AL-AZKIYAA
INTERNATIONAL JOURNAL OF LANGUAGE AND EDUCATION
UNIVERSITI SAINS ISLAM MALAYSIA

The Impact of Double Lockdown on Social Dynamic among Medical Students in Kashmir

Maleehah Jan[1], Sarifah Nurhanum Syed Sahuri[2,*], Siti Norbaya Mat Yacob[1]

[1,]Center for Core Studies, Universiti Sains Islam Malaysia, Bandar Baru Nilai, 71800 Nilai, Negeri Sembilan, Malaysia

[2]Faculty of Major Languages Studies, Universiti Sains Islam Malaysia, Bandar Baru Nilai, 71800 Nilai, Negeri Sembilan, Malaysia

*Corresponding Author; Email: sh.nurhanum@usim.edu.my

Article Info

Article history:
Received: 15 August 2025
Accepted: 2 October 2025
Published: 31 October 2025

DOI: https://doi.org/10.33102/alazkiyaa183

ABSTRACT

Kashmir experienced an unprecedented "double lockdown" from August 2019 to 2021, first due to the abrogation of Article 370, followed by COVID-19 restrictions. This study examines its impact on medical students' social dynamics. A qualitative case study with eight final-year students from Government Medical College, Srinagar, using semi-structured interviews to explore their perception of social interaction during double lockdown, was analysed thematically with ATLAS.ti. Five themes emerged: social anxiety, ineffective digital socialization, psychological distress, weakened peer bonds, and loss of academic identity. Findings reveal reshaped interactions and well-being, concluding with urgent need for reintegration, mental health, and academic continuity.

Keywords: Double lockdown, medical students, Kashmir, social dynamics, psychological well-being

INTRODUCTION

Social interaction is central to medical education in shaping communication, teamwork, and professional identity among students who are future healthcare providers. Beyond academic knowledge, medical training depends on social activities such as collaboration with peers, mentorship, and clinical practice, which together foster essential interpersonal skills for patient care and professional growth (Alsoufi et

al., 2020; Haris et al., 2024; Martins et al., 2023). Disruptions to these social processes risk undermining students' development of professional competence and identity formation, both of which rely heavily on active participation within academic and clinical communities (Brown et al., 2020; Medeiros et al., 2024).

Globally, the COVID-19 pandemic severely disrupted these social learning environments. The rapid shift to online teaching reduced opportunities for in-person interaction, peer collaboration, and clinical exposure, leaving students with a diminished sense of connection and professional identity (Findyartini et al., 2020; Harvey et al., 2022; Gupta et al., 2021). Medical students worldwide reported weakened peer bonds and reduced opportunities to cultivate non-technical skills such as communication and empathy, both critical for effective healthcare delivery (Rokade, 2023; Jindal et al., 2021).

Kashmir presents a distinct case where medical students faced a "double lockdown": the revocation of Article 370 in August 2019 brought extended socio-political restrictions, followed shortly by COVID-19 measures (Kumar, 2020; Wani et al., 2022). This compounded disruption not only limited academic continuity but also profoundly reshaped students' social dynamics, restricting peer interaction, mentorship opportunities, and their integration within medical communities. Despite evidence of technological and institutional barriers (Mukhtar et al., 2022; Aara et al., 2022), little is known about how these overlapping crises altered the social fabric of medical education in conflict-affected regions. Addressing this gap, the present study explores the impact of the double lockdown on the social dynamic among medical students at Government Medical College, Srinagar..

LITERATURE REVIEW

The concept of a "double lockdown" in Kashmir refers to the overlap of two consecutive crises: the abrogation of Article 370 in August 2019, which imposed prolonged socio-political restrictions, and the onset of COVID-19 in early 2020. Together, these measures created an unparalleled period of restricted mobility, disrupted communication, and curtailed access to education and healthcare (Kumar, 2020; Wani et al., 2022). While lockdowns due to the pandemic were experienced globally, Kashmir's compounded scenario was distinctive in its intensity and duration, exacerbated by intermittent internet shutdowns, curfews, and conflict-related instability (Mukhtar et al., 2022). Scholars describe this dual crisis as a convergence of political conflict and global health emergency, producing one of the most severe disruptions to everyday life and institutional functioning in the region (Ilyas, 2024).

