# The Impact of India-Pakistan Conflict on the Mental Health of People Living on Kashmir Line Of Control (LOC)


**By**

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**The Impact of India-Pakistan Conflict on the Mental Health of People Living on Kashmir Line Of Control (LOC)**


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# Abstract

The study aimed to assess the conflict of "Impact of India- Pakistan on the mental health of people living in the Kashmir Line of Control (LOC). Participants in the study were 30 men and 30 women selected in an easy-to-follow example. ages 18 to 40. The study was conducted in four districts of Kashmir LOC. Participant-related information was collected from a questionnaire. that the effects of the Indian-Pakistani conflict on women's mental health are higher than those of men. The current research results show a significant difference in mental health problems for women living in the control line. Women reported having a higher rate of mental health problems than men.

# Chapter 1

# Introduction

The current study focuses on the Impact of the India-Pakistan Conflict on the Mental Health of People living in the Kashmir Line of Control (LOC). India and Pakistan have fought many armed wars since independence. Three major wars have been fought between the two provinces, namely, 1947, 1965, and the 1971 East Pakistan war.

In addition to this was the illegal Kargil war in 1999 and other border disputes. India turned into an atomic force in 1974, and Pakistan turned into an atomic force in 1998. No nation has at any point utilized atomic weapons in war, however numerous specialists dread that the progressing emergency could heighten past ordinary weapons; October 1947 - January 1949: The primary India-Pakistan war starts following the Kashmir intrusion by furnished ethnic individuals from Pakistan. Kashmir went to India for military help and consented to offer protection, interchanges and unfamiliar forces, permitting India.

A plan was put in place to stop the war on January 1, 1949, and to put an end to the war, now called the Line of Control. August 1965: The Second India-Pakistan War erupts over a series of conflicts between the Indian-Pakistani border. Enmity erupted in August when Pakistani troops crossed the Control Line into Indian-occupied Kashmir to begin an operation in India (Operation Gibraltar). The war ended in January 1966 when Indian and Pakistani officials signed a declaration confirming their commitment to peace.

December 1971: When India and Pakistan originated, Pakistan had two distinct territories - East Pakistan and West Pakistan. The Third Indian-Pakistani War took place when Pakistan started a civil war due to Indian troops entering East Pakistan in the form of freedom fighters. Millions of East Pakistanis have fled to India. As a result of intense military involvement in India, the Pakistan Army donated. East Pakistan gained independence in December. 6, 1971 and changed its name to Bangladesh. May 1999: Nearly 30 years later, India launches a fleet of Pakistani-backed troops into Indian-led Kashmir. As the war escalated into a direct conflict between the two nuclear powers, Pakistani troops became increasingly recognized. At least 38,000 people have fled their homes on the Pakistan side of the Line of Control. The Kashmir conflict is very important in both countries. However, both countries do not pay attention to the element of aid or make it second or in line with the analysis of relations between countries. At the same time, the political significance of this violence is often highlighted at various levels. India and Pakistan, provinces where the central part of Kashmir province is divided, continue to face the concept of

security and borders especially with a narrow view. Boundaries were drawn and redrawn in Kashmir during the wars of 1947-1948, 1965, and 1971 to gain the highest attention at the expense of those living in the territory. The Borderlands of Kashmir continue to face a variety of challenges, including migration, occasional shootings and crossings, land mines, and the permanent presence of security personnel in and around the area. The essence of a small academic study is the suffering of the people of Kashmir who faced the separation of their families as a result of repeated drawing and rebuilding of borders. Thus, one of the most important humanitarian crises that afflicts families living on both sides of the illegally occupied border denies the right to remain as one unit for decades. Although the exact number of families affected by recurrent divisions is a major challenge to find, the extensive use of respondents during most of the study noted that thousands of such families are scattered throughout the division.

After decades of separation, the opening of the Srinagar-Muzaffarabad route in 2005 revived hopes of reunited families. The fall of the Washington Wall of Kashmir, figuratively speaking, was only partial. Opening a single route in a region where thousands of divorced families have been waiting for decades to reunite and has been 'too small and too late.' Because very different families live in the Jammu and Ladakh districts, a second intra-Kashmir route from Poonch to Rawalakote was opened in June 2006 in the Jammu region. But the third, much-anticipated route in the Ladakh region remains closed despite the official announcement. The closed Kargil-Skardu route has kept 100 Shia families in the Kargil region separated from their relatives living in Baltistan. Their alliance continues to be a hostility between the two neighboring countries. The end of the fire that followed the Indian-Pakistani wars led to the repeated drawing of divisions in Kashmir.

As a result, the Kargil region saw a change in its national landscape and the results of humanitarian efforts. This study, an attempt to understand Kashmir's conflict over its human characteristics, overshadowed the conflicts of the world power. It focuses not only on the division of Kashmir but also on its effects on helping people living on both sides of the dividing line in terms of family disunity.

The Indian-Pakistani conflict is a major problem in Kashmir, which has a devastating effect on people physically, mentally, emotionally and socially. It's like "shaking" or "creating a shock."

The trembling and fear here is the same concept of fear, panic and anxiety, which we can naturally call fear. For people living in villages near the Line of Control (LOC) line, the cost of human crime was obvious. Shooting, mud, and gunfire have become part of their lives. That adversely affected their mental health, allowing depression, anxiety, and Post-Traumatic Stress Disorder. Psychological well-being "is a condition of prosperity wherein an individual gets their capacities, can adapt to the ordinary pressing factors of life, works beneficially and adequately, and adds to their local area." While it addresses significant advances comparable to the development of emotional wellness brain research as a condition of non-dysfunctional behavior, this definition raises numerous worries.. It lends itself to misunderstandings that can arise when identifying positive emotions and positive performance as important aspects of mental health. In fact, looking at well-being as a critical aspect of mental health is difficult to adapt to the many challenging living conditions in which well-being can be healthy. Most people would think that a person who is in a state of mental illness is mentally ill while killing many people during a war. It can be considered healthy for a person who feels the urge to lose his job in a situation where employment opportunities are scarce. People with good mental health often experience sadness, discomfort, anger, or unhappiness, and this is part of a person's entire life, although mental health is thought to be a positive outcome, marked by feelings of happiness and a sense of control over nature.

The magnitude, suffering, and burden of disability and the costs of individuals, families, and communities are astounding. Mental disorders are global, affecting people of all nations and societies, people of all ages, women and men, rich and poor, from urban and rural areas. Psychological functioning is primarily linked to physical and social functioning and health outcomes. Mental health has been affected by migration because of war and war, family pressures, and economic hardship. For many people facing an uncertain future (including those who are in conflict or tragedy), the burden of serious emotional and moral problems worries their lives. Many people who live in the midst of competitive anger have post-traumatic stress disorder. The most common psychiatric disorders are depression, anxiety and substance abuse (Whiteford et al., 2013).

