

Impact of Armed Conflict on Mental Health, Educational Access and Reduction among Children in Kashmir

Dr. Zaffar Ahmad Nadaf*, Prof. Nighat Basu**

* Assistant Professor Post-Doctoral Fellow (ICSSR), School of Education, Central University of Kashmir

** Senior Professor, School of Education, Central University Of Kashmir

Abstract

Children in conflict countries are exposed to difficulties with an austere point of view for their future. People residing in conflict-affected areas are denied their right to education, admittance to aptitudes and information, and the path to a superior life for themselves and their country. The present investigation is descriptive. In the current examination, the investigator studied recent related literature and secondary data extensively like books, e-books, journals, editorials, and other reliable sources, which put forward a more prominent understanding of all possible and practical aspects of the research problem at hand. The exploration reveals that conflict has taken a heavy toll on children and their right to education concerning mental and physical health, school attendance, school closure, and schooling capacity reduction. In addition to that, appalling levels of massacring, mutilating, recruitment and denial of humanitarian access, committing rape and other forms of sexual violence, engaging in attacks on schools; and abducting children in armed conflict situations came under the domain of violations against children.

Keywords: Conflict, children, education, mental health

Introduction

Children living in conflict zones have been affected, on the whole, considering the fact 246 million children are affected by armed conflict around the world (UNICEF, 2015, Nadaf 2019). Children living in these regions have been the victims of widespread conflict, deprived of their right to education, access to skills and knowledge and the route to a better life for themselves and their country (Nadaf 2019). Approximate of 57 million children of primary school age did not roll up to school in 2011 (UNICEF, 2014, p. 18), amounting to 10 percent, which means approximately one in five of the planet's primary school-aged children who should have been in primary school are out of school. Over 13 million of those children are in the countries, directly or indirectly, affected by armed conflicts (UNICEF, 2015). The biggest and the most challenging barrier keeping these children out of school is armed conflict, which results in killing and injuring millions of children.

Children living in these regions are the survivors and the victims of widespread conflict. They are denied the right to education, access to skills and knowledge, and route to better lives for themselves and their nation. The severity of violations against education ranges from absenteeism, school closure, reduced schooling capacity, and recruitment to armed groups/forces. In addition to that, appalling levels of massacring, mutilating,

recruitment and denial of humanitarian access, committing rape and other forms of sexual violence, engaging in attacks on schools; and abducting children in armed conflict situations came under the domain of violations against children. At an early age, children are exposed either directly or indirectly to armed conflicts suffer harm that stays throughout their lives and beyond, to succeeding generations born after the conflict is over.

Armed conflict disrupts everyday life, forces millions of families to flee their homes, separates children from their families, and reduces schools to rubble. "The tragic fate of child victims of conflict cannot and must not leave us unmoved; a child killed, recruited as a soldier, injured in an attack or prevented from going to school due to conflict is already one too many" (Gamba, 2017). Expressing shock over the scale of violations documented in the report, UN Secretary-General reiterated his call on the conflict parties to accept their responsibility to protect children following international humanitarian and human rights law (Guterres, 2017). The severe effects of armed conflict on child health and well-being are among the greatest children's rights violations of the 21st century.

It is estimated that armed conflict affects at least one in six children worldwide (Rieder, &Choonara 2012). The number of child casualties in regions of armed conflict is hard to locate. Children may perish in a straight line with trauma. Nevertheless, it is believed that even more die from starvation or infections following armed conflict in an area (Rieder, &Choonara 2012). Children who suffer the loss of their blood relations, parents, and bread earners in armed conflict are expected to develop infections or die from starvation and live through direct injuries; children may be affected in many ways. Health and educational facilities are often destroyed during armed conflict. The psychological impact of witnessing armed conflict is increasingly recognized as a significant problem for children (Jordans, Pigott, Tol, *Wet al*, 2016 &Dimitry, 2012).

Various armed conflicts all over the world are significantly impacting the physical and mental health of children.

Armed Conflict in Jammu & Kashmir

As a whole, Kashmir is a survivor of an extended, continuing, and globally under-reported conflict. In 1989, the conflict in Kashmir caught in armed insurgency after the aftermath of an allegedly rigged local election. The Kashmiri people believed it robbed them of their voice in the Indian democratic process. As a result, more than half the Jammu and Kashmir population has been subjected to or witnessed violent government crackdowns, public explosions, and cross-firing between military personnel and armed rebels in the decade that followed the insurgency (Wani, &Asim, 2016). The three-decade conflict in Kashmir collapsed the educational sector's normal functioning concerning access, equity, examination, evaluation, students, and teachers' mental health. Besides, trade and tourism remained extremely limited due to curfews, strikes/hartals.

The extent and violence of the conflict have been irresistible, with reports assessing the death of 8,000 to 10,000 Kashmiris (with over 7,000 unmarked mass graves discovered), more than 100,000 extra-judicial killings, and more than 10,700 gang-rapes and cases of sexual maltreatment (Wani, &Asim, 2016). The past three decades, which saw the Kashmiri armed insurgency's squashing by Indian armed forces, has not ensued in the termination of casualties. Although the armed militants are low in number, which is estimated

to be around the one hundred marks, they are met with a full military might of 770,000, making Kashmir the most militarized zone globally. The decades long armed rebellion gave birth to youths who chose to engage in peaceful protests against what they believed to be Kashmir's military occupation but were met with the same kind of severity by the Indian military as was witnessed by the rebels before them.