The double lockdown also significantly reshaped educational structures and student experiences by intensifying the disruptions associated with political restrictions and a global health emergency. While the pandemic alone altered traditional learning

worldwide, the Kashmiri context demonstrates how overlapping crises magnified barriers to academic continuity, peer interaction, and professional development. These heightened challenges were especially pronounced in higher education, where access to resources and clinical training were severely limited (Naqishbandi et al., 2021). Scholars have described this period as an "epidemic within a pandemic" (Sisla Medical Journals, 2021) and a "double lockdown" when compounded by COVID-19 restrictions (Connah, 2021)

Double Lockdown Impact on Medical Education

Globally, the COVID-19 pandemic forced an abrupt transition to online learning, disrupting classroom routines, curtailing face-to-face interaction, and restricting access to practical learning opportunities (Findyartini et al., 2020; Harvey et al., 2022; Luman et al., 2022). Students were confronted with uncertainty about their academic progression, diminished peer support, and reduced engagement in collaborative activities (Sam et al., 2022; Teh et al., 2023). Research indicates that these disruptions were accompanied by feelings of isolation and disconnection from educational communities (Gupta et al., 2021; Chasset et al., 2021).

In conflict-affected contexts such as Kashmir, the challenges were intensified. The revocation of Article 370 in 2019 brought socio-political restrictions and prolonged internet shutdowns that had already strained access to higher education before the pandemic began (Wani et al., 2022). When COVID-19 restrictions followed, these barriers were magnified, leaving students with limited access to online platforms, disrupted mentorship opportunities, and heightened educational inequalities (Mukhtar et al., 2022; Aara et al., 2022). The combined effect of political and health-related restrictions created a prolonged disruption to educational structures, further isolating students from learning communities and undermining continuity in higher education.

Medical education relies heavily on social interaction, peer collaboration, and clinical practice to foster the professional growth and identity of students (Brown et al., 2020; Martins et al., 2023; Medeiros et al., 2024). Through these experiences, students acquire not only academic knowledge, but also essential interpersonal and communication skills needed for patient care. The pandemic, however, severely curtailed clinical exposure worldwide, reducing opportunities to engage with patients, mentors, and peers in real-world medical settings (Jindal et al., 2021; Rokade, 2023). This reduction was associated with a decline in the quality of training, particularly in non-technical skills such as teamwork, empathy, and communication, which are integral to healthcare delivery (Medeiros et al., 2024; Dolev et al., 2021).

In Kashmir, the "double lockdown" was uniquely disrupted medical education (Aara et al., 2022). Students faced significant barriers to accessing online classes due to poor

connectivity, frequent communication blackouts, and limited technological resources (Mukhtar et al., 2022). These disruptions weakened peer interaction, reduced mentorship opportunities, and disrupted professional identity formation (Wani et al., 2022). Unlike single-crisis contexts, where medical education was only disrupted by the pandemic, Kashmiri medical students were confronted with overlapping crises that reshaped their social and academic experiences in profound ways. This compounded impact raises critical concerns about the long-term preparedness and professional development of future healthcare providers in conflict-affected regions (Ilyas, 2024).

Teachers observed these effects on children's physical and mental health and reported concerns about the effectiveness of online teaching, particularly for younger students (Bashir et al., 2023). Educators also faced limited technological resources, insufficient preparation time, and lack of technical support, struggling to adapt from traditional classroom teaching to digital platforms (Sawalka, 2025; Saroh, 2024). Moreover, the anxiety generated by political instability was compounded by pandemic-related fears, leading to high prevalence of stress and depressive symptoms among medical undergraduates, with one study reporting that nearly 47.5% exhibited clinical levels of depression during the lockdown period (Jan & Nabi, 2020). These mental health challenges, while universal among students during COVID-19, were uniquely intensified in Kashmir due to the psychological toll of state surveillance, long-term curfews, and isolation from family and peers factors which would have otherwise been buffered by institutional mental health infrastructure or community networks, had they been accessible (Shoib et al., 2021). However, the evidence also suggests that students employed coping strategies such as religious practice, family engagement, and occasional physical activity to manage distress, although the absence of sustained institutional support limited the efficacy of these efforts (Afreen et al., 2024).

