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THE SILENT SCARS: MENTAL AND PHYSICAL HEALTH IMPACTS OF CONFLICT ON KASHMIRI YOUTH

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ABSTRACT

This study has addressed the mental and physical health impacts of the prolonged conflict on the Kashmir youth between the ages of 15 years and 29 years of age. Within the framework of the mixed-methods research design, the researchers collected data of 400 respondents by using standardized psychological assessment tools and administration of structured questionnaires and 30 respondents by administering qualitative in-depth interviews. The tools of the quantitative analysis were the Post-Traumatic Stress Disorder Checklist and the Depression, Anxiety and Stress Scale that were applied to test the mental health outcomes, and the physical health outcomes noted were conflict-related injuries and chronic illnesses. The results showed alarming levels of post-traumatic stress disorder, depression and anxiety among the population of young Kashmiris with 67.5% exhibiting the symptoms of PTSD and 72.3% developing moderate to severe cases of depression. Physical health status indicated that 45.2 percent of the participants had conflict related injury or chronic disorders. The theming of qualitative data identified the themes of persistent fear, disrupted education, social isolation, loss of loved ones, economic hardship and restricted mobility as themes that had significant effects on the wellbeing of the youth. The researchers concluded that long term conflict impacted greatly and complicated health complex impacts to the Kashmiri youths that need urgent mental health care, better healthcare provision and psychosocial interventions depending on the needs of the people who were affected by the war.

Keywords: Mental, physical, health, impacts, conflict, Kashmir, youth, psychological assessment

INTRODUCTION

Kashmir is known to be a paradise on earth due to the surreal natural beauty, though it is at the same time where decades of political turmoil and a military conflict have taken place (Geelani, 2023). The cycles of violence and military interventions, the murder of the civilians, and the destabilization of the social state of affairs of Kashmir Valley, which happened since 1989, had a tremendous impact on the lives of the people who were able to reside there. Among the groups that are most vulnerable of this historical clash is the youth who is not only the future of Kashmiri people but also a generation of individuals who have lived their lives in confusion, fear and trauma. These silent wounds continue to bring a sense of definition to the life, dreams and health of an entire generation of people because

the mental and physical strain of living in a conflict area is only barely visible to the rest of the world (Mattoo, 2023). Military conflict has been known to affect a civilian population and most especially among children and young adults in various geographical places like Palestine, Syria, Afghanistan and even in Africa (Assad, 2022). The real-life experience of Kashmiri youths remains un-researched in the general academic world. Violence was observed in various forms against the young people in Kashmir who witnessed killings, torture, arbitrary detention, enforced disappearance besides the destruction of properties. Their education was also indirectly affected as they suffered financial instability, lack of movement, and healthcare services in addition to the fact that they were directly exposed to violence. It is these accumulated experiences that created an unhealthy environment that resulted in the decline of mental and physical health outcomes (Ali, 2025). The effects of violence on the mental health of population at serious developmental stages are significant particularly on the youth. The lack of normality created by the dilectomite alertness not knowing when the violence will occur and the lack of normalcy in this psychological development created an environment where several mental conditions are in favor (Staafjord & Axelsson, 2025). It turned out to be a common thing among the young Kashmiri people, which were post-traumatic stress disorder, depression, anxiety and other mental disorders, although it was not recognized as an issue due to the absence of mental health services, stigmatization of mental illnesses, and the preoccupation with the issue of survival at the time. The help seeking behaviors and identification of mental health needs were also complicated by normalization of the trauma within the conflict environments (Raja et al., 2025).

