression because of the present situation of Kashmir" and another undergraduate female student commented, "Due to day by day violence, disturbance is created in our minds which creates high level stress".

3.4.2. Education as a source of change

A good number of youth were of the view that they have the power to bring a change in Kashmir. In this regard, education will guide them in the right direction for bringing change in the society. Two postgraduate male students emphasized on educated youth as an important entity, where education would also enhance their awareness regarding their entitlements. For instance one of them shared, "Education will show us a way about how to get our rights and we will have a vision" and another expressed, "Youth has power and if youth is educated, they are more powerful". Another undergraduate male student mentioned education as a key vehicle which may change the current scenario in Kashmir as he expressed, "Educated people indeed can change Kashmir and guide others towards the right path". In addition to the above findings, one postgraduate student perceived youth as the core generation to realize the injustice and may strive to bring change for a better future as she commented, "Because its youth who make you realize that injustice is being done to the people of Kashmir".

3.4.3. Absence of nuanced approach in education

A small number of youth were also not happy with their teachers as they felt that teachers fail to understand the student's psychology. For instance, an undergraduate male student shared, "The nature of some teachers is not positive towards their students". Another undergraduate female student shared, "Because present teachers do not have the understanding required in academics". Teaching is a nuanced subject; however, the approach in the current scenario is broad-stroked which fails to account for the difference in level of understanding of students at the same level.

3.5. Association of psychological distress symptoms with background variables

Table 5 shows that significant differences exist between the male and female students in anxiety ($U = 47,425, p < 0.05$) and depression ($U = 48,489, p < 0.10$). Male students were more anxious and depressed than their female counterparts, although no significant difference was reported in loss of behavioral control concerning gender. So far as the monthly family income is concerned, students from low income group families reported higher levels of anxiety ($U = 48199.50, p < 0.05$), depression ($U = 49,424, p < 0.10$) and loss of behavioral control ($U = 48440, p < 0.05$) when compared to their counterparts. Regarding the native place, students from rural areas were found to be highly anxious ($U = 48318.50, p < 0.01$) and lost their behavioral control ($U = 51,784, p < 0.10$) as compared to their urban counterparts but, native place did not show any significant association with depression. The significant difference in loss of behavioral control ($U = 47092.50, p < 0.05$) with respect to academic performance was observed. Students who performed academically well reported increased loss of behavioral control as compared to low academic performers. Results show that students did not differ in anxiety and depression concerning academic performance. Regarding mother's education, students whose mother's education was below 10th class, reported higher levels of anxiety ($U = 44,085, p < 0.05$) when compared to their counterparts, that is the mothers who completed education up to the 10th level or above. Results did not reveal any association between maternal education and depression and loss of behavioral control. Moreover, no significant differences were found in anxiety, depression and loss of behavioral control with respect to age and father's education.

Table 5

Mann-Whitney *U* test results for anxiety, depression and loss of behavioral control scores across gender, age, monthly income, native place, academic performance, fathers education and mothers education (*N* = 693).

Variable	Anxiety			Depression			Loss of behavioral control		
	Mean Rank	Sum of Ranks	<i>U</i>	Mean Rank	Sum of Ranks	<i>U</i>	Mean Rank	Sum of Ranks	<i>U</i>
Gender									
Male	358.45	167395.00	47,425*	356.17	166331.00	48,489 [†]	347.18	162132.00	52,688
Female	323.35	73076.00		328.05	74140.00		346.63	78339.00	
Age									
18–20 years	352.81	108665.50	57500.50	345.28	106347.50	54761.50	338.61	104290.50	56704.50
21–25 years	342.35	131805.50		348.37	134123.50		353.72	136180.50	
Monthly income									
< 20,000 INR	358.99	164776.50	48199.50*	356.32	163552.00	49424 [†]	358.47	164536.00	48,440*
20,000 INR and above	323.48	75694.50		328.71	76919.00		324.51	75935.00	
Native place									
Rural	366.13	157436.50	48318.50**	355.15	152714.50	53040.50.	358.07	153971.00	51,784 [†]
Urban	315.72	83034.50		333.67	87756.50		328.09	86500.00	
Academic performance									
Low	357.10	78919.00	49,924	354.07	78248.50	50594.50	324.09	71623.50	47092.50*
High	342.27	161552.00		343.69	162222.50		357.73	168847.50	
Fathers education									
Below 10th	355.80	101048.00	55,578	352.49	100107.00	56,519	359.08	101980.00	54,646
10th pass or above	340.89	139423.00		343.19	140364.00		338.61	138491.00	
Mothers education									
Below 10th	357.58	176285.00	44,085*	350.84	172963.00	47,408	348.42	171773.00	48,598
10th pass or above	320.93	64185.00		337.54	67508.00		343.49	68698.00	