Theoretical framework

This study draws on Ibn Khaldun's sociological insights and Bronfenbrenner's Ecological Systems Theory (1979) to analyse the social dynamics of medical students during Kashmir's double lockdown. Ibn Khaldun emphasized how social cohesion (*asabiyyah*) strengthens or weakens in times of crisis, offering a lens to understand how student communities were affected by prolonged restrictions. Bronfenbrenner's framework complements this by situating individual experiences within interconnected systems: the Microsystem (family, peers, faculty), Mesosystem (linkages between academic and social settings), Exosystem (institutions and policies), Macrosystem (broader cultural and political context), and Chronosystem (changes across time).

In this study, the Chronosystem is central, as it highlights how the sequence, timing, and duration of the two lockdowns shaped medical students' social realities. The abrogation of Article 370 already disrupted education and social life through curfews and internet shutdowns; when COVID-19 restrictions followed, the compounded effect

deepened isolation and eroded peer and institutional connections. Thus, the Chronosystem captures not just the presence of crises but their overlapping nature, showing how prolonged exposure to consecutive disruptions influenced students' opportunities for social interaction, peer bonding, and professional identity formation. This lens enables a holistic understanding of how time and context together intensified the breakdown of medical students' social dynamics. Figure 1 show the ecological systems model.

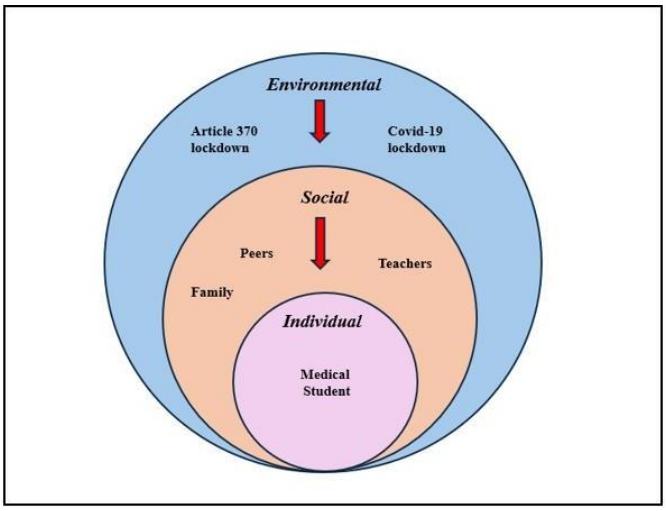

Figure 1: Ecological Systems Model of Social Dynamics Among Medical Students

METHODOLOGY

This study adopted a qualitative case study design to explore the social dynamics of medical students during the double lockdown in Srinagar, Kashmir. A case study approach was selected because it allows for in-depth exploration of lived experiences within their real-life context, especially when the boundaries between the phenomenon and its environment are blurred (Yin, 2009). This design was most appropriate to capture the unique educational and social disruptions caused by overlapping political and health-related restrictions.

Purposive sampling was used to select participants who met specific criteria: students enrolled at Government Medical College, Srinagar, who had experienced both the Article 370 lockdown (2019) and the COVID-19 lockdown (2020). Eight final-year MBBS students (five females and three males), aged 23–25, participated in the study. This sample size was consistent with qualitative research standards, where data saturation can be reached with 6–12 participants in homogeneous groups (Guest et al., 2006).

Respondents	Gender	Age	Year of Study	Course of study	Institution
Respondent 1	Female	25	Final Year	MBBS	GMC

Respondent 2	Female	25	Final Year	MBBS	GMC
Respondent 3	Female	25	Final Year	MBBS	GMC
Respondent 4	Male	24	Final Year	MBBS	GMC
Respondent 5	Male	24	Final Year	MBBS	GMC
Respondent 6	Female	25	Final Year	MBBS	GMC
Respondent 7	Female	24	Final Year	MBBS	GMC
Respondent 8	Male	23	Final Year	MBBS	GMC

Table 1: Demographic table of Participants

Data were collected using semi-structured interviews, which provided flexibility to explore participants' personal experiences and perceptions while maintaining focus on the research objectives.The interview protocol was adapted from Schartner (2014) and Syed Sahuri (2018) and validated by two qualitative research experts. Their feedback led to refinement of the interview questions to ensure clarity, relevance, and alignment with the study's aims. All interviews were conducted via Microsoft Teams between January and March 2025, lasting 30–45 minutes each.

