

# Identifying depression symptoms among general population living in conflict zone in Jammu and Kashmir

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## Abstract

**Introduction:** War is considered as one of the most horrifying human experiences. It is a complex, long lasting trauma composed of multiple stressors such as physical harm, intimidation, loss of loved ones, deprivation and abuse. Observations have depicted that over 2 billion people live in fragile conflict zones, driving 80% of the world's humanitarian needs. The symptoms of depression can include Feelings of helplessness and hopelessness, Loss of interest in daily activities, Appetite or weight changes, Sleep changes, Anger or irritability, Loss of energy.

The purpose of this study is to screen the symptoms of depression in the general population living in Srinagar which has been a conflict zone for the last 20 years. There is a need for intervention trials to establish evidence on mental health programs that have a positive impact on the mental health of the population in Jammu and Kashmir. It is hoped that there will be a greater commitment to the allocation of necessary resources for the development and trial of mental health interventions in the Kashmir Valley.

**Objective:** To Identify depression symptoms among the general population living in q conflict zone in Srinagar, Jammu and Kashmir

**Material and Methods:** A Cross-sectional study was conducted on a sample of 480 participants from various sections of society living in Srinagar, Kashmir. The study was conducted for a period of four months from January 2019 to April 2019. The Data was collected from Sher E Kashmir Institute Of Medical Sciences , Islamic University of Science

and Technology and University of Kashmir; all three are located in Srinagar, Jammu and Kashmir. The sample was taken through Non-Probability Purposive Sampling. A pre-structured questionnaire which was a modified Hopkins Symptoms Checklist ( HSCL-IV) was distributed among the participants. A Pilot study was conducted to assess the authenticity of the questionnaire. Data collected was entered and analyzed using SPSS version 20, with 95% confidence interval. All Ethical considerations were observed.

**Results:** Regarding the age distribution, 67.7% of participants were aged 18 to 25 years, 21.7% aged 26 to 35 years, 7.3% aged 36 to 45 years, 2.5% aged 46 to 60 years and 0.6% aged more than 60 years. About 50.2% of participants were male and 49.8% were female. With respect to the participants' place of residence, 78.5% of participants were from Srinagar, 6.9% were from Pulwama, 4.8% were from Shopian and Kulgam, 2.7% were from Anantnag and 2.3% were from Badgam. The level of education distribution depicted about 0.6 % were not formally educated , 0.8% had studied up until Primary, 2.9 % were matriculates, almost 46% were intermediate, 34.4 % had done their graduation and 15.2 had studied up until post graduate level. Regarding their marital status, 74.6 % were married and 25.4% were unmarried. 27.3% had an extended family set up while 72.7% had a nuclear family type of set up. With respect to the participants' responses of Hopkins Symptoms Checklist, 93.1% had trouble keeping their mind on things that they did. 84.8% had more trouble with their memory than usual. 77.7% felt unusually tired

every day. 74.2% found it hard to enjoy life. Of all the participants, 71.3% had a lot of different physical symptoms or unusual pains and 71.1% had been feeling emotionally numb, not caring, sad, unhappy or miserable. 71.3 % responded that they had been feeling more pessimistic or negative than usual whereas 70.2% said that they had lost interest or enjoyment in the things they normally did. 74.4% responded that they had been less motivated, less productive, or found it more difficult to cope than usual . 73.1% had been sleeping worse than usual. 68.5% responded that they had been less interested in talking to people or mixing with people than usual whereas another 68.5% also responded that they been more worried, nervous or uptight than usual. Among the participants, 71.5% had been more easily tearful, or crying more than usual. 67.5% had enjoyed their food less than

usual. 59.4 % of the participants responded that their sexual interest had been less than usual. 75.8% had been less self-confident than usual. 76.7% had been more easily annoyed or more impatient than usual. To 71.5%, life seemed meaningless and 44.4% responded yes when asked whether dying looked like a good option.