The physical health effects although they might come out more than the psychological ones were not effectively dealt with in the literature and in policy response (Dar & Deb, 2022). The Kashmir youths would succumb to the impacts of the conflict of receiving pellet gun shots, fracture and other related traumatic injuries that would leave them permanently crippled. The use of Pellet gun as a crowd control weapon even in 2010 had a particular effect on the young people as hundreds of individuals have injured their eyes and suffered partial or complete vision impairment. Besides the direct injuries, chronic health problems, which occurred as the outcome of the stress, malnutrition, lack of access to health care, and environmental health hazards of the conflict situations, were present (Rahman, 2022). The mental and physical well-being formed interpersonal relationship that creates compound health histories that require unanimous evaluation and treatment plans (Khan, 2025). The significance of researching the impact of health on the Kashmiri youngsters transcends even the impact of personal suffering to the impact on the society. The demographic dividend that is able to transform into a source of social and economic growth is youth since the health problems brought about by the conflict degraded their academic performance, career opportunities and their social interactions (Makhdoomi & Khan, 2023). The identification of the extent and the type of health impacts were key to the development of evidence-based interventions, advocacy, and policy modifications to fulfill the needs of this at-risk group. In addition, health impact documentation played a major role in providing human cost of conflict records which was applied to trans-justice, in addition to being used to maintain accountability (Leghari, 2025).

The research has addressed some of the most crucial gaps in the existing body of knowledge because it is systematic research on the mental and physical health outcomes among Kashmiri youth on the basis of valid measurements and an intensive research design. The paper has integrated the quantitative and qualitative care on the basis of utilization of narratives by the youth so as to obtain the prevalence of health problems in addition to the lived experiences of the youths in the conflict environments. The findings were also a significant input to the health care professionals, policy makers, humanitarian agencies, and civil societies who aim at helping the youth in Kashmir. Lastly, this work aimed at bringing a problem to no disc to be sung, and to make sure that the unresponsive generation is not deprived of being healthy, dignified, and free to live with the dark clouds of war.

RESEARCH OBJECTIVES

1. To establish the prevalence rate and the intensity of mental health disorders like post-traumatic stress disorder, depression and anxiety among Kashmiri young people who had been exposed to long-term conflict.
2. To examine physical health effects related to conflicts on such issues as injuries related to conflicts, chronic illnesses, and health care access among the conflict-prone populations in Kashmir among the youth.
3. To investigate the psychosocial challenges, coping mechanisms and lived experiences of Kashmiri youth through the use of qualitative narratives and thematic analysis.

RESEARCH QUESTIONS

1. What is the prevalence of mental health issues such as PTSD, depression, and anxiety among young people between the age of 15 and 29 years of age who reside in war-torn regions in Kashmir?
2. How has prolonged experience of conflict impacted physical health status and access to medical care of Kashmir youth?
3. What are the major themes and trends that can be identified on the basis of lived experiences of Kashmiri youth in terms of psychological, social and physical impacts of conflict in their life?

SIGNIFICANCE OF THE STUDY

The study is highly critical to many stakeholders who are interested in the welfare of the Kashmiri youths and the war victims throughout the globe. The paper provided evidence regarding the magnitude of mental and physical health

problems, preventing the acute gaps in knowledge and challenging the invisibility of misery of youth in the regions of violence conflicts. The mental medical professionals and other professionals were informed about the specific health needs, and this enables the development of culturally competent and trauma-sensitive interventions. Evidence-based suggestions were given to government authorities and policymakers on ways of enhancing healthcare facilities, mental health services, and rehabilitation programs. The information obtained by civil society organizations and humanitarian organizations in the form of documents was valuable in helping in advocacy and mobilizing resources and program design.