* $p < 0.05$.

** $p < 0.01$.

[†] $p < 0.10$.

4. Discussion

Kashmir is a heaven for tourists, specifically for Indians who wish to visit Kashmir at least once in their life, to get a glimpse of the natural beauty. The simplicity and humble nature of Kashmiri people is another attraction for the tourists. However, ongoing conflicts in Kashmir, caused by internal and external force since 1989, have caused loss of lives and created fear in the mind of common people. As a result, people think twice to plan a visit to Kashmir, which affects the economy of the region. Since, the article 370 has been abrogated from Kashmir by the Government of India. Now, there is an urgent need to change the situation in Kashmir by taking people into confidence. Youth are the most important groups to bring positive changes in a community. Therefore, the present study is aimed to examine the psychological distress among young adult undergraduate and postgraduate students exposed to armed conflict in Kashmir, India and its association with their background variables. Data shows that a significant difference exists between male and female students, with respect to anxiety and depression, wherein male students exhibited greater levels of anxiety and depression. It might be because of their outgoing behavior for various reasons and perceived risk in the disturbing conflict-torn environment. Male members normally do all outside work that is shopping, paying telephone and electric bills and so on while women are mostly in-bound. In this regard, the findings of the present study corroborate with the findings of previous studies, that is, males are more anxious and depressed (Al-Qaisy, 2011; Amr et al., 2013; Nuqali, Al Nazzawi, Felmban, Assiri & Felemban, 2018).

Monthly family income was found to be associated with psychological distress as students from low income families reported increased levels of depression, anxiety and loss of behavioral control. It is quite obvious that wealth provides a lot of confidence to a person to face any challenge in life. On the other hand, poor financial conditions, caused by unemployment, large family size and lack of source for earning money, cause anxiety among the youth and thereby, some of them become vulnerable to psychological distress and some might get

involved in deviant social activities for earning quick money (Fontaine et al., 2019; Reiss, 2013). This finding is in line with earlier studies that low income is associated with poor mental health (Skapinakis, Weich, Lewis, Singleton & Araya, 2006). A feeling of high insecurity among students from low income families is clearly visible. In India, where family does not enjoy social security, which is available in the industrial countries, youth are supposed to take care of the family needs. The fulfillment of family requirements in violence-prone environments is difficult thereby inducing the negative emotional states among the family members, particularly among youth, which is reflected in their behavior patterns.

Native place was significantly associated with anxiety and loss of behavioral control but no significant difference was observed in depression. Students from rural areas reported higher anxiety and loss of behavioral control. Living in rural areas has been found to be associated with elevated mental disorders which have been confirmed by earlier studies in the context of Kashmir conflict (Amin & Khan, 2009; Housen et al., 2017). Since social support, as well as provision of safety measures against traumatic exposure of violence, are much less for people living in rural and interior areas of Kashmir, people from rural areas suffer from more anxiety and loss of behavioral control.

