

## **ARMED CONFLICT PSYCHOLOGICAL IMPACT ON WOMEN IN INDIA: A REVIEW**

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### **ABSTRACT:**

The present paper has attempted to present the psychological problems associated with women living in a conflict zone in India its heavy toll on the affected women. It has presented concerns and the essence of decades long armed conflict and also raised issues about the assessment of armed conflict. It also has proposed different psychological prevalence which are found to be after-effect of the conflict. It has identified gaps and proposed agenda for the imminent future.

**Keywords: India, Mental health problems, Armed conflict trauma, Women.**

**BACKGROUND:** When we say armed conflict in India, one thing that comes to our mind is Jammu and Kashmir and another thing people are not aware or often ignore is the northeast states of India which falls under the category of conflict zones.

When there is violence in society, women feel its impact first. But this impact is ignored, their needs marginalized and their security. The Platform for Action, adopted by the Fourth World Conference on Women held in Beijing in 1995, identified the effects of armed conflict on women as one of 12 critical areas of concern requiring action by governments and the international community, and stressed the need to promote women to be equally participated at resolution of conflicts or at levels of decision-making. Women have been, in internal war, the targets of sustained and frequently brutal violence committed by both parties of armed conflict. Besides, the violence experienced by women in conflict zones, especially in internal ones, women experience ambiguous transformation due to the scattering, displacement and break down of their families and communities

The Kashmir Valley has seen the conflict between the state and non-state actors from the last thirty years. Bomb attacks, grenade, gunshots and cross firings between the armed groups affected the daily lives of common Kashmiri's. Human rights violation from both sides of armed groups reported in the form of arrests, judicial killings, abduction, torture and street to street and house to house search operations. Many senior experts of mental health in the capital Srinagar of Kashmir, said that there had been increasing the number of stress, and trauma-related cases were found, and these problems raised a common health problem such as diabetes, hypertension and cardiac (The News, 18 August 2005). The women in Kashmir have undergone traumatic conditions from the last two decades are found in common symptoms like stress, depression and trauma. The conflict increased the number of cases related to abortion and miscarriages among women. It also created distrust among the family members, which led to an increase in domestic violence (Irfan, 2015).

The North Eastern region is comprised of eight states, which includes Tripura, Meghalaya, Assam, Manipur, Arunachal Pradesh, Nagaland, Mizoram and Sikkim, and they have several borders with countries, namely, Bhutan, Bangladesh, China, Nepal and Myanmar. There are many historical connections with the conflict going on in northeast, one of the major problem areas is that the Northeast is territorially organized in such a manner that ethnic and cultural specificities were ignored during the

process of delineation of state boundaries in the 1950s, giving rise to discontentment and assertion of one's identity.

Then comes the AFSPA (The Armed Forces Special Powers Act), was passed on 18 August, 1958, by the Indian government, as a short-term measure to allow deployment of the army to counter an armed separatist movement and then later was extended to all the seven states of the Northeast region in 1972 (with the exception of Mizoram). The AFSPA became more powerful, as a result instead of resolving the problem, it led to an ongoing escalation of the conflict by bringing it on a military level. The Act gives unlimited rights to the Indian armed forces, can keep any person in detention without a warrant or shoot, arrest, kill people with impunity. Currently, most of the states in the region are affected by some form of conflict, except for Arunachal Pradesh, Mizoram and Sikkim in which the situation is at the moment relatively stable. Unfortunately, the data and information on the region is not sufficiently analyzed and communicated between the region and the Centre, contributing to further misinformation, mismanagement and alienation.

The conflict hit the women in all various forms, thousands of women are affected but the concerned of these women from psychological aspects are very understudied. There are only handful of studies exclusively focused on women with trauma exposed population. As the population of interest were of women in India who had been exposed to armed conflict trauma. The search was limited to a time frame between 2010- 2020. Electronic databases were searched to identify studies from published and grey literature. The bibliographic databases searched were Google Scholar, EBSCO, Core Net. The search terms adopted include: Psychological related Problems, Armed conflict exposed women, conflict-affected persons, conflict states in India.

#### **STUDY SCREENING AND SELECTION**

A screening process was undertaken for the selection of literature for the study, conducted independent searches based on the aforementioned search terms. Secondly, title and abstract were screened using the inclusion and exclusion criteria to identify potentially relevant articles.

#### **INCLUSION AND EXCLUSION CRITERIA:**

All of the studies that reported psychological related problems of the armed conflict affected women in India were included then studies with different approaches from psychological point of view are also considered if the data are on the magnitude of mental health problems in India. Studies which do not look from psychological aspects are excluded and also women veteran studies are also excluded as this paper solely look into the civilian populations of women only affected by armed conflict. Study which provides data from qualitative are also excluded. Age were not factors considered for exclusion in this study.

#### **DATA EXTRACTION:**

9 Studies met the criteria for the final in-depth review. The dates of publication of the studies fell within the period of interest 2010- 2020. The study populations were the impact of armed conflict on women in India.

#### **PREVALENCE OF PSYCHOLOGICAL SYMPTOMS:**

In a study conducted by Wani et al., in the year 2016 where it mainly looks into the impact on widow's mental health of prolonged deprivation. The study found out that mentally disturbed on one out of every two adults, population in Kashmir about 45 percentage falls under mental distress, on another study by Ahmad B et al. examined the psychological impact among women of 339 married women of age group between 18-40 years from Shopian district and some case studies was also collected from 6 of the affected women, the study results identified of "feeling of hopelessness & helplessness", "sleep disturbance", "unable to concentrate", "feeling nervous, tense or worried", "Sleep disturbances". On the other hand, we often assume that men's health is at greater risk as they often appear to be the bread earner of the family, but higher prevalence of mental health burden on women compared to men was found in a study conducted by Kesharvani, P., & Sarathy, K. (2020). These aforementioned data could be concluded that the majority of the women living in conflict regions were affected psychologically. Narratives of these data sheds lights into positive factors too, the capability, perseverance and resilient of women despite continued exposure to violence as well (Qayoom, F. 2014). Symptoms of Depression was dominant

among the general population in Srinagar living in conflict regions (Wani, 2020), its widespread symptoms of depression in the concerned population. In an armed conflict exposed population in Burundi, psychological distress such as depression and anxiety were more frequently reported and most commonly reported among women's populations. Women are always directly or indirectly affected in conflict zone which many do not take into consideration,

The findings revealed of way behind providing protection which in turn affects the empowerment in all aspects of their life, recommended of the study is to empowered these women in all spheres, politically, economically and to represent them in all levels of decision-making adequately.

### **RECOMMENDATIONS:**

The literature on armed conflict impact on women especially Kashmir and northeast regions was taken into account as these states are under the most conflict zones in India. Therefore, recommended more detailed research on the psychological impact of this armed conflict trauma exposed women of India in conflict zones is urgently required. The findings of these studies call for attention and services as required. Furthermore, these studies will assist in decision making by policy makers for efficiently planning, implementations and evaluation of interventions required to reduce the mental and physical health problems experienced by women in conflict zones in India.

### **LIMITATIONS:**

Although this review provides much-needed information on the mental health problems of the armed conflict affected women in India's conflict zones. It has some limitations. For instance, most of the studies were of Kashmir regions and very less studies for the northeast regions from the psychological aspects; hence called for many studies to look into these understudied populations. Furthermore, there were few information about these women in conflict zones in India but it, however, brings to fore the research needs among this growing number of vulnerable population group.

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