LITERATURE REVIEW

Armed conflict and health of the populace is a topic that has been well investigated in every geographical location and has left a substantial evidence base to indicate the magnitude of the health consequences that are far-reaching due to living in conflict areas (RAMADANI & SALLAUKA, 2024). The international research has always revealed that the population who had to endure violent political and military actions as well as social unrests were marked with a high level of mental illnesses, physical injuries, infectious diseases, malnutrition, and the inability to reach the healthcare services (Ramadani, 2024). The vulnerable populations that had limited means of protection and adaptation experienced such health effects especially in the vulnerable populations including children, adolescents, women, elderly populations and individuals with disabilities. The health problems that were caused by war had been cumulative much beyond the instant victims and the impact they had on development was long term and was passed on to the next generation (Barron et al., 2022). One of the most striking yet least studied aspects of humanitarian crisis turned out to be the issue of mental health impacts of being exposed to conflict (Ramadani & Krasniqi, 2023). A study that was conducted in Palestine, Syria, Afghanistan, and in certain parts of sub-Saharan Africa revealed that the prevalence rates of post-traumatic stress disorder, depression, anxiety disorders, and other psychosocial disorders were shocking in populations in the conflict affected regions. In line with a study, first hand exposure to violence as evidenced by witnessing murders, being physically assaulted, and the death of family members were significant risk factors in mental health problems (Koshe et al., 2023). Indirect exposure like displacement, family separation, destruction of substances, disruption of education, and loss of finances had a major role to play in psychological distress. There was a dose-response relationship of cumulative-trauma-mental-health-outcomes that revealed that the populations that experienced several cumulative traumatic events at a long-term time had very high risks (Kassaye et al., 2023). A particularly vulnerable population in the conditions of the conflict-related environments was the youth and adolescent population due to the weaknesses of their development and the potential of the long-term effect (Lordos & Hyslop, 2021). The neurobiological research indicated that adolescence was an important period of brain development that was characterized by rapid changes of emotional regulation, cognitive processing and social functioning. This is an extremely sensitive developmental exposure to consequences of chronic stress and trauma that also disturbed the normal developmental trajectories and predisposed individuals to mental illnesses (Bendavid et al., 2021). Longitudinal studies revealed that the percentages of behavioral problems, educational setbacks, drug dependencies, and ineffective societal ties were higher in conflict exposed youth than their non-exposed peers. Additionally, young mental health problems were likely to be transferred to the adolescence stage and this led to the choice of careers of mental distress and disability (Ramadani, 2022).

The local conditions in Kashmir were peculiar and the situation was different in the region compared to the rest of the conflict zones but also had common tendencies that are reported in the literature across the globe (Rastogi & Bansal, 2021). The historical study revealed that the war in Kashmir had been entrenched in the conflict during the partition time and evolved in a series of steps of insurrection, counter insurrection and population mobilization. The protracted nature of the conflict presupposed that multiple generations of Kashmiris were raised being exposed to the realities of violence, instability, and militarization as the sole and only means of existence (Waseem, 2022). The research on mental disorders in Kashmir have indicated prevalence rate of high mental health disorder among all ages with some of the research indicating rates of PTSD as high as 60 percent among the adults. Children and youth who had witnessed violence or had ever been in jail and those who had lost family members scored particularly high in psychological distress. The special psychological torture which disappearance has made has been the reality of half-widows, women whose husbands had disappeared without any trace of death or safety (Khan et al., 2022). Physical health effects of the conflict in Kashmir constitute the direct effects of violence and the indirect effects of interrupted existent healthcare and social determinants of health (Nadaf & Basu, 2021). Use of pellet guns as a form of dispersing the crowds was publicized all over the world due to the eye disfiguring mutilations of the protestors, especially the youths and adolescents. Hundreds of cases of eye damage by using pellets are reported in recent years 2016-2019 medical records, most of which were permanently blinded or had permanent vision damage (Khan, 2022). There were injuries that were caused by the conflict, in addition to pellet injuries, there were wounds caused by torture, fractures as a consequence of physical assault, and psychological trauma manifested in somatic symptoms. The lack of specialized trauma care

facilities and the high rate of barriers in the healthcare provision process at the period of unrest weakened the results of treatment and the probability of successful recovery (Amjad, 2023).

The mediating tool made the predetermine of the health outcomes to be a pivotal tool in the conflict environment due to the access to the health services. Research in various conflict areas also reported that violence through arms caused a number of impacts, which included the disruption of health services through destruction of health facilities, displacement of health staff, disruption of the supply chain, restraining movement through curfews and roadblocks, and diversion of funds to the security issues rather than health (Jadoon & Khalid, 2023). The most significant barriers to the prospect of accessing regular and emergency healthcare services were common shutdowns, communication blockage, and movement restrictions, which were prevalent in Kashmir. It has been documented that access to care was delayed to acute diseases, treatment of chronic diseases was done on ad hoc basis and access to preventive and maternal health services was reduced (Hameed, 2022). Mental health services were also quite inadequate and there were acute shortages of trained mental health services, absence of psychosocial support program and a significant level of stigma attached to mental health issues which dis-hearten the behavior of seeking help (Ahmad et al., 2022).