The protocol was divided into several sections to ensure a logical flow of discussion. Section A collected basic demographic information of respondents, including name, age, and relevant background details. Section B consisted of rapport-building questions designed to help participants feel comfortable and to encourage open sharing about their life as medical students, such as describing a typical day at college and their awareness of the double lockdown. Section C contained transition questions aimed at exploring students' experiences during the Article 370 lockdown and COVID-19 restrictions, as well as how these events influenced their professional preparation. Section D focused on key questions related to the impact of the double lockdown on social dynamics, including challenges in reconnecting with peers and faculty, changes in social interactions, and the overall effect on students' social life. Section E explored coping strategies, asking participants how they managed the social challenges of the lockdown, maintained connections, and evaluated the effectiveness of these methods in supporting both social adaptation and professional preparation. Finally, Section F concluded the interview by inviting participants to share recommendations for future medical students facing similar situations, as well as any additional comments they wished to include.

The interview data were analysed using thematic analysis following Braun and Clarke (2006), which involves systematically identifying and interpreting patterns of meaning across a data set. Atlas.ti software was used to assist this process, providing a structured platform for coding, organizing, and managing the data. Tools such as the Code Manager and Code Tools enabled efficient tracking, merging, and grouping of codes, while the network view and thematic mapping features visually illustrated relationships between themes and supporting quotes. This ensured a clear, transparent, and methodologically sound analysis.

Ethical considerations were prioritized throughout the study. Approval was obtained from the medical college administration before data collection. Participants were provided with informed consent forms detailing the purpose of the research, confidentiality measures, and the voluntary nature of participation. To protect anonymity, pseudonyms were used in transcripts and reports. Member checking was employed to ensure accuracy, and expert validation of the thematic analysis enhanced the credibility and trustworthiness of the findings.

DISCUSSION AND FINDING

After transcribing the in-depth interviews, the data was closely read multiple times to gain familiarity and immerse in the content. Initial codes were generated by identifying recurring patterns, phrases, and emotionally significant expressions. These codes were then grouped and refined into broader categories, which were subsequently organized into main themes.

This section explores how the double lockdown influenced the social dynamics and interpersonal relationships of GMC students. Thematic analysis revealed five major themes: social anxiety, digital socialisation, psychological issues, family engagement, and academic disruption. Each theme is discussed in detail below along with its sub-themes and supporting participant quotations.

Theme	Category	Code
Impact on Social Dynamics	Social Anxiety	• Lack of Confidence • Difficult Reconnecting
	Digital Socialization	• Shift to Online Mode • Social Media Addiction
	Psychological Issues	• Stress • Boredom • Chaos • Frustration • Decreased Motivation
	Family Engagement	• Family Bonding
	Lack of Academic Belonging	• Academic Disruptions

Table 2: Emergent Theme of Impact of the Double Lockdown

1. Social Anxiety

Social anxiety emerged as a central theme describing how students felt hesitant, uncomfortable, and less confident in resuming peer, faculty, and patient interactions after the prolonged isolation of the double lockdown. The disruption of hospital

postings and classroom engagement weakened their social adaptability and created difficulties when face-to-face interactions resumed.

a) Lack of confidence

Students described losing confidence in clinical and academic tasks due to the long break from real-life practiceThe prolonged period of isolation during the double lockdown created a significant gap in medical students' clinical learning and social interactions. Confidence in professional and academic settings is built through constant exposure to practical scenarios, patient handling, and classroom discussions all of which were disrupted for an extended duration. Students expressed that the absence of hospital postings and real-time patient engagement left them feeling academically underprepared and socially withdrawn. This decline in confidence was particularly evident when they returned to in-person settings, where they struggled to perform tasks they once considered routine.