The history of the conflict is rooted in the partition of the Indian subcontinent in 1947. It is viewed as one of the bloodiest and largest mass migrations of people in modern history. A Muslim majority state, Jammu and Kashmir, ruled by oppressive Dogra maharajas since the Treaty of Amritsar in 1847, became a bone of disagreement and contention between Hindustan newly formed two nations India and Pakistan. The state's strategic and economic significance led to both India and Pakistan's persuasive bids for the occupation of Kashmir into their respective territories.

The two countries have fought three successive wars over Kashmir in 1948, 1965, and 1999, but Kashmir's political status remains unresolved (Behera, 2106). The fragile "line of control" between Pakistan and India's northern borders runs through the middle of Kashmir, giving Pakistan control of 30% of the original state consisting of Gilgit and Baltistan and Azad Jammu & Kashmir. In contrast, India controls 40% of the country, including Kashmir Valley, Jammu, and Ladakh. This conflict's longevity is rooted in the accession of Jammu and Kashmir's state by its Hindu leader to India, a move contested by Pakistan in light of the state's Muslim majority. On the other hand, the Kashmiri people have suffered long-standing resentment towards India due to never receiving the plebiscite to decide their fate, as promised by India's first prime minister, Jawaharlal Nehru and as envisioned in a UN resolution in 1948. Pakistan's successive governments point towards the great injustice afforded the Kashmiri people by disallowing them the promised plebiscite. The outcome of which Pakistan is confident would result in its favor. The Indian state argues that Pakistan supports terrorism in Kashmir meant to damage India and worsen India's relations and the Kashmiri people. The Kashmiri people themselves remain divided between wishing to join Pakistan and forming an independent secular state of their own (Behera, 2106; Schofield, 2015; Ghate, 2002).

Since 1990, a plethora of mass protests were recorded in the state of Jammu and Kashmir. Although early 2000 was the years when some normalcy had returned in some parts of the Kashmir valley after the land revoke in 2008, the 1st uprising against the state government resulted in more than one hundred deaths youths. After that, a series of unrest took place. The most recent uprising occurred in 2016—after the murder of a charismatic 22-year-old insurgent called Burhan Wani, which led to another round of human rights atrocities by the Indian army. The Human Rights Report for Indian-Controlled Kashmir, published in 2016, reports: "Apart from the basic history of 1947, incidents of the past like massacres of Bomai-Sopore, Gowakadal, Kulgam, Zakoora, Tengpora, Bijbehara, etc., torture and sexual violence, gang rapes (like in Kunanposhpora hamlet, Tabinda rape and murder case, Asiya-Nilofar rape, and murder), draconian laws (like AFSPA and PSA), fake encounters, extra-judicial killings, disappearances, so on and so forth have been pushing people from time to time to voice for *Azadi* (freedom), and that voice grows louder each passing day" (Wani, & Asim, 2016).

The Armed Forces Special Powers Act (AFSPA) and Public Safety Act (PSA) enable the Indian military to carry out any search operation without a warrant, arrest or shoot to kill any person with or without reason. It also allows security forces to detain and torture citizens without following legal procedures. Both said laws protect any military personnel from being prosecuted for their actions despite international pressure from Human Rights Watch and Amnesty International – AFSPA and PSA have not been revoked in Kashmir (Haji 2018). Due to the undemocratic nature of these laws, there have been around 10,000 enforced disappearances in the region since 1980; countless arbitrary arrests and illegal detentions; injuries due to excessive force against peaceful protests; assaults on health services/aid workers; sexual violence; media gags/ attacks on media professionals; restriction on religious activities and blockades on communication services (Wani, &Asim, 2016).

Children are among the worst affected by conflict and turmoil in Kashmir. The unpredictability that prevails over their homes, hearts, and lives is gut-wrenching. The competition breeds sickness in the valley, which caused additional disruptions. On an average day, a child has frequent sightings of frisking, terror attacks, military barracks, checkpoints, stone pelting on soldiers, rifle snatching, throwing petrol bombs, and many more. The persistent conflict has enhanced Kashmir's unique culture by incorporating the curfews, strikes, protests, and hartals into Kashmiri Culture. These strikes, curfews, and complaints are recurring phenomena that happen on a monthly, sometimes weekly basis. Everything comes to a standstill when these strikes, protests, hartals, and curfews take place. In 2008 schools were closed for three months due to protests and stone-pelting; in 2010, schools remained suspended for three months. In the same manner, in the year 2012, 2016, and the prolonged strike didn't allow schooling for four (4) months, six (6) months, and Seven (7) months, respectively.

This editorial aims to highlight both the problem and approaches to address the issue.

Definitions

Armed conflict is defined as an organized dispute involving weaponry, firearms, warheads, and armaments that resulted in violence and force, whether within national borders or beyond involving state actors or non-governmental entities. E.g., international wars, civil wars, and conflicts between other kinds of groups.

Armed conflict is an argued incompatibility that concerns government or territory where the use of armed force between two parties out of which at least one is the government of the state or between two organized armed groups, neither of which is the government of a nation, results in at least 25 battle-related deaths in one calendar year.

Review of Related Literature

Civilian casualties have increased from armed conflicts in the first decade of the 21st century (Garfield, 2008), a significant number of whom were children (Kruk, Freedman, Anglin, Waldman, 2010; Zwi, Grove, Kelly, Gayer, Ramos-Jimenez, & Sommerfeld, 2006; Toole, & Waldman, 1997). Both parties of the conflict target children and are no longer considered as collateral damage. Consequently, children bear a significant burden of conflict-related morbidity and mortality. Armed conflict via direct ways takes a heavy toll on the physical, mental, developmental (neonate), and behavioral health of children. Likewise, it also affected children via indirect ways like deprivation and dangerous stress, which can have a lasting

effect on the well-being over the current course; e.g., children shaken by armed conflict have an increased pervasiveness of post-traumatic stress disorder, depression, anxiety, and behavioral and psychosomatic complaints, which persist long after cessation of disputes. Numerous armed conflicts right through the world are profoundly impacting the physical and mental health of children. The conflict in Gaza, Syria's civil war, massacring and maiming of unarmed children in Indian Occupied Kashmir, kidnapping and murder of school children in Nigeria, the recruitment of child soldiers by ISIS, and the street violence in inner-city America are among the reasons UNICEF identified 2014 as the most dangerous year in recent history for children (UNICEF, 2016).