The war and health literature also took note of coping and resilience variables that failed to take into account all individuals who were exposed as developed clinical conditions but instead took note of the reality that communities had some strengths and adaptation capabilities. The research discovered that family support, religious beliefs, community cohesion, and cultural practices played a significant role in protecting the psychological distress (Ali, 2023). Scholars disagreed with the romantic notion of resilience and how it could be the justification of poor humanitarian results by saying that resilience should not be employed instead of professional mental health treatment and structural support systems. Another difference in gender in health outcomes and coping mechanisms was also identified in the literature whereby it was noted that both male and female exhibited and demonstrated the psychological distress differently based on the social roles, exposure patterns, and cultural norms regarding the expression of emotions (Khurshid, 2022).

RESEARCH METHODOLOGY

RESEARCH DESIGN

The researchers adopted mixed-methods research design to investigate the profound effects of conflict on Kashmiri youths in mental and physical aspects. It consisted of both quantitative and qualitative approaches to the collection of data in order to have a holistic view of the phenomenon under study.

POPULATION AND SAMPLING

The sample population was young between 15-29 years and in conflict prone areas in Kashmir. The authors adopted a stratified random sampling technique in such a way as to offer representation based on a number of districts, gender and socioeconomic being. The quantitative section of the research entailed selection of 400 participants, and 30 people participated in the qualitative section of the research basing on the in-depth interviews.

DATA COLLECTION TOOLS

The researchers utilized standardized psychological assessment scales to establish the mental health outcomes to include the Post-traumatic Stress Disorder Checklist (PCL-5) and Depression, Anxiety and Stress Scale (DASS-21) scales. The researchers were ready to measure physical health, and to do it, they prepared a structured questionnaire, which registered the conflict-related injuries, long-term health issues and the access to medical care. The semi-structured interview guides were used, which enabled a close description of that of the personal stories and experiences.

DATA COLLECTION PROCEDURE

The methods being used were face to face surveys that were conducted pursuant to informed consent. The questionnaires were also administered in local language such that they would be understood and culturally suitable to the targeted population by the trained field investigators. The qualitative interviews were about 45-60 minutes and the recording was done on audio and with the permission of the interviewees. The researchers conducted strict measures of the secrecy in data collection process.

DATA ANALYSIS

The researchers conducted the quantitative data analysis through SPSS software in which they used descriptive statistics, correlation and the regression model to establish the association between the conflict exposure and the health outcomes. Thematic analysis of qualitative data was done whereby the researchers identified recurring patterns, themes and stories of the silent scars of conflict.

ETHICAL CONSIDERATIONS

The researchers were granted the ethical approval by the institutional review board. The researchers assured anonymity and confidentiality and made sure that all the participants provided informed consent. The participants who were distressed during the research were also availed psychological support services.

RESULTS AND DATA ANALYSIS

QUANTITATIVE ANALYSIS

Table 1: Demographic Characteristics of Participants (N=400)

Characteristic	Category	Frequency	Percentage
Age Group	15-19 years	128	32.0%
	20-24 years	156	39.0%
	25-29 years	116	29.0%
Gender	Male	224	56.0%
	Female	176	44.0%
Education Level	Below Secondary	84	21.0%
	Secondary/Higher Secondary	188	47.0%
	Graduate and Above	128	32.0%
Residential Area	Urban	236	59.0%
	Rural	164	41.0%

The demographical analysis of the respondents showed that they were well represented in terms of age and gender, educational levels, and places of residence. The highest percentage of the participants were located in the age group between 20-24 years amounting to 39.0 percent of the total sample. The sample was fairly balanced in terms of gender as 56.0% were male and 44.0% were female. The level of education was very different as almost 50 percent of the respondents had either secondary or higher secondary education. The rural-urban divide indicated that 59.0 percent of the participants were living in cities and the other 41.0 percent were in the rural environment, which guaranteed the representation of geography in the various zones of conflicts.