> Respondent 7 said that *"being isolated for so long impacted confidence in dealing with patients."*
>
> Respondent 3 said that it *"…created a more passive sort of professional personality and perhaps only time can compensate for this loss."*
>
> Respondent 8 acknowledged the setback but conveyed hope for recovery: *"We are a bit less confident but I think with time we are going to overcome that."*

b) Difficulty Reconnecting

Students highlighted the awkwardness of returning to social life, finding it challenging to interact naturally with peers and faculty.

> Respondent 4 said that *"social anxiety was, I think, the first effect… being separated for such a long time hindered our interaction after the abrogation."*
>
> Respondent 2 said that *"after COVID lockdowns it seemed a little difficult to break the ice again."*

2. Digital Socialisation

Digital socialisation reflects the reliance on online platforms to sustain education and communication. Although these tools allowed continuity in theory classes, they could not replicate the interpersonal depth or practical exposure central to medical training.

a) Shift to Online Mode

Students reported that online teaching failed to provide the essential clinical and ward-based learning experiences.

> Respondent 4 said that *"our classes just got shut and we went into the online mode. The main problem was that we were not able to join our clinical classes in the wards."*
>
> Respondent 6 said that *"online classes were helpful to continue theory, but they could never replace hospital postings."*
>
> Respondent 1 remarked: *"Everything shifted to screens lectures, discussions, even exams which was overwhelming at times."*

b) Social Media Addiction

Beyond formal learning, excessive use of social media became a substitute for real-life interaction, often distracting students from academic priorities. Add two

> Respondent 1 said that *"I got distracted and started spending too much time on my phone. Eventually, I became addicted to it."*
>
> Respondent 2 said that *"WhatsApp and Instagram were the only escape… but it consumed most of my study time."*
>
> Respondent 8 highlighted the way digital platforms replaced in-person interactions: *"Social media replaced real social life; instead of talking to people in person, we were glued to our screens."*

3. Psychological Issues

Psychological issues were widely reported, with students experiencing stress, boredom, and confusion due to the prolonged uncertainty and restricted lifestyle. These challenges not only affected emotional health but also reduced motivation and focus. The participants experience some positive and negative emotion due to situation.

a) Stress

It was the most dominant psychological challenge reported by GMC students during the double lockdown. The uncertainty surrounding examinations, repeated postponement of clinical postings, and the abrupt shift to remote learning created a highly anxious environment. For students pursuing a demanding professional course such as medicine, continuity in practical training is essential for building confidence and competence. However, the lockdown

disrupted these critical academic processes, leaving students feeling unprepared and insecure about their future careers.

> Respondent 6 said that *"the inability to attend clinical rotations… and the uncertainty about exams and the future made it extremely stressful."*
>
> Respondent 8 said that *"isolation led to loneliness and anxiety, and it increased stress levels drastically."*
>
> Respondent 1 shared: *"At some point, I started to feel the pressure, and it became difficult to study while at home all the time. I didn't manage to do as much as I could have."*

b) Boredom
The loss of structured routines and limited social or academic activity created monotony and disengagement.

> Respondent 3 said that *"staying at home made everything dull and the interest in self-studies gradually decreased."*
>
> Respondent 2 said that *"the most immediate challenge was a feeling of complete boredom with no work to do, and no place to go."*

c) Chaos
Abrupt shutdowns and information blackouts created confusion, fear, and a sense of instability.

> Respondent 5 said that *"actually, there was a sort of chaos and confusion all around us… we were just restricted to our houses."*
>
> Respondent 6 said that *"news was blocked, internet was down; we had no idea what was happening outside our area."*

d) Frustration
Prolonged restrictions, technical hurdles, and academic delays fueled irritation and helplessness.

> Respondent 4 said that *"that was really very frustrating… if we talk about the article abrogation it was very long."*
>
> Respondent 6 said that *"the uncertainty about exams and classes was the most frustrating part."*

e) Decreased Motivation
Over time, sustained stress and lack of hands-on learning eroded discipline and study drive.

> Respondent 6 said that *"the uncertainty and lack of direct patient interaction made it difficult to stay motivated."*
>
> Respondent 3 said that *"staying at home made everything dull; every effort at studying seemed slow and pointless."*

4. Family Engagement

Family engagement was one of the few positive outcomes of the double lockdown. With more time at home, students reported stronger connections with parents and siblings, which provided much-needed emotional support during this difficult period.

a) Family Bonding
Students valued the closeness and renewed intimacy created by extended time with family members.