This mental disorder also represents one of the most critical aspects of suicide and is one of the world‟s most widespread social problems (Ferrari et al., 2014). Although treatment for these

problems exists, few people who experience mental health problems experience it. It is estimated that in severe cases of dementia alone, only 11% to 62.1% receive treatment for more than a year (**** et al., 2007). There are various explanations for this. People with mental health problems may not be aware that they are experiencing a diagnosis and treatment. In regions where technical care is available, they may not know how to access it. The general public can be an important asset in these situations. Community contacts can inform or refer traumatized people to specialists and can provide strong support during mental health problems. However, discriminatory thinking and general lack of awareness about mental illness, including the causes, decisions, and treatments for various ailments, or how the people involved may present themselves, , are not kidding hindrances to social advantages (Ahmedani, 2011; Baumann, 2007; Hatzenbuehler, 2013 ; Henderson et al., 2013; Kelly et al., 2007; Rickwood Thomas, 2012). Hence, it very well may be expected to be that improving the quality and recurrence of social help can aid early location and transmission, improve the probability of fruitful treatment results and lessen singular affliction (WHO World Mental Health Survey Consortium, 2004; **** et al., 2005). A significant general wellbeing system pointed toward improving general wellbeing overall might be broad psychoeducation (Dumesnil and Verger, 2009).

Mental Health First Aid (MHFA) is a general education program designed to combat mental health problems and suicide in general by increasing mental health literacy education, improving attitudes, and promoting supportive behaviors (Kitchener & Jorm, 2002). This program was originally developed and implemented in Australia (Kitchener & Jorm, 2002) but has since been adopted in 21 other countries around the world and has been tested in several studies (e.g., Kitchener & Jorm, 2004; Massey et al., 2010). MHFA strategies are intended for the general public, using the same method of teaching in first aid programs (e.g., cardiopulmonary rehabilitation). One of them is a five-step mental health first aid program, which helps people with mental health problems.

The MHFA program aims to increase participants' knowledge of mental health in general and with common disorders (e.g., depression, anxiety, psychosis, substance abuse, self-harm, suicidal ideation) and available treatment options. Another goal is to reduce stigma surrounding mental disorders, as negative attitudes damage supportive and seeking behaviors (Kitchener & Jorm, 2006). By teaching practical strategies that can facilitate healthy relationships and

communication, MHFA aims to equip a participant with the skills to help someone who is grieving or committing suicide. Study participants learn how to identify psychological concerns and how to approach and support a person with a mental health problem or those with a mental health problem until appropriate professional treatment is available or until the situation is resolved. The most common type of MHFA program refers to mental health problems in the elderly.

In contrast, one version is designed for adults who interact with younger people with mental health problems. Mental health problems in Kashmir are rapidly increasing day by day. Smart data from Rainawari Srinagar Psychiatric Hospital show that patient mobility is on the rise. Studies have shown that exposure to violence through armed conflict is a major risk factor Not only in post-traumatic stress disorder but also a range of mental disorders and psychological problems. Kashmir is considered by many to be the heaven of earth. Its magnificent beauty and hospitable nature are renowned. However, 18 years ago, Kashmir experienced violence.

The biggest controversy is the political debate over Kashmir. But border shooting also remained a serious problem after years of separation. As a result of shooting for no reason, many innocent people have lost their lives. To avoid inhumane acts or to save the lives of innocent people, an agreement was reached to end the war between the two countries in 2003 by the UNO. Both countries exchanged fire frequently, even after the treaty. Over time, the situation escalates, which could lead to nuclear rivals going to war. The history of peace between the two countries is less interesting. They have already fought two major battles against each other. Almost daily, we hear reports of border clashes between them, which are being initiated by India primarily. Pakistan has placed its protests in various forums against the violation and warned India of a similar response. Nakyal, Sudhanoti, Tatta Pani, Kotli, and many other sectors have also been plagued by illegal cameras that have resulted in the killing of innocent people. Looking at the situation in 2016 and 2017, it is alarming and getting worse day by day. Hundreds of innocent children, women, and adults have lost their lives as a result of lawlessness in the sector, while thousands have suffered serious injuries. In the Tatta Pani area, people living in villages near the Line of Control (LOC) line became terrified and frightened after a heavy gunfire. The locals say it was a warlike situation, and they had never seen this kind of ascent and heavy fire of large arms for more than a decade. India and Pakistan armed with nuclear weapons have fought their two-thirds war against the disputed territory of Kashmir. The Indian Army has been using

collective letters to identify people in the Line of Control, This study will be psychologically helpful as it contains variables that are as badly affected as mental health problems of the people of Kashmiri living near the LOC.

## 1.2 Problem Statement

This study focuses on the impact of the Indian-Pakistani conflict on the mental health of people living in the Kashmir Line of Control (LOC). Independent variance (IV) is the India-Pakistan war, and the dependent variable (DV) is mental health. The people of Kashmir are experiencing severe hardships caused by the Indian invasion, which leads to depression and mental health issues, and this stress can lead to other psychological problems. Previous studies related to this topic have mainly focused on the resilience and social support of people living in Kashmir LOC but not on their mental health. Therefore, this study will examine the impact of the Indi-Pakistan conflict on the mental health of people living in the Kashmir control line (LOC).

## 1.3 Significance of the Study

Today, conflicts exist where people live and adversely affect residents (Prasad & Prasad, 2008). War adversely affects the mental health and well-being of human society (Helene, 2001).

Life in border areas is difficult and challenging, affecting the mental health of residents as their lives are at stake (Jamwal et al., 2014). War affects mental health, and people living in the war zone are at risk of mental illness (Priebe, Bogic, Franciskovic, Ajdukvic, Galeazzi, Kucukalic, et al., 2010).

This study will assist in research to understand the state of mental health problems among the people of Kashmiri as a result of the Indian-Pakistani war. It will predict how the Indian-Pakistani war will affect the mental and emotional health of the people of Azad Kashmir.

This study will be of psychological assistance as it contains the most affected variables such as mental health problems of the people of Kashmiri living near the LOC.

## 1.4 Objectives of Study

1. The current study was conducted to assess the impact of the Indian-Pakistani conflict on the mental health of people living in Kashmir near LOC. The current study was conducted to achieve the following objectives.

2. Finding a link between the Indian-Pakistani war and the mental health of the people living near the LOC.

3. Determining the effects of the Indian-Pakistani war on both the mental health of the Kashmiri people living near the LOC.

# Chapter 2

# Literature review

Pramamanik, Surapati, and Tapan Kumar Roy (2014) described the India-Pakistan controversy based on a neutrosophic definition and an understanding of the India and Pakistan neutrosophic status. From Pakistan's point of view, he hoped that J&K would accept Pakistan as the majority of the population was Muslim. If Junagadh, apart from the rule of the Muslim rulers of Pakistan, was Indian because of its predominantly Hindu majority, then Kashmir was undoubtedly a Pakistani. Hyderabad State became independent on August 15, 1947, as J&K, but India invaded because of the majority of Hindus. Pakistan has viewed the entry of the J&K as a forced attempt to force the hand of Maharaja. A popular outbreak occurred, but J&K was popular in India because the emperor was a Hindu. From an Indian perspective, J&K had agreed to it. Pakistani armed militants allied with Pakistani supporters attacked a portion of the J&K of J&K. Both countries have failed to implement UN resolutions The survey has never been held. India is looking at that time has changed. India strongly argues that legal action later warrants the question of sovereignty. After the Simla Agreement, the J&K issue became a two-state solution, and its solution was based on the 1972 Simla Agreement.

(Seema Shekhawat, 2009) focuses on the Kashmir conflict with little perspective. It brings with it the same version of Kargil but different from the other versions found in the Kashmir Valley and Jammu region. Although many books have been published on the Kashmir issue, there are four key elements that make up the urgency of the situation. First, it is important to extend the discourse of the Kashmir dispute by focusing on non-verbal accounts. Second, although there is some research on the human nature of the conflict relief in Kashmir, Kargil, it is not important. Third, it is urgent to understand this war through the prism of the victims, who have experienced this war directly and have had their tragic consequences. Fourth and more importantly, it seems important to study the origins of the Kashmir crisis, the course of Indo-Pak relations in later times, and their impact on Kargil's view of finding and setting the problem that divided families in the broader disputed framework.