Objectives of the Study

- 1. To study the impact of armed conflict on children.***
- 2. To study the direct and indirect effect of armed conflict on children.***
- 3. To study the impact of armed conflict on Mental & Psychological Health among children.***
- 4. To study the impact of armed conflict on Access to Education and Reduction in its Quality.***

Research Design & Methodology

The present study is descriptive in the current investigation. Researchers reviewed recent related literature & secondary data extensively in books, e-books, journals, and other reliable sources, which provided greater insight into all possible practical aspects of the research problem. The methodology includes the procedures, techniques, and practices adopted to lay the foundation, built a database, and furnish with processed information to accomplish the research objectives. The study has been undertaken on the stated objectives' strict lines to do the unbiased review while following the research procedures. The definitions of the technical terms have been cited from the published works.

Armed Conflict & Children

Over recent years several sources have cited figures that purport to the proportion of civilians injured by weapons in various conflicts. Many of these sources put the ratio at 80 to 90% of all people injured. It is important to note that these estimates are almost always provided with no indication of how they arrived. In recent years, a large number of documents by non-governmental organizations, international organizations, and even articles in the peer-reviewed medical literature have cited figures, which are increasingly being used as 'evidence' by those concerned with weapons availability and misuse, but which are difficult, if not impossible, to substantiate.

The violence during the nineties against civilians, particularly against children, has to be understood within the paradigm of impunity surrounding human rights abuses committed by armed forces. The nature of state response in Jammu and Kashmir was wielded through the protection of the legal regime that existed in the region. The protection afforded to Indian armed forces under the legal framework of Jammu Kashmir Armed Forces (Special Powers) Act, 1991 (AFSPA) contributed to normalizing unaccountability for human rights abuses and allowed the armed forces to unleash violence, without differentiating between combatant and

civilian, let alone between adults and children. The legal regime that still exists in Jammu and Kashmir until today provides armed forces with wide-ranging powers to kill on suspicion and allows for a great deal of flexibility in 'defining rules of engagement during military conduct operations.' The impunity enjoyed by Jammu and Kashmir's armed forces is because of draconian laws and systematic lawlessness prevailing in Jammu and Kashmir. The lawlessness is allowed by the state to give the armed forces complete control over the civilian population and give them free rein in neutralizing the emerging situation. Children in Jammu Kashmir have also become victims of targeted mass violence at the hands of armed forces. Mostly carried out against the civilian population to collectively punish them and create terror, armed forces' mass violence incidents were frequent during the nineties.

The Armed conflict in Jammu & Kashmir has resulted in grave violations of the rights of children. From January 2003 to December 2017, 318 children were killed in Jammu & Kashmir, 144 of whom were killed during operations by Indian armed forces and Jammu & Kashmir police, unidentified shooters killed 147, 15 children died as a result of heavy artillery fire across the LoC, and militants killed 12. (JKCCS, 2018) On 3-4 August 1998, 11 children were among 19 people who were shot dead in Sailan Village homes in Poonch District by Special Police Officers (SPOs) and armed forces (JKCCS, 1998). Every year, at least 26 children were killed either by government forces, alleged militants, unidentified shooters, explosions caused by littered shells, or the shelling between Indian and Pakistani troops at the Line of Control (LOC) (JKCCS, 2008).

In addition to that, Children in Jammu and Kashmir have been victims of the law. The governments in Jammu and Kashmir have been detaining minors illegally. Under the repressive Public Safety Act (PSA), it is pertinent to mention here that no legal and normative procedures protecting children's rights in Jammu and Kashmir – laid out in JK Juvenile Justice Act (2013) are not being followed.

Direct and Indirect Impact on Children

Children have been affected by armed conflict both directly and indirectly. Direct effects include physical injury, developmental interruption, disability, cerebral and behavioral well-being sequelae, and death. Armed activities, violence associated with drug trafficking, indiscriminate airstrikes, and other forms have the intended and unintended consequence of killing, and maiming children (Zerrougui, 2015).

With the advent of armed insurgency against Indian rule in Jammu and Kashmir in 1989 and the Indian state's brutal counter-insurgency campaign against it, the civilians unsurprisingly became the first victims of state violence. The pattern of violence against civilians markedly illustrates that the Indian state's counter-insurgency campaign's first response was to directly target and victimize civilians, irrespective of their age and gender. Children undoubtedly became targets for no other reason than being part of the general population. The state violence perpetrated against children during the nineties was not limited to children alone, as violence was directed against civilians in general. During the nineties, children became direct victims of routine, widespread state violence against civilians, in the form of extra-judicial executions, targeted killings, custodial killings, massacres, enforced disappearances, excessive force, arbitrary arrests, and detention, and were subjected to sexual violence as well. The violence ensued in losing the parents and supporting the livelihood of

children, thus pushed to live in orphanages. Kashmir valley has 215,000 orphans' out of which 37% have lost one or both parents to the prevailing conflict' (Save the Children, 2012). The consequences of orphanhood directly impacted children's physical and psychological health, impeding their access to education and healthcare. The children brought up in orphanages and without parental support have resulted in multidimensional social challenges.