**Conclusion:** The ongoing regional conflict in Jammu and Kashmir has resulted in widespread prevalence of symptoms of depression in the general population. There is an immediate need of starting interventional programs for early diagnosis and prompt treatment of a highly vulnerable population residing in a decades old conflict zone.

**Key words:** depression +symptoms+ conflict zone+ Intervention

## Introduction

Globally, psychological disorders make up a large proportion of disease burden and are recognized as the leading cause of years of life lived with a disability (Disability-Adjusted Life Years) (1). War is considered as one of the most horrifying human experiences. It is a complex, long lasting trauma composed of multiple stressors such as physical harm, intimidation, loss of loved ones, deprivation and abuse (2). Observations have depicted that over 2 billion people live in fragile conflict zones, driving 80% of the world's humanitarian needs. These complex crises threaten efforts to end extreme poverty, and often increase tensions between ethnic, tribal and political groups. Resulting instability and threats of violence drive people from their homes and prevent access to food, water, health services and shelter (3).

Various conducted studies have shown that exposure to conflict-related potentially traumatic events (PTE) will lead to an elevation in the prevalence of mental disorders, including depression and post-traumatic stress disorder (PTSD), among exposed sections of the population(4).

Little is known about the impact of traumatic experiences and stressful life conditions on people in low-income countries who live in conditions of ongoing political violence.

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living(5).

Post Traumatic Stress Disorder and Major Depression affects women more frequently than men. While women tend to respond to traumatic stress by under modulation of emotions and low self-esteem, men tend to respond

by over modulation of emotions. Rather than being a derivative of sex differences, this complementary diversity in response types between genders seems to be shaped by social factors in consideration of survival under extreme threat(6).

The experience of torture places the survivors at a heightened risk for somatic and mental health problems(7).

A study conducted in Columbia, demonstrates a clear impact of the conflict on mental health. Among those who consulted with mental health professionals, specific conflict characteristics could predict symptom profiles. However, some of the highest risk outcomes, like depression, suicide risk and aggression, were more related to factors indirectly related to the conflict. This suggests a need to focus on the systemic effects of armed conflict and not solely on direct exposure to fighting(8).

A study conducted in Jammu and Kashmir examined the prevalence of posttraumatic stress disorder (PTSD) symptoms, depression, and coping mechanisms among the adult civilian population in Indian Kashmir(9).

Mental health is an integral part of overall health and quality of life. Effective evidence-based programs and policies are available to promote mental health, enhance resilience, reduce risk factors, increase protective factors, and prevent mental and behavioral disorders. Innovative community-based health programs which are culturally and gender appropriate and reach out to all segments of the population need to be developed. Substantial and sustainable improvements can be achieved only when a comprehensive strategy for mental health which incorporates both prevention and care elements is adopted(10).

Conflict exposure and total perceived social support were significantly associated with an increase in Post Traumatic Stress Disorder. Formulation of programs to sensitize

people living in conflict zones about the importance of Post Traumatic Stress Disorder and social support in buffering negative outcomes can help lessen their stress, increase their ability to withstand adversities and help them move towards personal growth(11).

According to a study conducted in Syria the ongoing hardships and violence associated with the conflict in Syria have had pervasive effects on the mental health and psychosocial wellbeing of adults and children, both among those internally displaced and those seeking asylum. For refugees, experiences related to the conflict are compounded by the daily stressors of resettlement in a new country, which include language barriers, poverty, lack of resources and services to meet basic needs, difficulty accessing services, risks of violence and exploitation, discrimination and social isolation(12).

There is an essential need for implementation of mental health awareness programs, interventions aimed at high risk groups and addressing trauma-related symptoms from all causes in Kashmir Valley(13).

The symptoms of depression can include Feelings of helplessness and hopelessness, Loss of interest in daily activities, Appetite or weight changes, Sleep changes, Anger or irritability, Loss of energy(14).

The purpose of this study is to screen the symptoms of depression in the general population living in Srinagar which has been a conflict zone for the last 20 years. There is a need for intervention trials to establish evidence on mental health programs that have a positive impact on the mental health of the population in Jammu and Kashmir In response to the findings of another study conducted in the region in 2017 (15). It is hoped that there will be a greater commitment to the allocation of necessary resources for the development and trial of mental health interventions in the Kashmir Valley.