In addition to the various definitions of conflict, its nature, and recent developments, the widely accepted view of Kashmir is that the conflict took place between two geographically independent nations. The conflict has led to the division of the region, with an important faction remaining with India and others divided between Pakistan and China. The hostility shown in the four world

wars and the widespread fear of war between India and Pakistan have had a profound effect on the people of this region. People living in border areas have been the worst victims of the Indo-Pak violence in a variety of ways, from repetitive migration to an uncertain future. Militancy has added to the plight of these people since the situation at the border escalated after its inception greatly increased. Boundaries are symbols of royalty and the domain of the state. Both are buildings and symbols of state officials. They offer a unique political environment that enables the state to control those who live within its borders completely. Almost everything that happens in the daily lives of landowners goes through the lives of those who come to the border. But the borders have features that set them apart from other parts of the province. Therefore, some things can only happen at the borders.

According to (Rekha Chowdhary 2012), the divided land of Jammu and Kashmir covers an area of 2,22,236 sq. Km. Km. In this total area, 78,114 sq. Km. Km. Pakistan manages the site, and is approximately 5,180 sq. Km. Km. it is under Chinese control. Pakistan has transferred the territory to China following a border agreement between the two countries. (Government of India, 2003, 366). The state, therefore, has a complex structure with respect to the boundary. Divided by West Pakistan, the empire had a well-known and resolved border known as the International Border (I.B.). However, state divisions between the controlled areas of India and Pakistan have led to another unstable border known as the Line of Control.

Depending on its location, the J&K Empire is a 'border kingdom.' Border covers most of its territory, either in the form of I.B. or LOC. On the full border India shares with Pakistan, a very large number exist in this province. According to the Ministry of Home Affairs, 'India shares 3,323 Km (including the Line of Control in the Jammu and Kashmir region) of their land border with Pakistan. This border includes Gujarat, Rajasthan, Punjab and Jammu and Kashmir. „At the total border of 3,323 km India-Pakistan, one-third, i.e. 1,225 km, passes through this province. While the LOC becomes the most important part of the border, the international border is 210 km. About 150 km is the Actual Ground Position Line, and the other (788 km) is LOC. According to (Sumantra Bose, 2003, 2-3), the LOC is known as the Ceasefire Line founded in 1949, the war between India and Pakistan was stopped. „Drawing from the positions held by the soldiers during the war between them is over" (Wirsing, 1998, 62); The Ceasefire Line was

supposed to be temporary but continued to remain as a functional boundary between both sides of Jammu and Kashmir. This line was divided „slightly modified during the Indian-Pakistani wars of 1965 and 1971 and was renamed the Line of Control (LOC) by an India-Pakistan agreement in July 1972.

The broad integration of the Jammu and Kashmir frontiers is reflected in the 22 total J&K regions, the border exceeds 10 regions. Five districts fall into Jammu - namely Jammu, Samba, Kathua, Rajouri and Poonch. Both the Ladakh region, namely Leh and Kargil, are border states. In Kashmir, the border crosses three sections, namely Badgam, Baramulla and Kupwara.

Globally, the lives of people living near the border are very different from those of people living inland. In Jammu and Kashmir, this is especially so because the animosity between India and Pakistan has kept the walls very common. No one mentions the various wars that have been fought across the border (1947-48, 1965, 1971, Kargil's war in 1999, etc.), but even during times of peace, borders were full of dangers. In the words of Patnaik (2005), the lives of people in these areas are similar to the decline and decline of relations between India and Pakistan - dominated by cross-border tensions, fears of war, and various forms of stability. The hostility has led to a border crossing on both sides, often leading to a fight between the BSF written on the Indian side and the Ranger written on the Pakistani side. There will be an unplanned „harvest season" between Indian and Pakistani forces "allowing farmers to do their work (Swami, 2001). Without this peaceful time, there was no guarantee that farmers would be able to continue their normal work on the farms. Usually, their farming activities would be halted by fire in exchange for troops on both sides of the border. For months together, they would not take care of the earth until recently; occasional shootings and stone-throwing in the wall were „normal". As mentioned above, on the fence, there was no sense of a time of peace at the borders in J&K. In response, 'since the split, we have borne the brunt of hostilities between India and Pakistan. Guns did not remain silent at the border, the end of the war or the end of the war, war or war, time of war, or time of peace. For many people here, it has been an ongoing issue of violence since 1947. The violence that accompanied the split was not limited to the border. With the demarcation of new frontiers, a climate of 'extended violence,' which has become commonplace and an insurmountable part of everyday life, began. According to (Hans 2004, 280), uncertainty,

stressful lives, and unfamiliar living conditions are 'normal' for these people; uncertainty affects the quality of life of border residents. The unpredictable nature of the unpredictable border creates a sense of dread. With the uncertainties evident in their lives, they fail to take advantage of every opportunity to live to the fullest. As the danger of real life approaches, the most important things in life are connected with the basic emotions of life. In addition to this there is the compulsion to remove people regularly and move them to safer areas. Living under conditions of persistent hatred, fear of life, frequent evictions, border residents cannot enjoy a planned life.

As Jososhi (2012) points out, „with life itself at stake, people cannot think about improving their health chances. The relocation means leaving the camps for months, and although compensated by the government, the amount of compensation does not cover the standard of living. Border instability reduces their concern for the basic security of their lives, protecting their property when they move to safer areas without being involved. However, their reliance on the world pushes them back to face the shortage of a fierce border until they are released again.

In their travels, they face many difficulties, making them dependent on government-provided facilities.

Border affects people's lives in more than one way. Besides putting them physically at the risk of death for all sorts of limitations and weaknesses, it sets them apart in many other ways. Most of those who continue to live within borders do so because they have no real choice because those with such options move as soon as they are empowered to do so in search of more stable lives (Mohammad Amin Wani 2014) states, "Mental health" represents levels of mental well-being. It is a state of emotional and psychological well-being in which a person can use his or her intellectual and emotional abilities, social activities, and meet their daily needs. Mental health is about working properly Coping with the stresses of daily life and living a relaxed and fulfilling life. Put simply, mental health means not having mental problems such as depression, phobias, anxiety, etc. A.V Shah has stated that mental health is the most important and inseparable part of health (A.V Shah 1982). The World Health Organization (WHO) characterizes emotional wellness as "a condition of prosperity where an individual gets their capacities, can adapt to general wellbeing pressures, is gainful and profitable and adds to their local area”. Good mental

health is the ability to respond with flexibility and a sense of purpose to many positive health experiences. More recently, mental health has been described as a state of balance between a person and the world around him, a state of harmony between you and others, that is, the existence between human and human realities and nature. Kashmir, India 's most affected region by terrorism, was once a peaceful place on earth and received the title "Paradise on Earth". When peace was everywhere and there was no psychological problem, or pressure or fear, found in the people living in Kashmir, it is fortunate for Kashmir that the day has come when terrorists come here and destroy the future of Kashmir. Mental disorders are therefore a part of the lives of the people of Kashmiri. Since 1989 mental disorders such as depression, phobia, depression, anxiety etc are growing rapidly. Each year more than 100,000 people are diagnosed with a mental illness, which is traumatic. In 2006 more than 82,000 patients visited psychiatric hospitals in Srinagar for treatment. Terrorist attacks are the means of triggering traumatic psychological events that affect the mental health of an individual.