Indirect effects communicate to the destruction of infrastructure required by children for their optimal survival and development, environmental exposures, and other downstream impacts on social determinants of health, such as worsened living conditions and ill health of caregivers (Global Coalition to Protect Education from Attack, 2015; Left & Moestue, 2009; Guha-Sapir & D'Aoust 2011; Levy & Sidel, 2008; Safeguarding Health in Conflict Coalition (n. d.). Hodgkin, & Newell, 2007).

The direct impacts of large-scale militarization in Jammu and Kashmir have been on children's education. Several educational institutions were transformed into army camps since the early nineties. The occupation of educational establishments by armed forces creates insecurity and fear among students. In the last three decades, many harassment incidents, sexual intimidation, or thrashing of school-going children near school premises, ensuing in demonstrations by students community; the utmost recent being the April 2017 widespread student protests that rocked Kashmir valley. The enlarged militarization of schools also leads to an alarming dropout rate of students. Owing to the public condemnation, the Indian armed forces have vacated many school buildings. The number of schools and educational institutions occupied by armed forces is fewer in number now. Still, the entrenched nature of the landscape of militarization ensures that military outposts and camps are located nearby educational institutions or on the way.

Impact on Mental & Psychological Health

One of the chief consequences children underwent during and after the conflict is psychological and mental disorders. Children caught in war are subjected to trauma, varying from distraction, hostility, emotional instability, sorrow, argumentativeness, withdrawal, sleeping difficulty, nightmares, and suspicion (Kohrt et al. 2008 & Al-Eissa, 1995). Depression, irritability, aggression, isolation, symptoms of post-traumatic stress disorder, and paranoia (Rashid, 2012); nervousness, anxious arousal (Dimitry, 2012); loss of the ability to concentrate, passivity, loss of spontaneity, and sorrow (Guy, 2009), and suicidal tendencies (Flink et al., 2013) are commonly observed in conflicted areas. The worst consequences arise from the atrocities committed by children playing soldiers' roles, whether voluntarily or involuntarily (The National Child Traumatic Stress Network, NCTSN, 2005). This process goes temporarily beyond the conflict. Once the battle is over, many children suffer from "appetitive aggression" (Crombach et al., 2013) and even maintain a symbolic link to the armed group, becoming their points of reference (Jiménez-Caballero, 2009).

Prolonged exposure to violence increases the risk of accumulation of major traumatic events and daily life stressors, including physical and economic insecurity, all of which have negative mental and psychosocial consequences [Miller, & Rasmussen, 2010; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012; Steel, Chey, Silove, Marnane, Bryant, & Van-Ommeren, 2009; Tol, Barbui, Galappatti, Silove, Betancourt, & Souza, 2011).

Children exposed to armed conflicts are more likely to develop long-term aggressive behavior themselves (Qouta, Punamäki, Miller, *et al.*, 2008). These psychological disorders often lead to behavioral disorders, found in Dimitry's (2012) studies and Miller et al. (1999), thereby making teachers' tasks and the children's attendance difficult at centers of learning. Most of them became subjected to aggressive or regressive behavior (Al-Eissa, 1995). Even the children themselves allude to behavioral problems among the academic staff, reporting beatings, insults, corruption, and cruelty (Winthrop & Kirk, 2008).

Everybody of Kashmir is stuck in a repetitive pattern of mass protests, state-sanctioned military crackdowns, gun battles (among police and a couple of residual renegades), natives call for state-wide closures, and Indian government-forced curfews. Decades of violence and conflict have negatively affected the mental health of those living in the Kashmir Valley. Mental health specialists note an ascent in side effects of mental misery, for example, nervousness and self-destruction.

This militarisation's mental health weights are reflected in interviews directed by Medecins Sans Frontieres (MSF) in two clashes that influenced Kashmir's country districts between 1989-2005. One in ten people reported having lost at least one individual from their close family to the violence. A third had lost extended family members. Just under half of those interviewed reported that they were unhappy to the extent that they had suicidal thoughts (33.9%). On average, an adult living in the Kashmir Valley has witnessed or experienced 7.7 traumatic events during his/her lifetime. Around 70% of adults had seen the sudden or violent death of someone they knew. (Fromm, Galen, Kemmere, & Ford, 2006; &MSF. Research summary 2015)

The most approximations assessments of depression, anxiety, and PTSD were significantly higher in ladies than men. Almost 30% of Kashmiri grown-ups use tobacco – one individual in half of all Kashmiri families as a coping strategy. Individuals were seen managing stress by separating themselves or becoming aggressive, which are considered typical coping mechanisms when exposed to violence. While the people interviewed believed talking confidentially to someone they trust was helpful when confronted with tension (89.4%), over two-thirds (68%) did not know what counseling is. (De Jong, K. Kam, Ford, Lokuge, Fromm, & Van Galen, 2008) The MSF scientists hailed the extraordinary degrees of suicidal ideation in such solid Muslim people group as "a worrying indicator of the level of despair and hopelessness" (Fromm, Galen, Kemmere& Ford, 2006). The conflict's constant violence has brought about a 33% expansion in mental health issues (De Jong,Kam,Ford,Lokuge, Fromm & Van Galen 2008).

The conflict in J&K has carried unmatched misery to the individuals. It has influenced each part of a Kashmiri's life. Many families have lost their sole bread workers. Youngsters and ladies of the Kashmir valley have experienced injury for over seventy years. The conflict circumstance has brought miseries and sorrow. The psyches of the Kashmiri populace are scarred. The most significant outcome of this conflict is the effect on individuals' mental health in Kashmir.