## Study Objective

To Identify depression symptoms among the general population living in the conflict zone In Srinagar, Jammu and Kashmir

## Methodology

A Cross-sectional study was conducted on a sample of 480 participants from various sections of society living in Srinagar, Kashmir. The study was conducted for a period of four months from January 2019 to April 2019. The Data was collected from Sher E Kashmir Institute Of Medical Sciences , Islamic University of Science and Technology and University of Kashmir; all three are located in Srinagar, Jammu And Kashmir. The sample was taken through Non-Probability Purposive Sampling. The data was collected with extreme caution regarding personal safety of data collectors. A pre – structured questionnaire

which was modified Hopkins Symptoms Checklist ( HSCL-IV) was distributed among the participants. Questions asked were related to age, gender, education, marital status, occupation, generalized emotional status, factors influencing their mental health, anxiety and nervousness. A Pilot study was conducted to assess the authenticity of the questionnaire. Data collected was entered and analyzed using SPSS version 20, with 95% confidence interval. All Ethical considerations were observed.

## Results

Table 1 gives an outlook of participants' demographic profile. Regarding the age distribution, 67.7% participants were aged 18 to 25 years, 21.7% aged 26 to 35 years, 7.3% aged 36 to 45 years, 2.5% aged 46 to 60 years and 0.6% aged more than 60 years. About 50.2% participants were male and 49.8% were female. With respect to the participants place of residence, 78.5% of participants were from Srinagar, 6.9% were from Pulwama, 4.8% were from Shopian and Kulgam, 2.7% were from Anantnag and 2.3% were from Badgam. The level of education distribution depicted about 0.6 % were not formally educated, 0.8% had studied up until Primary, 2.9 % were matriculates, almost 46% were intermediate, 34.4 % had done their graduation and 15.2 had studied up until post graduate level. Regarding their marital status, 74.6 % were married and 25.4% were unmarried. 27.3% had an extended family set up while 72.7% had a nuclear family type of set up. With respect to the participants' responses of Hopkins Symptoms Checklist, 93.1% had trouble keeping their mind on things that they did. 84.8% had more trouble with their memory than usual. 77.7% felt unusually tired every day. 74.2% found it hard to enjoy life. Of all the participants, 71.3% had a lot of different physical symptoms or unusual pains and 71.1% had been feeling emotionally numb, not caring, sad, unhappy or miserable. 71.3 % responded that they had been feeling more pessimistic or negative than usual whereas 70.2% said that they had lost interest or enjoyment in the things they normally did. 74.4% responded that they had been less motivated, less productive, or found it more difficult to cope than usual . 73.1% had been sleeping worse than usual. 68.5% responded that they had been less interested in talking to people or mixing with people than usual whereas another 68.5% also responded that they had been more worried, nervous or uptight than usual. Among the participants, 71.5% had been more easily tearful, or crying more than usual. 67.5% had enjoyed their food less than usual. 59.4 % of the participants responded that their sexual interest had been less than usual. 75.8% had been less self-confident than usual. 76.7% had been more easily annoyed or more impatient than usual. To 71.5%, life seemed meaningless and 44.4% responded yes when asked whether dying looked like a good option.

Table 1: Demographic profile

S No	Variable	Parameter	Frequency	Percentage
1	Age	18-25 years	325	67.7
		26-35 years	104	21.7
		36-45 years	35	7.3
		46-60 years	12	2.5
		> 60 years	3	0.6
2	Gender	Male	241	50.2
		Female	239	49.8
3	Residence	Srinagar	377	78.5
		Badgam	11	2.3
		Shopian	23	4.8
		Pulwama	33	6.9
		Anantnag	13	2.7
		Kulgam	23	4.8
4	Level of Education:	Not formally educated	3	0.6
		Primary	4	0.8
		Matriculate	14	2.9
		Intermediate	221	46
		Graduate	165	34.4
		Post graduate	73	15.2
5	Marital status:	Married	358	74.6
		Unmarried	122	25.4
6	Family type:	Extended	131	27.3
		Nuclear	349	72.7