About 45 percent of the population of Kashmir Valley was discharged on May 18, 2016. A study shows that 1.8 million adults in the Valley are showing signs of severe depression. The study led to a collaboration between Kashmir University Department of Psychiatry and the Institute of Mental Health and Neuroscience (IMHANS) based in the district. It was conducted between October and December 2015. According to the survey, 41 percent of people showed signs of possible depression, 26 percent showed signs of potential anxiety and 19 percent showed signs of Post-Traumatic Stress Disorder (PTSD). Estimates of regional availability of possible depression ranged from 28 percent in Srinagar to 54 percent in Badgam. According to research, the average incidence of anxiety disorder ranges from 16 percent in Srinagar to 36 percent in Badgam. The moderate infection in all psychiatric disorders was significantly higher in women than in men. For example, 50 percent of women and 37 percent of men have possible depression, while 36 percent of women and 21 percent have anxiety disorders. Prior to 1990 severe anxiety in Kashmir was common among middle-aged women. More recently, however, women aged 14 to 18 have experienced an alarming increase in fear, depression, or anxiety disorders. Kashmir doctors believe that no more than 10% of those patients in need of mental health care will be available. Such patients are referred to cardiologists or neurologists and not to psychiatrists because of the lack of knowledge or prejudice that accompanies a visit to a psychiatrist.

Terrorism in Kashmir has taken a heavy toll on everyone in the community and ruined their lives, including the physical, mental, social and psychological well-being of the people of Kashmiri terrorist activities such as murder, suicide bombings, etc. mental insecurity, feelings of insecurity, fear, economic instability, PTSD, and anxiety among the people of Kashmiri. Bombings, shootings, pressure from both the military and the military have adversely affected the health of the people of Kashmir, leading to various psychological problems such as depression, anxiety, PTSD, depression, etc.

According to (Paul Van Haperen) almost no family in Kashmir has not been affected by terrorism. There has been a tenfold increase in the last decade in cases of trauma. (Izzat Jarudni 2002) states that prior to 1990, no matter how PTSD was reported in Kashmir as the situation was peaceful, 100 people were registered for weekly treatment at Srinagar's Hospital for Psychiatric Diseases OPD. However, now 200-300 patients arrive daily. Dr. Majid Shafi, a physician at SMHS (Shri-Maharaja Hari Singh Hospital Srinagar), many patients suffer from depression, post-traumatic stress disorder, drug addiction, and suicidal tendencies. He said, "The situation that has existed over the past two decades is contributing to mental illness."
An October 2011 study by SKIMS (Sher-e-Kashmir Institute of Medical Sciences) Soura Srinagar found that 55% of people in Kashmir had a mental illness, and 800,000 people had PTSD. Srinagar Psychiatric Hospital showed 15% of women suffering from chronic stress and trauma; 70 to 80% had major depression; 16% had PTSD (Dr Rita Pal, March 2003). Luis Ponte, MSF Projects Coordinator for Kashmir, says patients visiting MSF counseling centers are 20 to 40 years old and 65 to 70% are women. Asima and Aneesa (2012) conducted a psychological research on mental illness in Kashmir. They found that the conflict had a profound effect on the mental health of the people in Kashmir. People face many mental disorders; 90.5% are scared, 87% have trouble sleeping, 86% are stressed and stressed, and 66% have lost interest in their lives.

Asima et al. (2011) investigated the impact of terrorism on mental health. The results showed that women were more concerned about the threat of terrorism and thought more about terrorism than men. Both are equally affected by feelings of fear, depression, anxiety, anger, and depression. Lack of interest in daily life activities is found because they are depressed and suffer from anxiety. Aneeza (2011) investigated post-traumatic stress disorder in children exposed to

fear. Results have shown that symptoms of post-traumatic stress disorder are more common than other symptoms among children. Girls showed more signs of post-traumatic stress disorder than boys. Significant gender differences were found in the avoidance.

Jong et al. (2008) investigated the impact of health conflict. The results showed that depression among women was significantly higher than men; a sense of insecurity was found in both men and women. Mushtaq A. M., Shiekh Ajaz (2006) conducted a study on the social prevalence of post-traumatic stress disorder. The results showed that the current PTSD rate was 7.27%, while the PTSD health rate was 15.19%. Sameera and Amar (2014) investigated the effects of terrorism on the mental health of adults. They found that terrorist attacks cause fear, anxiety, severe depressive symptoms such as PTSD, and disruption of normal social functioning.

# Chapter 3

# Theoretical Framework

## 3.1 Theory of Mental Health

Psychologists analysts believe that mental health problems are caused by conflict between id, ego, and superego (MacLeod, 2014). According to Freud, there are three the parts of the mind, id, ego, and superego, always interact. See have a variety of objectives that eliminate internal conflicts within people; as a result of this conflict, they feel anxious, which is an unpleasant situation. According to him, childhood events and events are important to development of mental disorders. He was very focused on mental illness instead of mental health (Cherry, 2014). Freud (1915), in "Three Essays on Having sex, "defined child development" as a series of homosexuality these sections are controversial and offer various features of human personality. Psychoanalytic theory is the source of the individual differences based on warfare at each stage of development. Each step related to the satisfaction of "libidinal desire" and plays a role in adulthood personality development. Correction occurs when a person is unable to resolve the error of conflict in a particular category. Any likes on stage leads to the file the development of mental disorders in later life (Cherry, 2014). On the other hand, the moral school of thought defines mental health depending on the reward and punishment. According to ethics, the experience determines our behavior, not our power. See posted that mental health and abnormal behavior are read on environment through the principles of integration (remediation by promotion and reinforcement), working conditions, and perspective learning and modeling. According to ethics, nature dealing with mental health problems. The man learned badly behavior by strengthening and observing nature. Behaviorists believe that "unhealthy behaviors" can also be treated through „status" and „modeling" (MacLeod, 2014).The social environment model has suggested that there are many factors that affect mental health and ethics (such as independence, collaboration, organization, and community). Individual features include knowledge, attitude, ability etc.

## 3.2 Theory of Conflict

C. Wright Mills has been called the founder of the modern argumentative movement. In Mills' view, social structures are made up of clashes between people with different interests and resources. The people and resources, in turn, were influenced by these structures and the "unequal distribution of power and resources to the United States." the opposition class is opposed to the people. He predicted that human policies would lead to "increasing conflicts, mass production of weapons of mass destruction, and possibly extinction of humanity. Gene Sharp (1928-2018) was a professor of political science at the University of Massachusetts Dartmouth. In 1983 he founded the Albert Einstein Institution, a nonprofit organization dedicated to the study and attaining the essence of Sharp. That power is not monolithic; any country, regardless of party affiliation, is ultimately found in the provinces.His basic belief is that any power structure depends on the obedience of the head of state. of the emperor or of the emperors. When topics do not listen, leaders have no power. Sharp has been dubbed the "Machiavelli non-violent" and "Clausewitz non-violent war" Sharp's scholarship has contributed to international organizations. More recently, a protest movement that overthrew Egyptian President Mubarak of Egypt focused heavily on his views and youth movements in Tunisia and earlier in the Eastern European uprising previously fueled by Sharp's work.