When data were analyzed concerning academic performance, loss of behavioral control was found to be higher among the students who performed academically well and it seems to be unusual. But the evidence concerning loss of behavioral control among high academic performers may be due to the experiences of persistent violence of conflict, which could have disturbed the emotional state of the students, irrespective of their academic achievements. Research has indicated that exposure to violence is associated with higher mental health problems of students (Holt, Finkelhor & Kantor, 2007). Although no significant difference was found between low and high academic performers concerning anxiety and depression, the trend shows that low academic performers were slightly more anxious and depressed than their counterparts. Previous research has confirmed a negative association between anxiety and depression with low academic

performance (Rothon et al., 2009).

Lower educational background of Kashmiri families has been found to be associated with poor mental health (de Jong, Van de Kam, et al., 2008; Housen et al., 2017). In the present study, lower maternal education was significantly associated with increased anxiety (Swartz, Knodt, Radtke & Hariri, 2018). There was no significant increase in depression and loss of behavioral control among the students with lower maternal education. We have also observed an increased trend in depression, anxiety and loss of behavioral control among the students whose fathers were less educated, although these differences were not statistically significant (Deb, Strodl & Sun, 2015; Reiss et al., 2019). It might be due to lack of judicious guidance from the parents on account of poor educational background and non-availability of community support facilities. It is relevant to mention here that parents play a pivotal role in overall psychosocial development and socialization of youth in the early stages. Educated parents help in building caring and strong relationships, creating a positive and safe environment at home, respecting their feelings and helping them in the situations marked by adversity (León-del-Barco, Mendo-Lázaro, Polo-del-Río & López-Ramos, 2019). The educationally backward parents lack such expertise to develop effective coping skills, thus making them vulnerable to mental disorders, especially in the context of conflict situations.

5. Limitations

Like other studies, the present study has its own limitations. For example, data was collected from the students using psychological tools by means of a self-report. Hence, it is very difficult to comment about the quality of data, although students were briefed about the objectives of the study clearly and their informed consent was obtained, ensuring confidentiality of the data. Secondly, all the students participating in the study were from a single Muslim community. So there is a need to carry out another study covering non-Muslims to understand their views about the situation in Kashmir and its impact on their mental health. Thirdly, the study covered only the students who were studying in colleges and universities of Kashmir. Finally, the current study was carried out prior to the abrogation of article 370 (August 05–2019) which was followed by a prolonged lockdown wherein people have been confined to their homes. Therefore, study of mental distress following such events could be imperative.

5.1. Implications

The findings of the present study have many implications. First, it gives further evidence concerning positive association between adversity in life and its impact on psychological distress. Secondly, the findings clearly highlight the risk factors for psychological distress among the youth and accordingly, there is a need to sensitize the students, especially male students with a rural background, economically weak and coming from disturbed families, for taking their studies seriously, despite adversities in life, so that they may find suitable work for taking care of family needs and for becoming independent. Third, addressing issues and challenges of Kashmir in creating conducive environment for maintaining peace and harmony is everybody's responsibility, that is local government, teachers, family members and all other citizens of Kashmir including youth. Fourth, authorities of higher learning institutions should arrange to provide mental health support services for addressing the psychological distress of youth who are studying in their institution.

6. Conclusion

It is thus concluded that male students were more anxious and depressed as compared to their counterparts. Students from economically backward families, mostly from the rural areas, exhibited greater levels of anxiety, depression and loss of behavioral control. High academic

performance was significantly associated with increased loss of behavioral control. Low maternal education was also found to be associated with greater anxiety levels. Qualitative data concerning the intra-familial relationships demonstrated disturbed family relationships in case of about one-third of the youth and also narrated adverse impact of conflict on mental health.

Author statement

Aehsan Ahmad Dar performed the literature survey, drafted the design and manuscript, carried out data collection and performed statistical analysis. Sibnath Deb participated in the design of the study, and helped to draft the manuscript. Both the authors read and approve the manuscript.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chilgyouth.2020.105460>.

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