Figure 2: Psycho-social impact

Item No	Item	Response	Frequency	Percentage
1	Have you had trouble keeping your mind on things you were reading, or watching on television?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	447 33	93.1 6.9
2	Have you had more trouble with your memory than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	407 73	84.8 15.2
3	Have you been feeling unusually tired every day?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	373 107	77.7 22.3
4	Have you found it hard to enjoy life?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	356 124	74.2 25.8
5	Have you had a lot of different physical symptoms or unusual pains?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	342 138	71.3 28.7
6	Have you been feeling emotionally numb, not caring, sad, unhappy or miserable?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	344 136	71.1 28.3
Item No	Item	Response	Frequency	Percentage
7	Have you been feeling more pessimistic or negative than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	342 138	71.3 28.7
8	Have you lost interest or enjoyment in the things you normally do?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	337 143	70.2 29.8
9	Have you been less motivated, less productive, or found it more difficult to cope than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	357 123	74.4 25.6
10	Have you been sleeping worse than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	351 129	73.1 26.9
11	Have you been less interested in talking to people or mixing with people than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	329 151	68.5 31.5
12	Have you been more worried, nervous or uptight than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	329 151	68.5 31.5
13	Have you been more easily tearful, or crying more than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	343 137	71.5 28.5
14	Have you enjoyed your food less than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	324 156	67.5 32.5
14	Has your sexual interest been less than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	285 195	59.4 40.6
15	Have you been less self-confident than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	364 116	75.8 24.2
16	Have you been more easily annoyed or more impatient than usual?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	368 112	76.7 23.3
17	Has life seemed meaningless?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	343 137	71.5 28.5
18	Has dying looked like a good option?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	213 267	44.4 55.6

Figure 1:

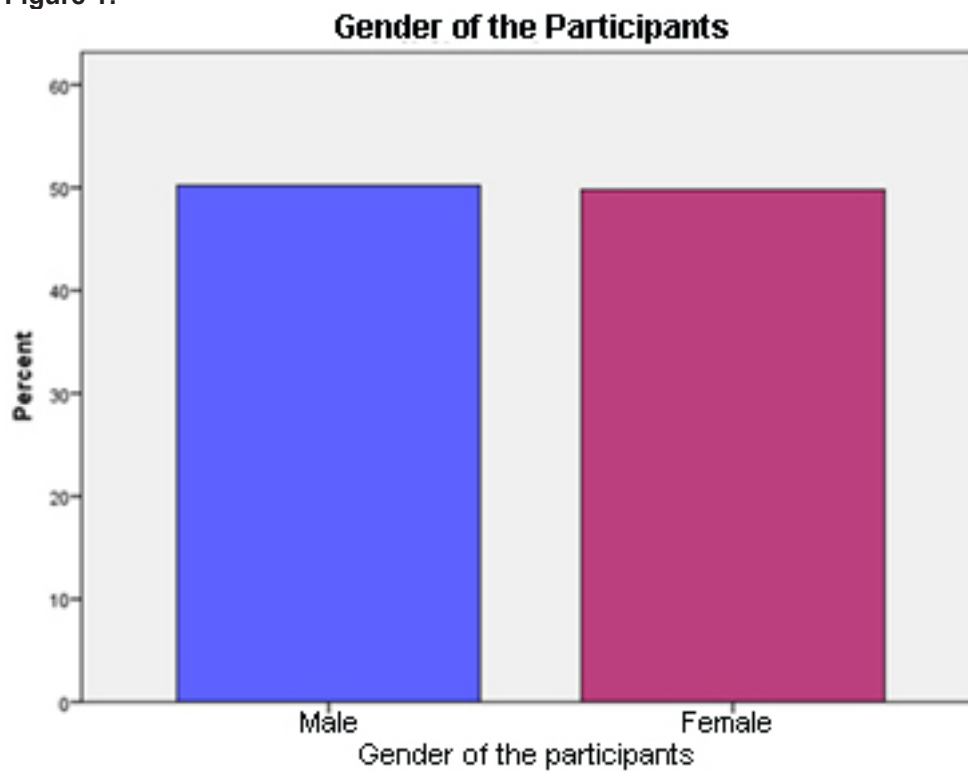


Figure 1 shows that 50.2% (n=241) of the participants were male and 49.8% (n=239) of the participants were female