A recent definition of conflict theory is found in Canadian sociologist Alan Sears' book, Theory: A Guide to Theoretical Thinking (2008).

Communities are defined by inequality that produces conflict rather than order and harmony. This conflict based on inequality can only be overcome by the fundamental transformation of existing social relationships and productive new social relationships.

The disadvantaged have structural interests that go against the status quo, which, once thought, lead to social change. Therefore, they are considered to be things of change rather than things that one should feel sorry for.

Human force (e.g., inventiveness) is stifled by the states of abuse and mistreatment, vital in any general public with an inconsistent dissemination of work. These and different characteristics don't should be injured as a result of the requirements of the purported "human advancement

measure" or "the need to work": workmanship is the driving force of financial turn of events and change.

The role of theory in recognizing human potential and transforming society, rather than maintaining the capacity for power. The opposing purpose of the theory would be to push and divide with positivism, in which theory is a neutral, descriptive tool.

Consensus is an adjective of ideas. True harmony is not found; instead those with more power in society can impose their views on others and accept their speeches. Consensus does not maintain social order; incorporates segregation, a tool for current social order. The state serves the needs of the most powerful while claiming to represent the interests of all. Representation of disadvantaged groups in State processes may foster the idea of full participation, but this is a delusion.

Inequality at the international level is reflected in the deliberate development of Third World countries, during colonial times and after national independence. The global system (i.e., development agencies such as the World Bank and the International Monetary Fund) benefit the most powerful countries and multinational corporations, rather than development studies, economic, political and military actions.

# Chapter 4

# Conceptualization and Operationalization

## 4.2 Operational Definitions

### 4.2.1 Mental Health

According to the UK Surgeon Journal (1999) UK, mental health is the effectiveness of mental activity that leads to productive activities, fulfilling relationships with other people, and empowering them to adapt to change and cope with adversity. Mental illness refers to all mental disorders diagnosed and health conditions characterized by mood swings, or behaviors associated with stress or poor performance. Mental health and mental illness are two ongoing concepts. People with good mental health can also have mental illness, and people without mental illness can also have poor mental health.

Mental health problems can arise as a result of stress, loneliness, depression, anxiety, relationship problems, the death of a loved one, suicidal thoughts, grief, addiction, ADHD, self-harm, various emotional disorders, or other mental illnesses of various levels, such as learning disabilities. Physicians, psychiatrists, psychologists, social workers, nurses, or family physicians can help treat mental illness through treatment, counseling or medication.

(Leighton 2008) paradoxically, the reference to mental health disorders began in the 1960s to reduce stigma according to (Rowling et al. 2002). there is no consensus on the meaning of these terms and their application. Mental health and mental illness can be seen as two things that separate issues but are related. Ryff and Singer (1998) suggest that health is not a medical concept associated with the absence of illness, but rather a philosophy that requires the definition of good health in which a person with a sense of engagement creates quality relationships with others, and has self-esteem and creativity. This is similar to the World Health Organization (WHO) (2000, 2005b) definition of good mental health.

### 4.2.2 Conflict between India and Pakistan

The India-Pakistan War of 1947–1948, at times known as the First Kashmir War, was battled among India and Pakistan over the Province of Jammu and Kashmir from 1947 to 1948. It was the first of four Indo-Pakistan battles between two recently autonomous countries. Pakistan was

escalating the conflict half a month after freedom by building up a public lashkar (military) from Waziristan to catch Kashmir, its restricted future. The deplorable result of the conflict actually influences the international affairs of the two nations.

Maharaja faced the uprising of his Muslim people in Pooch and failed to control the western regions of his empire. On October 22, 1947, Pakistani troops at Pashtun crossed the provincial border. These national forces and the paramilitary forces in Pakistan migrated to take Srinagar, but they took the spoils and tried to reach Baramulla. Maharaja Hari Singh appealed to India for help, and help was given, but it was not under his control.

## Hypothesis

1. H1. The impact of the Indian-Pakistani conflict on women's mental health is greater than that of men.

2. H2. The impact of the India-Pakistan conflict is far more important to the mental health of illiterate people than to educated people.

3. H3. The impact of the Indian-Pakistani conflict on the mental health of the people of Tatta Pani LOC is greater than that of people elsewhere in the LOC border.

# Chapter No 5

# Methodology

## 5.1 Demographic Data Sheet

Demographic information about each respondent, including name, age, sex, education, the geographical area, was used. The respondents were asked to give demographic information on a demographic datasheet. After that, a brief description was given, and permission was sought to participate in the study. An informed consent sheet was given and was signed by the participants. After that, they were handed over the questionnaire along with the instructions. The subject was given enough time to fill in the questionnaire. Data were collected from adult people living in the border area of four villages (Nakyal, sudhnoti Tatta Pani, kotli, sudhanoti) through a questionnaire.

## 5.2 Universe

The universe of the research was the AJK four village of nearby LOC.

## 5.3 Unit of Analysis (Target population)

Target Population of Research were people living in area adjacent to the Kashmir Line of Control. The data was collected from 4 villages of Kashmir near LOC (Nakyal, Sudhanoti, Tatta Pani, Kotli).

## 5.4 Sample Design

In the data collection, 60 participants were selected from the four LOC districts. First, the regions directly identified at the border were identified and captured information about their people at the Pakistan Red Crescent Society (AJK) branch. A sample containing an equal number of male (n = 30) and female (n = 30) participants was selected. Participants' age range was 18-40 years. A simple sampling process was used to select study participants. Citizens directly connected to the immediate border with India and Pakistan are selected.

## Sample Size 5.5

The simplest size of the study was 60 participants of LOK target areas, to make data for them.

## 5.6 Data Collection Tools

In this study, a single questionnaire was used to collect data, Mental Health Inventory (Veit & Ware, 1983), to measure mental well-being and mental anxiety.

## 5.7 Data Collection Strategies

The current study is multifaceted in nature, and a separate research structure was used to collect data from respondents. Self-regulation techniques used to collect data.

## 5.8 Data Analysis Tools

After the completion of the data collection of 60 people (Living on Kashmir Line of Control (LOC), the data was analyzed using the Statistical Package for Social Sciences 17 version (SPSS). -test to find relationships between learning variables.

## 5.9 Technique for Data Analysis

Data of the study was analysed through descriptive analysis with crosstabulation. The study aimed to compare the daily routine of students and according to the residential status of students. For comparing it needs frequencies and percentage for a reason, descriptive analysis with crosstabulations is adopted.

## 5.10 Pretesting

Pretesting on 10, respondents conduct before the collection of accurate data. Pretesting made an easy way to check the workability of the questionnaire. That also helps in the correction of the questionnaire and modification in the questionnaire to boost its workability. After the pretesting, the questions were clear to the researcher that needed amendments in the questionnaire. According to the researcher's struggle, the results of the pretesting confidently filled the questionnaires.

## 5.11 Opportunities and Limitations of the Study

Data of present Research could be increased, as this research was conducted in only four villages of LOC of Azad Jammu and Kashmir. Future research is needed to cover all areas of LOC that may be directly linked with India and similar research can be conducted on territories of international border and working boundary.

5.12 Ethical Concerns

All the ethical concerns keep in to conduct the research process effectively without disturbing the study's universe. The foremost step was not to disclose the identity of the respondents.

# Chapter 5

# Results

## Results

Personality traits were calculated by frequency (f) and percentage (%). Table 1 shows that 30 males and 30 females were taken from a different LOC site from Azad Kashmir.