In any conflict circumstance, individuals will, in general, build up an oversimplified perspective on things - it's fortunate or unfortunate, dark or white, and search for straightforward arrangements. "The effect stage happens when catastrophe strikes (e.g., bombs detonate) tenderizing with death, injury, and beating. The sorts of occasions

incorporate misfortune, life danger, displacement, torment, aberrant impacts like joblessness and neediness, etc. Home/people group have a significant containing capacity as it gives a specific structure, limit, and secure base for every one of its individuals. 'During the conflict when homes and networks are broken, individuals experience an absence of this containing capacity most intensely; this makes a feeling of interruption of the safe base to each one of those influenced.' Once the conflict prompts violence, the aftermath can be unexpected in its degree and size. In 1989, the mental medical clinic at Srinagar saw 1700 patients, which rose to 35000 in 1998 and afterward to around 50,000 out of 2002. In 2005, the patient's number had ascended to 60,000.

While mental health is presently very much a perceived condition in Jammu and Kashmir, services stay flimsy and thin. In zones where MSF works, community-based mental health services have been executed. In all Kashmiri districts, community-based mental health services are nearly non-existent, despite the aims of the Indian Mental Health Policy to apply such services (Fromm, Galen, Kemmere, & Ford, 2006).

Education: Reduction in Access and Quality

Education is enshrined as a fundamental human right, and every child is entitled to it (UNGA, 1948, Constitution of India Article 26). Unfortunately, rather than being safe havens for children, schools can be dangerous places for many. Schools may not operate due to rampant instability or the fear that students will be abducted or attacked on the way to school. The restriction of access to and quality of education represents one of the leading indirect impacts of armed violence on children and youth.

The large-scale militarization in Jammu and Kashmir in general, and Kashmir valley, in particular, has a direct impact on children's unimpeded access to education as hundreds of schools and educational institutions have come under the occupation of the Indian armed forces in the last three decades of violent conflict. The incidence of Indian armed forces in civilian spaces compromises the civilian population's security and impedes safe and free access to education. The presence of army camps in the proximity of educational institutions creates a scenario of human shields. The scale of such militarization often leads to abuse of the civilian population's rights, especially of the children. The ramifications of schools' occupation by armed forces or the proximity of educational establishments to nearest army camps and outposts are multiple.

Schools, colleges, and other educational institutions in Jammu and Kashmir have been used as military bases, interrogation centers, and military posts. The continued military use of schools in Jammu and Kashmir violates children's right to education. It forces them to be at risk of sexual violence, surveillance, and harassment at the hands of armed forces.

Education is disrupted when fighting forces, specifically target schools and teachers themselves. Schools may be deliberately attacked for political reasons—for example, because schools are government assets and hence perceived as 'soft targets'—or for practical reasons. School buildings may be occupied and used as bases for fighting forces because they have decent facilities, including toilets and kitchens. A UNESCO report finds that some of the highest numbers of attacks on schools and teachers in recent years took place in Afghanistan, Colombia, Iraq, Nepal, the Occupied Palestinian Territory, Thailand, and Zimbabwe (O'Malley, 2007, p. 6). Incidents include the bombing, assassination, abduction, illegal

detention, and torture of staff, students, education officials, and trade unionists; the risk of such incidents occurring—and of children being forcibly recruited by armed groups—increases with the bombing and burning of educational buildings and the closure of institutions.

According to the Save the Children report (2007), half the earth's out-of-school inhabitants—39 million kids—live in conflict-affected fragile countries, even though these countries make up just 13 percent of the earth's inhabitants (International Save the Children Alliance, 2007, p. 4). In such environments, a child's ability to travel safely between home and school is often limited. Additionally, the risk of abduction, rape, landmines, or being shot may make travel to school scary and, in extreme cases, may cause schools to shut down completely (see Box 6.6). In Afghanistan and northern Pakistan, the number of attacks on schools, particularly girls' schools, limits education access. Many of the girls' schools' attacks are carried out by extremist Islamic groups (BBC, 2009b; O'Malley, 2007). In Afghanistan, the Ministry of Education has reported that militants attacked 250 schools between 2005 and 2008 (IRIN, 2008). In January 2008, 400 schools remained closed, mostly in the southern provinces of Afghanistan, due to attacks or the fear of attacks (IRIN, 2008).

In Nepal, Maoists and the Royal Nepalese Army targeted schools to further their offensives during the civil war. Some schools closed—both temporarily and permanently—due to damage to facilities, lack of staff, and military operations by both the Maoists and the Nepalese government (AI, 2005b). The Watch list on Children and Armed Conflict reports that several hundred schools were shut down due to the armed conflict, affecting at least 100,000 students (WCAC, 2005, p. 21). Likewise, in Jammu & Kashmir, armed conflict broke out in 1990, access to education remained extremely limited due to curfews, strikes/hartals. The three-decade conflict in Kashmir collapsed the educational sector in particular. In Kashmir, students are among the worst affected by conflict and turmoil. The unpredictability that prevails over their homes, hearts, and lives is gut-wrenching. The education had been disturbed, disrupted, or discontinued for many reasons connected with the conflict. The conflict breeds sickness in the valley, which caused additional disruptions. A student has frequent sightings of terror attacks, stone pelting on soldiers, rifle snatching, throwing petrol bombs, military barracks, and checkpoints on an average day.

Moreover, the curfews and hartals are now part of Kashmiri culture. These strikes are a recurring phenomenon that happens on a monthly, sometimes weekly basis. Everything comes to a standstill when these strikes and curfews take place. In 2008 schools were closed for three months due to protests and stone-pelting; in 2010, again schools remained suspended for three months. In the same manner, in 2012 and 2016, the prolonged strike didn't allow schooling for four (4) months and six (6) months, respectively.