Figure 2:

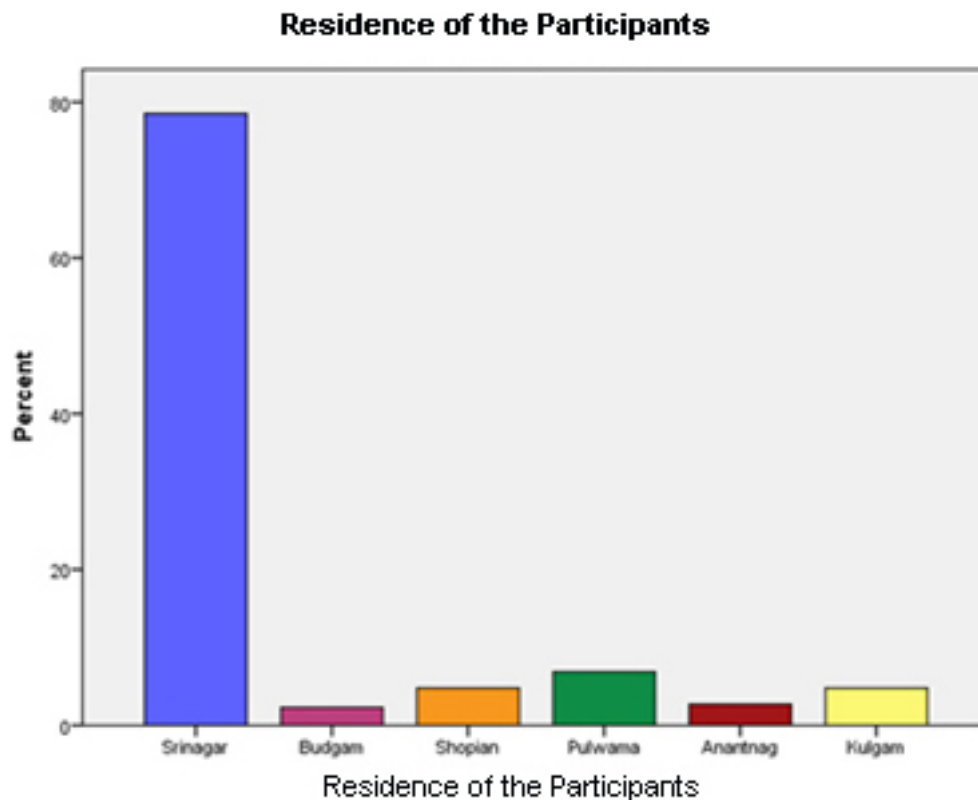