Table 2: Prevalence of Mental Health Disorders (N=400)

Mental Health Condition	Severity Level	Frequency	Percentage
PTSD (PCL-5 Score)	No/Minimal (0-30)	130	32.5%
	Moderate (31-45)	154	38.5%
	Severe (46+)	116	29.0%
Depression (DASS-21)	Normal/Mild (0-13)	111	27.8%
	Moderate (14-20)	168	42.0%
	Severe/Extremely Severe (21+)	121	30.3%
Anxiety (DASS-21)	Normal/Mild (0-9)	98	24.5%
	Moderate (10-14)	142	35.5%

	Severe/Extremely Severe (15+)	160	40.0%

The psychological testing showed worrying levels of mental illnesses among the Kashmiri youngsters. There was widespread psychological trauma symptoms in the percentage of 67.5 with moderate and severe participants having post-traumatic stress disorder. The idea of depression was also a matter of significant concern, as 72.2% of the participants reported moderate to extremely severe depressive symptoms. Anxiety disorders had the highest prevalence with 75.5% of the participants having moderate and severe levels. These results provided evidence that a large percentage of the Kashmiri youth population that was surveyed had clinically significant mental health issues that preceded a need of professional intervention and psychosocial assistance.

Table 3: Physical Health Impacts and Conflict-Related Injuries (N=400)

Physical Health Indicator	Category	Frequency	Percentage
Conflict-Related Injuries	Yes	181	45.2%
	No	219	54.8%
Type of Injury (n=181)	Pellet injuries	72	39.8%
	Beatings/Physical assault	58	32.0%
	Tear gas exposure	36	19.9%
	Other trauma	15	8.3%
Chronic Health Conditions	Yes	156	39.0%
	No	244	61.0%
Healthcare Access	Regular access	142	35.5%
	Occasional access	168	42.0%
	Severely limited access	90	22.5%

The physical health status showed that almost 50 percent of the participants had direct conflict-related injuries, which signal the physical manifestations of injuries on the bodies of young Kashmiris. The biggest group of trauma was those who were pellet injured at 39.8 percent, which is in line with the reported trends of the use of pellet guns in managing the crowd. Thirty-two percent of the injured were injured through physical assault and beatings and 19.9 percent of the injured were exposed to tear gas. Moreover, 39.0 percent of the participants were having chronic health conditions that they blamed on the effects of stress over a long period, poor dieting, or late healthcare. The issue of healthcare access was also a problem with only 35.5% indicating frequent access to medical care and 22.5% indicating severely restricted access as a result of restrictions related to the conflict and the challenge of infrastructure.

Table 4: Correlation Between Conflict Exposure and Mental Health Outcomes

Conflict Exposure Variables	PTSD Score	Depression Score	Anxiety Score
Witnessed violence	r = 0.68**	r = 0.62**	r = 0.59**
Personal injury	r = 0.71**	r = 0.65**	r = 0.64**
Loss of family member	r = 0.74**	r = 0.72**	r = 0.69**

Detention experience	r = 0.66**	r = 0.63**	r = 0.61**
Property destruction	r = 0.52**	r = 0.54**	r = 0.51**

**Note: Correlation coefficients are Pearson r values; ** indicates $p < 0.01$

The correlation test showed that there were strong positive relationships between the different types of conflict exposure and the mental health outcomes. Depression and anxiety scores showed the best correlations with the loss of a family member, which was the best indicator of PTSD, indicating that bereavement due to violent events was a particularly traumatizing experience. The experience of personal injury also demonstrated very large correlations with each mental health indicator, and the coefficients of correlation are between 0.64 and 0.71. An observation of violence, detention experiences, and property destruction were all found to have statistically significant moderate to strong relationships with psychological disorders. This finding supported the hypothesis that cumulative exposure to trauma was correlated with mental health and deterioration due to increased exposure as the dose-response relationship between exposure and deterioration was established.

Table 5: Gender Differences in Mental and Physical Health Outcomes

Health Outcome	Male (n=224)	Female (n=176)	Chi-square/t-value	p-value
PTSD (Moderate/Severe)	148 (66.1%)	122 (69.3%)	$\chi^2 = 0.48$	p = 0.49
Depression (Moderate/Severe)	158 (70.5%)	131 (74.4%)	$\chi^2 = 0.76$	p = 0.38
Anxiety (Moderate/Severe)	165 (73.7%)	137 (77.8%)	$\chi^2 = 0.94$	p = 0.33
Physical injuries	118 (52.7%)	63 (35.8%)	$\chi^2 = 11.32$	p < 0.01**
Healthcare access problems	148 (66.1%)	120 (68.2%)	$\chi^2 = 0.20$	p = 0.66