Armed violence prevents both students and teachers from moving freely to and from school without the risk of being shot, sexually violated, or abducted. Schools located in areas subsumed by armed violence may therefore find it challenging to recruit well-qualified staff. For example, in the Occupied Palestinian Territory, movement restrictions, the bombardment of schools, and closures have all limited children's and teachers' access to schools. Restrictions on movement in the West Bank include roadblocks and checkpoints, often accompanied by body searches and reported harassment by Israeli security (DCI/PS, 2006, pp. 55–62).

In many developed countries, weapons are being carried and used in fights between peers within and around schools. A study of 35 developed countries finds that anywhere from 10 to 21 percent of boys and 2 to 5 percent of girls carry a weapon. Among weapon carriers, 7 to 22 percent of boys and 3 to 11 percent of girls opt for a firearm. In nearly all countries included in the study, physical fighting and weapon carrying are associated with an increased risk of injury (Picket et al., 2005).

The nature of violence within schools often reflects the levels and patterns of power in the communities surrounding them and prevailing political and socioeconomic conditions, attitudes, traditions, values, laws, and law enforcement (Pinheiro, 2006, p. 111).

Conclusion

Conflict paves the way to the breakdown of families, social relations, trust, economy, and various other aspects of the people who face it. This is true more so in the Kashmir Valley, where there is a total disruption of people's lives, leading to unemployment or the underemployment of the educated youth, where they eventually turn to drugs anti-social activities. There is a lot of emphasis on the concept of mental illness rather than mental health, and hence there is a need to carry out more focus on mental health. The conflict situation since 1989 in J&K has brought unprecedented suffering to the people and affected every aspect of their lives. Thousands of families have been broken, and they face a lot of trauma. The conflict situation has led to an increase in sadness and depression. One of the most significant consequences of this conflict is the impact on Kashmir's mental health. Studies indicate that people in Kashmir face high levels of psychological distress. There is a considerable increase in the number of people diagnosed with acute stress reactions, depressive disorders, anxiety disorders, and post-traumatic stress disorder, which is quite alarming compared to other places. To conclude, we can say that, Children in conflict situations should enjoy full protection and realization of their human rights in compliance with the UN Convention on the Rights of the Child and its Optional Protocols (particularly OP on children in Armed Conflict). The other relevant international standards, and be enabled to develop their potential as fully-fledged responsible members of society while looking to be actors of change and peace during and post-conflict.

References

- Al Jazeera (2018). *Kashmir's youngest pellet gun victim could lose complete sight*, <https://www.aljazeera.com/indepth/features/kashmir-youngest-pellet-gun-victim-lose-complete-sight-181206223840348.html>.
- Al-Eissa, Y. A. (1995). The impact of the gulf armed conflict on the health and behavior of Kuwaiti children. *Social, Science & Medicine*, 41(7), 1033-1037. DOI: [http://dx.doi.org/10.1016/0277-9536\(94\)00414-O](http://dx.doi.org/10.1016/0277-9536(94)00414-O)
- Behera, N. C. (2006). Demystifying Kashmir. Identity. pp187-205
- Betancourt, T. S., Borisova, I. I., de-la-Soudière, M., Williamson, J. (2011). Sierra Leone's child soldiers: war exposures and mental health problems by gender. *J Adolesc Health*; 49 (1):21–28
- Bhabha, J. (2004). Seeking asylum alone: treatment of separated and trafficked children in need of refugee protection. *IntMigr*; 42 (1):141–148

- Crombach, A., Weierstall, R., Hecker, T., Schalinski, I., & Elbert, T. (2013). Social status and the desire to resort to violence: Using the example of Uganda's former child soldiers. *Journal of Aggression, Maltreatment & Trauma*, 22(5), 559-575. DOI: http://dx.doi.org/10.1080/1092_6771.2013.785458
- Dakar, S. (2000). The Dakar Framework for Action, *Education for All: Meeting our collective commitments*, adopted by the World Education Forum, 26–28 April
- Danish, R. C. (2014). Unaccompanied minor asylum seekers with street behavior. Seven presentations from the Danish Red Cross Conference. Available at: <https://www.rodekors.dk/media/869917/Unaccompanied-minor-asylum-seekers-w-street-behaviour.pdf>. Accessed 14 May 2018
- Das, J. K., Salam, R. A., Imdad, A., & Bhutta, Z.A. (2016). Infant and young child growth. In: Black RE, Laxminarayan R, Temmerman M, Walker N, eds. *Disease Control Priorities: Reproductive, Maternal, New-born, and Child Health*. Vol 2. 3rd ed. Washington, DC: International Bank for Reconstruction and Development / The World Bank; 225–239
- De Jong, K. Kam, S. Ford, N. Lokuge, K. Fromm, S. & Van Galen, R. (2008). Conflict in the Indian Kashmir Valley II: psychosocial impact. *Conflict Health* [Internet]. BioMed Central; [cited 2017 Oct 30]; 2(1):11. Available from: <http://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-2-11>
- Dimitry, L. (2012). A systematic review on the mental health of children and adolescents in areas of armed conflict in the Middle East. *Child: care, health and development*, 38(2), 153- 169. doi: <http://dx.doi.org/10.1111/j.1365-2214.2011.01246.x>
- Dupuy, K. Gates, S. Nygard, H. M., Rudolfisen, I. Rustad, S. A., Strand, H. et al (2017). *Trends in Armed Conflict, 1946–2016*. Oslo, Norway: Peace Research Institute Oslo (PRIO).
- Education under Attack (2014). Global Coalition to Protect Education from Attack, 2014.
- Flink, I. J., Restrepo, M. H., Blanco, D. P., Ortegón, M. M., Enríquez, C., L., Beirens, T. M., & Raat, H. (2013). Mental health of internally displaced preschool children: A cross-sectional study conducted in Bogotá, Colombia. *Social Psychiatry and Psychiatric Epidemiology*, 48(6), 917- 926. doi: <http://dx.doi.org/10.1007/s00127-012-0611-9>
- Fromm, S. Galen, R. V. Kemmere, T. & Ford, N. (2006). Kashmir: Violence and Health. [cited 2017 25 October] ;. Available from: https://ru.msf.org/sites/russia/files/migrated/KASHMIR_FINAL_VERSION,_221106.pdf
- Garfield, R. (2008). The epidemiology of war. In: Levy, B. S. & Sidel, V. W. eds. *War and Public Health*. 2nd Ed. New York, NY: Oxford University Press; 23–36
- Ghate, P. (2002). Kashmir: The Dirty War. *Economy & Polity Weekly*; 37(4):313–22. Available from: <http://www.jstor.org/stable/4411657>
- Global Coalition to Protect Education from Attack (2015). *Lessons in war: military use of schools and universities during armed conflict*. 2015. Available at: https://www.scholarsatrisk.org/wp-content/uploads/2016/05/Lessons_in_War_2015.pdf. Accessed 14 May, 2018