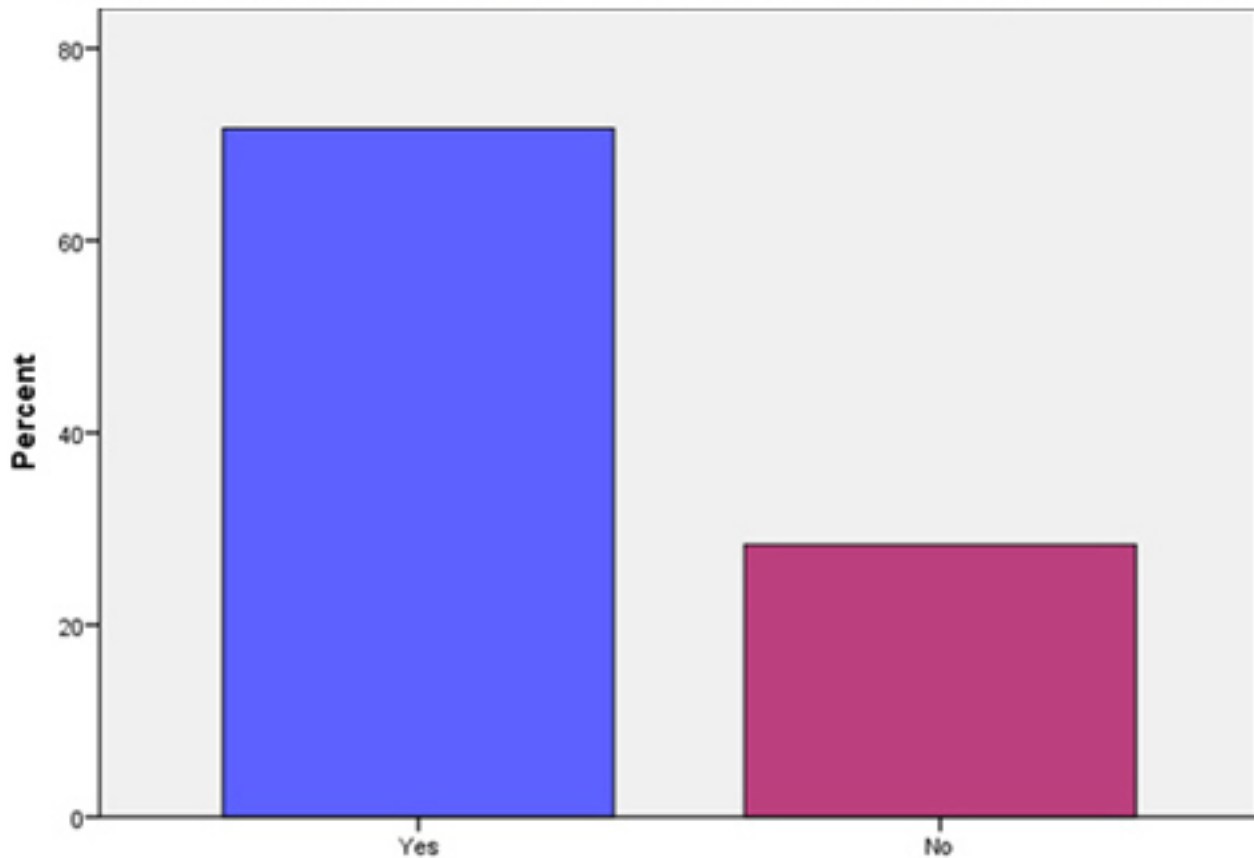