Frequency and percentage of personality traits of the sample (N = 60)

Note: f = frequency, % = p

**Table 1: 1 Frequency and percentages of demographic characteristics of the sample (N = 60)**

| *Level* | Group | *f* | % |
|---|---|---|---|
| Age range | 18-40 | 60 | 100.0 |
| Gender | Male | 30 | 50.0 |
| | Female | 30 | 50.0 |
| | Total | 60 | 100.0 |
| Education | Matric | 15 | 25.0 |
| | Inter | 15 | 25.0 |
| | Bachelor's | 15 | 25.0 |
| | Master's | 15 | 25.0 |
| Area | Nakyal | 15 | 25.0 |
| | Sudhnoti | 15 | 25.0 |
| | Tatta Pani | 15 | 25.0 |
| | Kotli | 15 | 25.0 |

*Note: f=frequency, %=p*

**Table 1.1 shows the descriptive statistics and the reliability of the single scale used in the study. The mental health scale used in the study was obtained.**

**Table 1: 2 Descriptive Statistics and Reliability Analysis for the Study Scales (N = 60)**

| Scale | N | Cronbach's | M | SD | Skewness | Kurtosis |
|---|---|---|---|---|---|---|
| MHT | 38 | .878 | 3.659 | 23.708 | 0.359 | 0.162 |

Note: (SD = Standard Deviation, M = mean). This table shows the reliability of the mental health list (p = .87).

**Table 1.2 shows the meanings, standard deviations, t tests, value values, and mental health establishment. The definition of a mental health problem for women is 139.73 and for men it is 138.33, which means that the meaning of mental health problem for women is higher compared to men, therefore, H1 is acceptable.**

**Table 1.3: Independent sample sample 3 India-Pakistan Exercise Disorders of Mental Health in Kashmir Line of Control (LOC) and Gender Diversity (N = 60)**

| *Scale* | *Item* | *Participants* | *N* | *M* | *S.D* | *T* | *P* |
|---|---|---|---|---|---|---|---|
| MHT | 38 | Male | 30 | 138.33 | 23.769 | -227 | *.821* |
| | | Female | 30 | 139.73 | 24.031 | -227 | .821 |
| | | Matric | 15 | 153.47 | 18.535 | 1.963 | .060 |
| | | Inter | 15 | 138.20 | 23.734 | 1.963 | .060 |
| | | Bachelor‟s | 15 | 131.00 | 23.848 | -283 | .779 |
| | | Master‟s | 15 | 133.47 | 23.808 | -283 | .779 |
| | | Nakyal | 15 | 128.73 | 27.343 | -1.61 | .118 |
| | | Sudhnoti | 15 | 142.53 | 18.643 | -1.61 | .118 |
| | | Tatta Pani | 15 | 146.87 | 20.413 | 1.045 | .305 |
| | | Kotli | 15 | 138.00 | 25.752 | 1.045 | .305 |

This table shows that the people of Tatta Pani LOC have a higher rate of mental health problems (M = 146.87) compared to other areas. Also, matric students have a higher rate of mental health problems (153.47) compared to a different level of student

## Table 1: 4 Last month, Happy, satisfied, and joyed

| S.no | **Last month how much were you happy, satisfied, and joyed?** | | |
|---|---|---|---|
| | | Frequency | Percentage |
| 1 | Happiest as much as never before | 12 | 7.2% |
| 2 | Most of the time, much happy | 8 | 4.8% |
| 3 | Normally satisfied and happy | 10 | 6% |
| 4 | Satisfied | 13 | 7.8% |
| 5 | Normally unsatisfied and unhappy | 7 | 4.2% |
| 6 | Most of the time, much more unhappy and unsatisfied | 10 | 6% |

Questions were asked at LOC's residence, how satisfied they were, how happy they were, and how they enjoyed their life at LOC. 7.8% indicated that they were satisfied with their health, while 7.2% felt happier than they had ever done before. 6% were unhappy and dissatisfied with the LOC process.

**Table 1: 5 Felt loneliness**

| | **In the last month, how many time you felt loneliness** | | |
|---|---|---|---|
| | | **Frequency** | **Percentage** |
| 1 | All the time | 14 | 8.4% |
| 2 | Most of the time | 10 | 6% |
| 3 | For some time | 7 | 4.2% |
| 4 | For a few moments | 15 | 9% |
| 5 | very much lesser instant | 6 | 3.6% |
| 6 | Not at all | 8 | 4.8% |

**Tables 1: 5 show that 9% of respondents felt lonely for a few seconds. In comparison, 8.4% always felt lonely while living in LOC. It shows that 4.8% did not feel lonely, while 6%, most of the time, felt lonely in the LOC.**

## Table 1: 6 The situation of afraid

| | During last month how many times you experienced moments of joy, hesitate or afraid of the situation | | |
|---|---|---|---|
| | | **Frequency** | **Percentage** |
| 1 | Always | 10 | 6% |
| 2 | Most of the time | 9 | 5.4% |
| 3 | For some time | 15 | 9% |
| 4 | For a few moments | 10 | 6% |
| 5 | very much lesser instant | 7 | 4.2% |
| 6 | Not at all | 9 | 5.4% |

**Table 1: 6 shows that 9% of respondents experienced temporary fear during a fire. Wile 6% is always skeptical and afraid to sit next to Loc. 5.4% of respondents experienced a lot of time, and not at all.**

**Table 1: 7 Future will be bright and prosperous**

| | In the last month, how many times you think that your future will be bright and prosperous? | | |
|---|---|---|---|
| | | Frequency | Percentage |
| 1 | Always | 11 | 6.6% |
| 2 | Most of the time | 15 | 9% |
| 3 | For some time | 10 | 6% |
| 4 | For a few moments | 9 | 5.4% |
| 5 | very much lesser instant | 8 | 4.8% |
| 6 | Not at all | 7 | 4.2% |

**Table 1: 7 describes how often people think about their future and the hope of a brighter and more prosperous life; The 9% who responded most of the time felt that their future would be bright and successful soon. In comparison, 6.6% always thought the same about their approach to peace and prosperity.**

**Table 1: 8 daily life is fill up of your exciting things**

| | **During last month how long you thought your daily life is fill up of your exciting things?** | | |
|---|---|---|---|
| | | Frequency | Percentage |
| 1 | Always | 10 | 6% |
| 2 | Most of the time | 7 | 4.2% |
| 3 | For some time | 13 | 7.8% |
| 4 | For a few moments | 15 | 9% |
| 5 | very much lesser instant | 8 | 4.8% |
| 6 | Not at all | 7 | 4.2 |

**Table 1: 8 tells us that last month, local people found that their lives were full of good things, while 9% of respondents felt that their lives were full of happiness for a while, while 7.8% of respondents thought it was temporary.**

## Table 1: 9 life is in peace and free of tensions

| | During last month how long you think that your life is in peace and free of tensions? | | |
|---|---|---|---|
| | | Frequency | Percentage |
| 1 | Always | 9 | 5.4% |
| 2 | Most of the time | 8 | 4.8% |
| 3 | For some time | 9 | 5.4% |
| 4 | For a few moments | 10 | 6% |
| 5 | very much lesser instant | 9 | 5.4% |
| 6 | Not at all | 15 | 9% |

**Table 1: 9 shows peace or disagreement; 6% of respondents were briefly heard. 5.4% of respondents said they suffered from constant stress and stress, very slowly and temporarily.**