- Guha-Sapir, D. & D'Aoust O. (2011). Demographic and Health Consequences of Civil Conflict. Washington, DC: World Bank. Available at: <http://hdl.handle.net/10986/9083>. Accessed 14 May, 2018
- Guy, K. M. (2009). Child soldiers as zones of violence in The Democratic Republic of Congo: Three cases on medico-legal evidence of torture. *Torture*, 19(2), 137-144.
- Haji, M. (2018). Killing One Colonial Law at a Time – After Section 377, It's Time to Repeal AFSPA The Wire; [cited 2019 Feb 22]. p. 1. Available from: <https://thewire.in/law/repealing-afspa-colonial-law-northeast-jammu-kashmir>
- Hodgkin, R, & Newell, P. (2007). Implementation Handbook for the Convention on the Rights of the Child. 3rd Ed. New York, NY: United Nations Children's Fund
- International Organization for Migration (2011). Unaccompanied children on the move. Available at: https://publications.iom.int/system/files/pdf/uam_report_11812.pdf. Accessed 14 May, 2018
- Jiménez-Caballero, C. (2009). Between rationality and intuition: A social psychology approach to ex-combatant children in Colombia. *IDS Bulletin*, 40(3), 58-64. doi: <http://dx.doi.org/10.1111/j.1759-5436.2009.00039.x>
- JKCCS (1998). *The Anatomy of a Massacre: The Mass Killings at Sailand*, <https://jkccs.files.wordpress.com/2017/05/sailan-report-web-version.pdf>.
- JKCCS (2018) *Terrorized: Impact of Violence on Children of Jammu & Kashmir*, <http://jkccs.net/wp-content/uploads/2018/03/2018-Impact-of-Violence-on-Children-of-JK-JKCCS.pdf>.
- Jordans, M. J., Pigott, H., Tol, W. A., et al (2016). Interventions for Children affected by Armed Conflict: a systematic review of Mental Health and Psychosocial support in low- and Middle-Income Countries. *Current Psychiatry Rep*; 18:9. doi: 10.1007/s11920-015-0648-z
- Kohrt, B. A., Jordans, M. J., Tol, W. A., Speckman, R. A., Maharjan, S. M., Worthman, C. M., & Komproe, I. H. (2008). Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal. *JAMA*, 300(6), 691-702. doi: [http:// dx.doi.org/10.1001/jama.300.6.691](http://dx.doi.org/10.1001/jama.300.6.691)
- Kruk, M. E., Freedman, L. P., Anglin, G. A., Waldman, R.J. (2010). *Rebuilding health systems to improve health and promote state building in post-conflict countries: a theoretical framework and research agenda*. *SocSci Med*. 70 (1):89–97
- Left, J. & Moestue H. (2009). Large and small: impacts of armed violence on children and youth. In: McDonald G, LeBrun E, eds. *Small Arms Survey: Shadows of War*. Cambridge, UK: Cambridge University Press: 193–217.
- Levy, B. S. & Sidel, V. W. (2008). War and public health: an overview. In: Levy BS, Sidel VW, eds. *War and Public Health*. 2nd Ed. New York, NY: Oxford University Press: 3–20
- Machel, G. (1994) *Impact of Armed Conflict on Children*, UNICEF www.unicef.org/graca/
- Miller, K. E. & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *SocSci Med.*, 70: 7-16.