Figure 2 shows that 78.5% (n=377) of participants were from Srinagar, 2.3% (n=11) were from Badgam, 4.8% (n=23) were from Shopian, 6.9% (n=33) were from Pulwama, 2.7% (n=13) were from Anantnag and 4.8% (n=23) were from Kulgam.

Figure 3:

**Have you been feeling emotionally numb, not caring, sad, unhappy or miserable?**

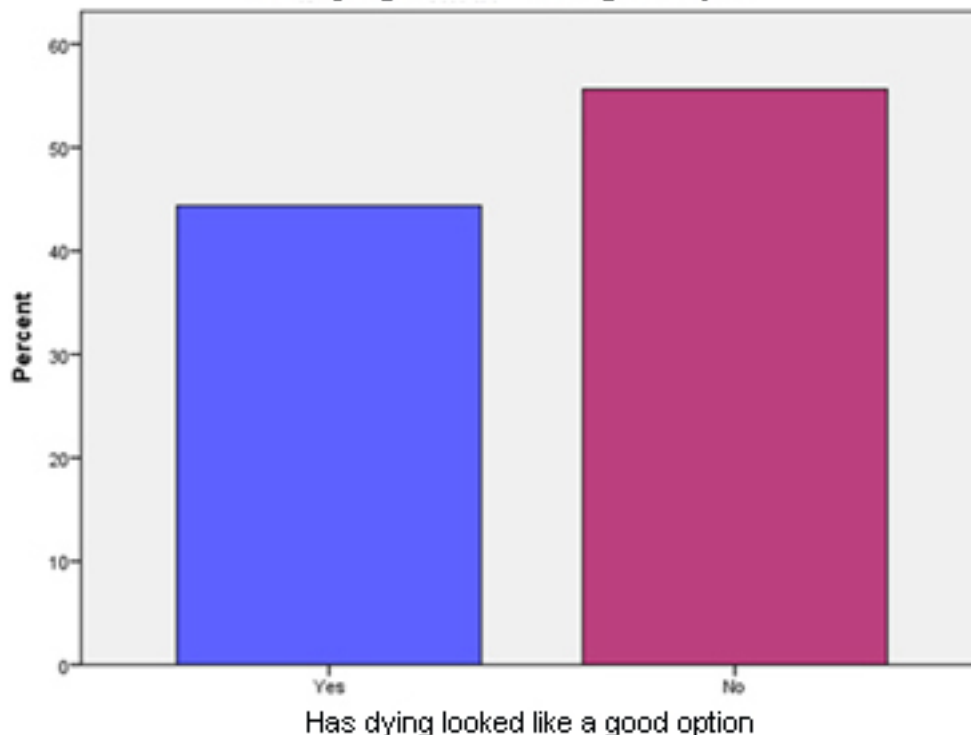


Have you been feeling emotionally numb, not caring, sad, unhappy or miserable?

Figure 3 showing that 71.1% (n=344) said yes when asked whether they had been feeling emotionally numb, not caring, sad, unhappy or miserable. Only 28.3 % (n=136) said no when asked the same question.

Figure 4:

**Has dying looked like a good option**



Has dying looked like a good option

Figure 4 showing that when asked whether dying looked like a good option, almost 44.4% (n=213) responded yes and 55.6% (n=267) said no to the same question.

## Discussion

The continuous ongoing military conflict has had its physical and mental toll on the general population of Jammu and Kashmir. According to a study conducted in 2011 in Libya the findings presented in that paper highlight the potential magnitude of the post-conflict mental health need in Libya, a model that can also be applied to other countries experiencing such conflict. Mental health problems are already surfacing, according to reports from mental health teams on the ground (16). Perhaps unsurprisingly, the evidence to date suggests that armed conflict has a powerful negative effect on the mental health of civilians. The majority of this evidence comes from retrospective studies that report a clear association between mass violence and poor long-term psychological outcomes in adult civilians from Afghanistan (17).

Due to a similar conflict situation, the general population is facing a tremendous amount of mental stress in Jammu and Kashmir. When the participants were asked whether they found it hard to enjoy life, 74.2% of the participants responded with an affirmative. This analysis of data from civilians was similar to a study conducted in Columbia. (18). The repeated exposure to traumatic events results in symptoms like withdrawal,

Emotional numbness, detachment, intrusion in the form of flashbacks and nightmares, hyperactivity etc. can trigger these feelings as was confirmed by another study conducted in Kashmir(19).

In this study, of all the participants, 71.3% had a lot of different physical symptoms or unusual pains and 71.1% had been feeling emotionally numb, not caring, sad, unhappy or miserable. Similar findings were observed on a group of Bhutanese refugees fleeing a conflict zone in Bhutan, with victims of torture likely to present with PTSD, persistent somatoform pain disorder, affective disorders, generalized anxiety disorder, and dissociative symptoms(20).

In this study, to 71.5% life seemed meaningless and 44.4% responded yes when asked whether dying looked like a good option. For the general population 44.4% responded affirmative to the question of dying as an option is extremely disturbing and alarming. Similar findings were noted during a study conducted in Colombia which showed a clear risk for suicide in conflict affected civilian populations. Colombia has a one of the highest rates of suicide risk behavior in the world (21).

## Conclusion

The ongoing regional conflict in Jammu and Kashmir has resulted in widespread prevalence of symptoms of depression in the general population. There is an immediate need of starting interventional programmes for early diagnosis and prompt treatment of a highly vulnerable population residing in a decades old conflict zone.

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