Gender analysis established that both male and female youth had equally high rates of mental health issues and no statistically significant differences were found between PTSD, depression, and anxiety levels in the two genders. Nonetheless, some huge gender disparities appeared in patterns of physical injury as males had much higher rates of conflict-related wounds at 52.7 percent than 35.8 percent among females. This difference probably was due to differences in the exposure pattern with young males more often participating in demonstrations and other civic events where violent clashes took place. The issues of healthcare access did not show any difference between genders, but the indications were that systemic health care barriers did not discriminate the medical services among the youth of any gender. The results highlighted that gender-sensitive interventions that helped in managing common and unique health issues were required.

QUALITATIVE ANALYSIS

Theme 1: Living in Constant Fear and Hypervigilance

The participants continuously reported about being in a continuous state of panic and high alertness that could not be avoided in all matters of life. The uncertainty of violence brought about permanent fear of loss of personal safety and wellbeing of the family members. Young people complained of insomnia, constant checking of the area they were around to detect danger, and they overreacted to loud sounds that included gunfire and exploding. According to many participants, fear was normal and they could not imagine their life without fear. This state of hypervigilance drained the mind and made young people unable to live their carefree lives, which are typical of the teens and the youthful adulthood. The mental stress of having to live in fear were reflected not only in mental but also physical signs such as a headache, fatigue, and digestive issues.

Theme 2: Educational Disruption and Uncertain Futures

Disruption in education became one of the pressing issues that influenced the youth dreams and future. Participants said that they often closed schools and colleges due to the unrest, online learning was blocked, and they could not focus on studies because of psychological distress and unstable conditions in the environment. Most of the youths said they have lost academic years or not been able to perform as well as they could because of the disruption caused by conflicts. The ambiguity of the continuity of education brought on board panic over competitive exams, career, and mobility in the society. Some participants also said that they felt abandoned as opposed to their colleagues in other parts of the country that had continuous education. The educational effect was also seen not just in terms of academic success but also in terms of lost skills development, socialization, and identity formation, which education institutions would have usually provided.

Theme 3: Social Isolation and Restricted Mobility

The participants reported extreme social isolation due to the restriction of movement, curfews, communication blockades, and fear of going out of their houses during unstable times. Young people complained about lack of social life, cultural events, and entertainment that gave them sanity and happiness in otherwise challenging situations. The

limitations did not allow maintenance of friendship, romantic relationships and extended social networks which were valuable experiences in growth at the younger age. Most participants indicated that they spent a lot of time in the houses with little human interactions with other people other than immediate family members. The social isolation ensured loneliness, depression, and isolation with the rest of the world. Some of the participants also reported that they are increasingly relying on social media as a means of connection when they have internet access, without admitting that this could substitute the face-to-face interactions.

Theme 4: Loss and Unresolved Grief

Loss stories were widespread in the stories of the participants (deaths of their family members, friends and community members among violence in conflict), and this stays constant with the narratives of violence in conflict. Young people reported being witnesses of murders, funerals of their peers, and having to endure the violence bereavement. Most of the participants were faced with unresolved grief that was complicated by the absence of closure, absence of traditional mourning practices that were disrupted by the conditions of the conflict and the unavailability of grief counseling services. The death of people they loved left them with permanent psychological traumas of constant feelings of sadness, guilt, anger, and a struggle to find their meaning. Some of the participants cited the incidence of forced disappearances that subjected families to excruciating circumstances of not knowing what had happened to the missing family members. Loss in conflict situations was collective and thus grief was a community affair but this offered little consolation in comparison to the extent of personal loss.

Theme 5: Economic Hardship and Livelihood Challenges

Economic impacts of war applied a lot of pressure on the youth and their families. Those interviewed talked of unemployment, closure of businesses due to shutdowns, loss of property and decreased household income which weakened basic needs. Numerous young people were under pressure to pull their part in providing financial support to the needy families yet they had less job opportunities in the economy affected by war. Economic hardship had an overlapping factor with other stress factors to form complex vulnerability and less ability to obtain healthcare, education, and other services that are financially demanding. Many of them also raised worries related to marriage opportunities that are influenced by economic insecurity and failure to fulfill cultural norms when it comes to material security. The economic aspect of conflict effect was once again at times ignored with the focus being on the physical violence but the participants highlighted the severe impact it has on the day-to-day survival as well as future planning.