- Miller, T., El-Masri, M., Allodi, F., & Qouta, S. (1999). Emotional and behavioural problems and trauma exposure of school-age Palestinian children in Gaza: Some preliminary findings. *Medicine, Conflict and Survival*, 15(4), 368-378. doi: <http://dx.doi.org/10.1080/13623699908409478>
- MSF. Research summary (2015). Kashmir Mental Health Survey. [cited 2017 Oct 30]. Available from: https://www.msfindia.in/sites/india/files/research_summary.pdf
- Nadaf, Z. A. (2019). Impact of Conflict on Children & Education: A Global Perspective. *Think India Journal*, Vol-22-Issue-10-November-2019 pp 1499
- Office of the Special Representative of the Secretary-General for Children and Armed Conflict (2014). Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998. New York, NY: United Nations
- Qouta, S., Punamäki, R. L., Miller, T., et al (2008). Does war beget child aggression? Military violence, gender, age and aggressive behaviour in two Palestinian samples. *Aggress Behaviour*; 34:231–44. doi:10.1002/ab.20236
- Rashid, J. (2012). An analysis of self-accounts of children-in-conflict-with-law in Kashmir concerning the impact of the torture and detention on their live. *International Social Work*, 55(5) 629-644. doi: <http://dx.doi.org/10.1177/0020872812447640>
- Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *Lancet*, 379: 250-265.
- Report on Attacks on Health Care in Emergencies (2016). Geneva: World Health Organization,
- Requejo, J. H., Bryce, J., Barros, A. J., et al. (2015) Countdown to 2015 and beyond: fulfilling the health agenda for women and children. *Lancet*. 385 (9966):466–476
- Rieder, M., & Choonara, I. (2012). Armed conflict and child health. *Arch Disabled Child*; 97:59–62. doi:10.1136/adc.2009.178186
- Safeguarding Health in Conflict Coalition (n. d.). No protection, no respect: health workers and health facilities under attack. Available at: <https://www.safeguardinghealth.org/sites/shcc/files/SHCC2016final.pdf>. Accessed 14 May, 2018
- Save the Children (2010). Orphaned in Kashmir - The State of Orphans in Jammu and Kashmir. <http://www.greaterkashmir.com/news/news/kashmir-has-2-14lakhorphans-report/119993.html>
- Schofield, V. (2015). Why Kashmir is still important. *Asian Aff* Routledge; [cited 2019 Nov 21]; 46(1):18–31. Available from: <http://www.tandfonline.com/doi/abs/10.1080/03068374.2014.994961>
- Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van-Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and met analysis. *JAMA*, 302: 537-549.
- Stockholm, (2005). International Peace Research Institute (SIPRI) Yearbook defines major conflicts as those causing over 1,000 battle-related deaths in any one year <http://yearbook2005.sipri.org/ch2/ch2>
- The National Child Traumatic Stress Network (NCTSN) (2005). *Mental health interventions for refugee children in resettlement. White Paper II*. Chicago, IL:

- Heartland Health Outreach. Retrieved from http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/MH_Interventions_for_Refugee_Children.pdf
- Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., & Souza, R. (2011). Mental health and psychosocial support in humanitarian settings: linking practice and research. *Lancet*, 378: 1581-1591.
- Toole, M. J. & Waldman, R. J. (1997). *The public health aspects of complex emergencies and refugee situations*. *Annu Rev Public Health.*; 18:283–312
- UNESCO. (2007). *La educación víctima de la violencia armada [Armed violence victim's education]*. París: Autor. Recuperado de <http://unesdoc.unesco.org/images/0015/001505/150548s.pdf>
- UNESCO. (2010). *Education under attack*. Paris: Autor. Retrieved from <http://unesdoc.unesco.org/images/0018/001868/186809e.pdf>
- UNESCO. Instituto for Statistics UNICEF (2015). Fixing the broken promise of education for all. Findings from the global initiative on out-of-school children. Montreal: UIS. Retrieved from http://www.unicef.org/education/files/allinschool.org_wp-content/uploads/2015/01/Fixing-the-Broken-Promise-of-Education-For-All-full-report.pdf
- UNICEF (2005) *The State of the World's Children* 300,000 children serve as child soldiers in armed conflicts, 40 per cent of them girls.
- UNICEF (2006) *The State of the World's Children*
- UNICEF (2015). More than 1 in 10 Children Living in Countries and Areas Affected by Armed Conflict. New York: United States Fund for UNICEF
- UNICEF (2015). With 15 million children caught up in major conflicts, UNICEF declares 2014 a devastating year for children. Available at: www.unicef.org/media/media_78058.html. Accessed 18 April, 2020
- UNICEF (2016). With 15 million children caught up in major conflicts, UNICEF declares 2014 a devastating year for children. Available at: www.unicef.org/media/media_78058.html. Accessed 11 March, 2019.
- UNICEF. (2015). *Education under fire. How conflict in the Middle East is depriving children of their schooling*. Jordan: Autor. Retrieved from http://www.unicef.org/mena/Education_Under_Fire.pdf
- United Nations High Commissioner for Refugees (2017). Global trends: forced displacement in 2017. Available at: <http://www.unhcr.org/5b27be547.pdf>. Accessed 19 June, 2018
- United Nations High Commissioner for Refugees (UNHCR) www.unhcr.org/cgi-bin/texis/vtx/statistics
- Uppsala Conflict Data Program (2018). Definitions. Uppsala Universitet: Department of Peace and Conflict Research; [19 October 2018]. Available from: <https://www.pcr.uu.se/research/ucdp/definitions>.
- Wani, M. & Asim, A. (2016). Human Rights Report 2016 – Indian Occupied Kashmir [Internet]. [cited 2019 Feb 6]. Available from: <https://drive.google.com/file/d/0B2TtY2QDnK2id1ZITjVqd3RLdmc/view>

- Winthrop, R., & Kirk, J. (2008). Learning for a bright future: Schooling, armed conflict, and children's well-being. *Comparative Education Review*, 52(4), 639-661. DOI: <http://dx.doi.org/10.1086/591301>
- Zerrougui, L. A. (2015). Report of the Special Representative of the Secretary-General for Children and Armed Conflict. New York, NY: United Nations;
- Zwi, A. B., Grove, N. J., Kelly, P., Gayer, M., Ramos-Jimenez, P. & Sommerfeld, J. (2006). *Child health in armed conflict: time to rethink*. *Lancet*: 367 (9526):1886–1888