**Table 1: 10 Enjoy daily routine**

| | During last month how many time you felt joy in your daily routine? | | |
|---|---|---|---|
| | | Frequency | Percentage |
| 1 | Always | 6 | 3.6% |
| 2 | Most of the time | 10 | 6% |
| 3 | For some time | 8 | 4.8% |
| 4 | For a few moments | 12 | 7.2% |
| 5 | very much lesser instant | 15 | 9% |
| 6 | Not at all | 9 | 5.4% |

**Table 0:10 shows that their lives are good and happy; 9% of respondents felt that their daily lives were too short, while 7.2% of respondents heard about it in a few seconds. 5.4% of respondents felt completely unaware of their daily lives.**

**Table 1: 11 Reasons behind the loss of control**

| | Is there any fact because of which reasons you lost control in your thoughts, emotions, stamina, or speech? | | |
|---|---|---|---|
| | | Frequency | Percentage |
| 1 | Maybe a little bit | 12 | 7.2% |
| 2 | Yes, but not as much | 15 | 9% |
| 3 | Little bit | 13 | 7.8% |
| 4 | Yes, to a great extent | 7 | 4.2% |
| 5 | Yes very much worried | 8 | 4.8% |
| 6 | Not at all | 5 | 3% |

**Table 1:11 examines the reasons why they lost control of their thoughts, feelings, energy, and speech. 9% of respondents were constantly losing their thoughts, feelings, energy, 7.8% of respondents lost their energy slightly, while 7.2% probably lost control of their thoughts**

**Table 1: 12 Feeling the mental depression**

| During last month have you ever felt mental depression? | | |
|---|---|---|
| | Frequency | Percentage |
| Yes, as much as I have not to care about anything else about the whole day | 13 | 7.8% |
| Yes experienced mental depression for few days | 16 | 9.6% |
| Yes, for a bit of time felt mental depression | 14 | 8.4% |
| Yes, but for a few moments | 8 | 4.8% |
| No never experienced mental depression | 9 | 5.4% |

**Table 1.12 shows that 9.6% of respondents suffered from depression and anxiety for a few days. 8.7% of respondents felt psychologically depressed. Yes, for a while, I felt depressed, while 7.8% of respondents were found to be depressed. Yes, as I don't care about anything else about the whole day.**

**Table 1: 13 you enjoy in the morning.**

| | During last month how many time you felt that your day would be enjoyable during the morning | |
|---|---|---|
| | Frequency | Percentage |
| All the time | 9 | 5.4% |
| Most of the time | 16 | 9.6% |
| To some extent | 14 | 8.4% |
| sometimes | 10 | 6% |
| For some time | 9 | 5.4% |
| Not at all | 2 | 1.2% |

**Table 1:13 shows that 9.6% of respondents enjoyed the morning most of the time while 8.4% enjoyed their morning to some degree. While 6% of respondents thought the day would be fun for a while, 5.4% people thought the day would always be fun all the time and for a while.**

**Table 1: 14 Worried and stress**

| | During last month how many time you felt worried and stressed? | |
|---|---|---|
| | Frequency | Percentage |
| All the time | 10 | 6% |
| Most of the time | 15 | 9% |
| To some extent | 12 | 7.2% |
| sometimes | 15 | 9% |
| For some time | 7 | 4.2% |
| Not at all | 1 | 0.6% |

**Table 1:14 shows that 9% of respondents feel depressed most of the time and sometimes. While 6% of respondents thought of constant stress in the area. While 7.2% of respondents thought that the day would worry about their health to some extent., 4.9% of respondents felt it for a while.**

**Table 1: 15 Suffered from emotions and acts**

| | During last month have you ever been in your emotions and acts? | |
|---|---|---|
| | Frequency | Percentage |
| All the time | 1 | 0.6% |
| Most of the time | 16 | 9.6% |
| To some extent | 14 | 8.4% |
| sometimes | 16 | 9.6% |
| For some time | 11 | 6.6% |
| Not at all | 2 | 1.2% |

**Table 1:15 shows that 9.6% of respondents think emotionally most of the time and sometimes. By comparison, 8.4% of respondents were thinking of doing something to some degree in the area. At the same time, 6.6% of respondents were concerned about their health to some degree**.

**Table 1: 16 performing any job**

| | **During last month how many time you felt shivering in your hands while performing any job?** | |
|---|---|---|
| | **Frequency** | **Percentage** |
| All the time | 1 | 0.6% |
| Most of the time | 16 | 9.6% |
| To some extent | 14 | 8.4% |
| sometimes | 16 | 9.6% |

| | | |
|---|---|---|
| For some time | 11 | 6.6% |
| Not at all | 2 | 1.2% |

**Table 1.16 shows that 9.6% of respondents were trembling while doing the job most of the time and sometimes. By comparison, 8.4% of respondents felt that they had lost their jobs because of the quake. At the same time, 6.6% of respondents felt their hands while doing any work.**

**Table 1: 17 Feel Hopeless**

| | During last month how many time you felt hopeless | |
|---|---|---|
| | **Frequency** | **Percentage** |
| All the time | 10 | 6% |
| Most of the time | 12 | 7.2% |
| To some extent | 11 | 6.6% |
| sometimes | 17 | 10.2% |
| For some time | 8 | 4.8% |
| Not at all | 2 | 1.2% |

**Table 1.17 shows that 10.2% of respondents sometimes felt hopeless. By comparison, 7.2% of respondents felt dignified in the community due to the constant despair. At the same time, 6.6% of respondents thought they were hopeless about staying at the border to some degree.**

**Table 1: 18 Find peace**

| | During last month how many time you found yourself in peace? | |
|---|---|---|
| | **Frequency** | **Percentage** |
| All the time | 15 | 9% |
| Most of the time | 3 | 1.8% |
| To some extent | 15 | 9% |
| sometimes | 14 | 8.4% |
| For some time | 11 | 6.6% |
| Not at all | 2 | 1.2% |

**Table 1.18 shows that 9% of respondents wanted to find peace, at all times, to some extent. While 8.4% of respondents sometimes found peace, 6.6% found peace: 1.8% most of the time we felt on holiday.**

# Chapter 7

# Discussion, Recommendation's, and Conclusion

## 7.1 Discussion

The study aims to explore the Impact of the India-Pakistan Conflict on the Mental Health of People living in the Kashmir Line of Control (LOC). It also examines the differences between men and women.The sample selected was 60 people from various parts of Kashmir LOC. Of these 30 were women and 30 were men. Their age range was 18-40. Flexible measurement of the current study, using a single scale that was a tool for mental health.

The results in Table 1 show that the sample of the population was evenly distributed over the 18–40 year old population. Women have a higher rate of mental health problems. The main reason for the shooting was that people entering the Line of Control (LOC) border, in the Tatta Pani area were struck with fear and panic after a heavy gunshot wound. The locals say it was a warlike situation, and they had never seen this kind of ascent and heavy artillery fired for more than a decade. . India and Pakistan armed with nuclear weapons have fought their two-thirds war against the disputed territory of Kashmir. The Indian Army has been using collective letters to identify people in line

Take control, some of these villages, where people have been telling us that daily life is a challenge to keep going because they live under constant fear.The current study aims to identify the Impact of India-Pakistan conflict and compare these variables to the uneducated and the illiterate. A t-test to find the difference in study variables shows the following results: Table 1 shows the frequency and percentage of all people used in the current study. Table 2 shows descriptive statistics, alpha reliability, scale. Table 3 presents the results of the t-test and gender differences. Table 2 Comparing the effects of both groups on mental health (Table 2) shows that, compared with people living near the LOC, matric students have a higher rate of mental health problems compared to another student level (alpha = .87). The results presented in Table 3 show significant differences between the mean rates of illiteracy and illiteracy in terms of mental health problems. Uneducated (M = 153.47, SD = 18.353, t = 1.963, p = .060,) compared to

illiterate (M = 131.00, SD = 23.848, t = -283, p = .779). This table also shows that women have a higher rate of mental health problems compared to men (M = 139.73, S. D = 24.031, t = -227, p = .821) compared to men (M = 138.33 S. D = 23.796 t = -227. P = .821).