Theme 6: Barriers to Healthcare and Treatment Delays

Availability of healthcare services became a persistent issue in terms of mental and physical health outcomes. The respondents reported the inability to access medical services during curfews and shutdowns, the lack of specialists especially in providing trauma and mental health, and lengthy queues to receive medical treatment. Most of the young people stated that they delayed seeking care because of the restriction in movements, financial reasons or because they prioritize their perceived more pressing needs in the family. Mental health stigma further contributed to the barriers and the participants stated that they would not want to seek psychological assistance because of the fear of social judgment and ignorance about the services. A few of the participants who had chronic conditions reported the disrupted medication supplies and missed follow-up appointments that undermined the effectiveness of their treatment. Improved health care delivery was already challenging because of the ordinary health requirements, and when casualties were in a high number during escalation of the conflict, the problem was intensified.

DISCUSSION

The research findings confirmed the mental and physical health cost of the long-term conflict on the young generation of the Kashmiri population as it is devastating and the prevalence of psychological disorders among the young generation was greater than in other regions of the world that were affected by conflicts. The fairly high rates of PTSD, depression, and anxiety suggested the cumulative trauma effects over several years which agrees with dose-response relationships in conflict and health literature. The high correlation of specific conflict exposures with the results of mental health was used to prove the causal relationships between violence exposure and mental health distress. The youth who were affected suffered long term and lifelong disabilities because of physical health effects especially due to pellet injuries that impaired youth vision. The qualitative themes played a significant role in providing a context regarding the existence of conflict in all the dimensions of the youth experience, education, and employment, and social relations and future dreams. The quantitative and qualitative findings were united into a single and one image of silent suffering that required urgent actions of healthcare professionals, policymakers, and humanitarian participants. The scarcity of mental health services relative to the needs reported was one key area where an immediate intervention was possible and capacity building, decrease in stigma and resources allocation against the psychological crisis that an entire generation was experiencing.

CONCLUSION

This was a systematic report of the compound and comprehensive health repercussions of war on the youth in Kashmir that left a generation with lowered imprints of harm, cruelty, and shattered development. The occurrence of mental illnesses that were more than two thirds of the participants, and the physical injuries as well as chronic illnesses indicated that the health impacts of the conflicts were much further beyond the direct participants of the conflicts and rolled over to impact the entire population on an extensive scale. The moderate to high levels of correlation of the various forms of conflict exposure with the psychological distress indicated that cumulative trauma accrued had exponential health impacts that would require longitudinal, intensive treatments and not emergency measures. The experiences of life reflected in the qualitative descriptions showed how the conflict permeated all the areas of youth life, interrupted the process of education, employment, social relationships, and even elementary sense of security and the future. Inadequacy of the healthcare system and mental health services in relation to reported demands was a drastic lack of reaction to the rights and wellbeing of persons impacted by the conflicts. Lastly, the conclusions required the consideration of health outcomes as the key factor of human cost of conflict and resource mobilization in the context of curing and recovery.

RECOMMENDATIONS

Based on the results of the study, it was possible to provide some immediate recommendations on how to solve health crisis among young people in Kashmir. Medical administrators should establish special trauma care centers which can provide war casualties and provide rehabilitation centers to the disabled. There was an urgent need in mental health services to be increased by training the psychologists and counselors, coming up with psychosocial support program at the community level, and incorporating mental health screening in the primary care facilities. Trauma-informed teaching practices and school-based counseling should be availed to aid traumatized students by providing educational facilities with these practices. The government and humanitarian organizations should use mobile clinics, telemedicine services and implementation of humanitarian corridors to ensure that they always have access to health care in the event of an increase in conflict. The social campaigns aimed at the public awareness should address mental health stigma and promote the use of help-seeking behaviors. Families that are affected by conflict should be offered employment opportunity and livelihood support. International organizations must document sentinel health outcomes, facilitate accountability and allocate assets to vast rehabilitation programs.

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