## 7.2 Implications and Recommendations

The current study has significant implications. This study focuses on preventive measures to promote the effect of mental health and not risk. Protective factors alter the harmful effects of adverse living conditions. Findings from the current study contribute to border residents to understand mental health issues and provide information on the importance of social support to stay mentally healthy. As the results of the study show, the ancient inhabitants lacked social support and had little power. Therefore, this human being is at high risk for mental health problems. Special care should be given to this nation and given better social support to protect themselves from depression.

There is a need for further research in this area to explain the many protective factors that improve people's mental health in these stressful situations. Future professional research is also required to consider all areas of personal work, and to improve the quality of life of the border area. In addition, there is a need to provide mechanical training and prevention procedures to improve the mental health of these people.

## 7.3 Conclusion

The study aims to explore the impact of the Indian-Pakistani conflict on the mental health of people living in Kashmir LOC which compares the level of mental health problems between women and men. This study suggests that there is a significant difference in mental health problems for women living in the control line. Women reported higher levels of mental health problems than men.

With research already expanded, limited life is not so easy. It is fraught with dangers, especially in the event of a collision with which Kashmir is located since 1947. The Armenian belt has been one of the most active frontiers and has gone through various stages of conflict situation ranging from civil strife and violence to the separation of gunfire and explosions in times of peace and times of peace; fencing; mines, and the like. The people here have seen many displays that last longer and are shorter. The band also saw the impact of anti-immigration over the past two decades. The general war of the region has produced its own kinds of problems of various problems facing the people of these areas. Most important comes from uncertainty and boundary uncertainty. Even in the best of times, when there is complete progress in relations between India and Pakistan and when „peace" is a powerful narrative between the two countries, the borders may not be peaceful. Since the beginning of the peace process between India and Pakistan and the declaration of a ceasefire, many law-abiding violations have already proved this point. The year 2012, for example, was fruitful in India-Pakistan relations. Negotiated talks between the two countries since the beginning of terrorism in Mumbai have resumed, but major developments on various issues include trade and visa regime. However, the state of the borders throughout the year was changing dramatically. Firefighting cases have been reported worldwide and the LOC has almost ended in summer and early winter.

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# Appendix-3

**QUESTIONNAIRE**

Note: please read each question carefully and tick one of the answers from the given scale, which best descry your situation and feelings in light of your circumstances over the past month.

| s.no | Questions | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|
| 1 | Last month how much were you happy, satisfied, and joyed? | Happiest as much as never before | Most of the time, much happy | Normally satisfied and happy | Sometimes satisfied to a large extent and occasionally sad too much extent | Normally unsatisfied and unhappy | most of the time, much more heartbreaking and unsatisfied |
| 2 | In the last month, how many time you felt loneliness | All the time | Most of the time | For some time | For a few moments | very much lesser instant | Not at all |
| 3 | During last month how many time you experienced moments of joy, hesitate or afraid of the situation | Always | Most of the time | For some time | For a few moments | very much lesser instant | Not at all |
| 4 | In the last month, how many times you think that your future will be bright and prosperous? | Always | Most of the time | For some time | For a few moments | very much lesser instant | Not at all |
| 5 | During last month how long you thought your daily life is fill up of your exciting things? | Always | Most of the time | For some time | For a few moments | very much lesser instant | Not at all |

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| 6 | During last month how long you think that your life is in peace and free of tensions? | Always | Most of the time | For some time | For a few moments | very much lesser instant | Not at all |
| 7 | During last month how many times you felt joy in your daily routine? | Always | Most of the time | For some time | For a few moments | very much lesser instant | Not at all |
| 8 | Is there any fact because of which reasons you lost control in your thoughts, emotions, stamina, or speech? | Maybe a little bit | Yes, but not as much | Little bit | Yes, to a great extent | Yes very much worried | Not at all |
| 9 | During last month have you ever felt mental depression? | Yes, as much as I have not to care about anything else about the whole day | Yes experienced mental depression for few days | Yes, for a bit of time felt mental depression | Yes, but for a few moments | No never experienced mental depression | |
| 10 | During last month how many time you felt people might care about you? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 11 | During last month how many time you get nervous? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 12 | During last month how many time you felt that your day | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |

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| | would be enjoyable during the morning | | | | | | |
| 13 | During last month how many time you felt worried and stressed? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 14 | During last month have you ever been in your emotions and acts? | Yes of course | Most of the time | To some extent | sometimes | No, I am worried of | No, I am much worried |
| 15 | During last month how many time you felt shivering in your hands while performing any job? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 16 | During last month how many time you felt hopeless | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 17 | During last month how many time you found yourself in peace? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 18 | During last month how many time you found yourself persistent in your emotions? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 19 | During last month how many time you found yourself sad and | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |

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| | sorrowful? | | | | | | |
| 20 | how many time do you felt weepy last month? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 21 | how many time you felt to be breathless is a solution to all problems during last month? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 22 | During last month how many time you felt to be in peace without any hesitation? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 23 | how many time do you felt last month that your loved relations are full of devotions? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 24 | During last month how many time you felt nothing is according to your expectations ? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 25 | During last month how many time you felt to be afraid of things and felt nervous? | To a great extent, I have not understood the situation | Felt a great deal | Nervously worried | Just felt a bit | Experienced worried | Not felt hesitant |
| 26 | During last month how many time you felt that living a life for you is a | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |

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| | beautiful adventure? | | | | | | |
| 27 | During last month how many time you felt that you are stuck in problems so that nothing can make you feel happy? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 28 | During last month have you ever think of suicide? | Yes sometimes | Yes, most of the time | Yes many time | Yes one time | Not never | |
| 29 | During last month how many time you felt that you are worried, restless and anxious? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 30 | During last month how many time you remain sad or bad tampered with your affairs? | All the time | Most of the time | To some extent | sometimes | For some time | Not at all |
| 31 | During last month how many time you feel happy, lively and free from worry? | always | Most of the time | To some extent | sometimes | For some time | Not at all |
| 32 | During last month how many time you feel upset and frightened? | always | Most of the time | To some extent | sometimes | For some time | Not at all |
| 33 | During last month have you remain worried and | Yes very much | Yes, a lot of worries | To some extent | sometimes | For some time | Not at all |

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| | anxious? | | | | | | |
| 34 | During last month how many time you feel happy and fresh? | always | Most of the time | To some extent | sometimes | For some time | Not at all |
| 35 | During last month how many time you tried to keep yourself calm? | always | Most of the time | To some extent | sometimes | For some time | Not at all |
| 36 | During last month how many time you feel that you are a failure and low spirit? | always | Most of the time | To some extent | sometimes | For some time | Not at all |