> Respondent 8 said that *"it helped… some good connections in between our family… we connected with family members very well."*
>
> Respondent 7 said that *"I think the best thing was spending more time with my parents after years of living in the hostel."*

5. Academic Disruption / Loss of Belonging

Academic disruption was among the most significant impacts of the double lockdown. Students described feeling disconnected from their medical identity because they were unable to attend hospital postings, participate in lab work, or engage in active classroom discussions.

a) Academic Disruption
The absence of hands-on practice weakened confidence and left students feeling unprepared for their professional roles.

> Respondent 6 said that *"clinical practice is essential for medical training, and missing out on hands-on experience was a major setback. Theoretical learning alone was not sufficient."*
>
> Respondent 7 said that *"there was no physical mode of learning… no interaction with classmates and teachers, no clinical classes, no practicals."*

CONCLUSION

This study investigated how the double lockdown—stemming from Article 370 restrictions and the COVID-19 pandemic—reshaped the social dynamics of final-year medical students at Government Medical College (GMC), Srinagar. The findings indicate that these intersecting disruptions did more than temporarily suspend social life; they fundamentally altered patterns of peer interaction, emotional engagement, and students' sense of academic belonging, introducing long-term shifts in their ability to connect meaningfully with peers, mentors, and the wider medical community. In politically fragile contexts like Kashmir, the absence of social engagement created a prolonged emotional and academic void, making reintegration into academic life deeply challenging. These insights underscore that social dynamics in medical education are not peripheral but integral to cognitive and emotional processes that shape student identity, resilience, and success.

ACKNOWLEDGEMENTS
This study was not supported by any grants from funding bodies in the public, private, or non-profit sectors.

AUTHOR(S) CONTRIBUTION
Maleehah Jan (contributed to the conceptualization, data collection, analysis, and preparation of the manuscript).
Sarifah Nurhanum Syed Sahuri (supervised the research process, provided academic guidance, and reviewed the manuscript).
Siti Nor Baya mat Yacob (contributed to the review, editing, and refinement of the manuscript).
All authors read and approved the final manuscript.

CONFLICT OF INTEREST
The authors declare no conflicts of interest.

ETHICS STATEMENT
Ethical approval for this study was obtained from the Ethics Committee of Government Medical College (GMC). The study was conducted in accordance with the approved ethical guidelines. Informed consent was obtained from all participants prior to their participation in the study.

REFERENCES

Brown, M., et al. (2020). Identity in lockdown: Supporting primary care professional identity development in the COVID-19 generation. *Education for Primary Care, 31*(4), 208–214.https://doi.org/10.1080/14739879.2020.1779616

Connah, L. (2021). Double lockdown in Kashmir during the Covid-19 pandemic. *Anthropology & Medicine, 28*(3).https://doi.org/10.1080/10402659.2021.1956128

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Dolev, N., Naamati-Schneider, L., & Meirovich, A. (2021). Making soft skills a part of the curriculum of healthcare studies. In *Healthcare education in the 21st century*. IntechOpen.:10.5772/intechopen.98671

Gupta, S., Dabas, A., Swarnim, S., & Mishra, D. (2021). Medical education during COVID-19 associated lockdown: Faculty and students' perspective. *Medical Journal, Armed Forces India, 77*(2), S143–S147.10.1016/j.mjafi.2020.12.008

Freedman, D. A. (2012). Sampling. In *Statistical models: Theory and practice* (2nd ed., pp. 49–82). Cambridge University Press.

Haris, S. M., et al. (2024). Enhancing medical education: Integrating professional competencies in internal medicine and clinical pediatrics curricula. *Journal of Population Therapeutics and Clinical Pharmacology, 31*(3). https://doi.org/10.53555/jptcp.v31i3.5207

Harrison, H., Birks, M., Franklin, R., & Mills, J. (2017, January). Case study research: Foundations and methodological orientations. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 18*(1), Article 19. https://doi.org/10.17169/fqs-18.1.2655

Jindal, M., Singla, A., & Khan, A. M. (2021). The impact of COVID-19 lockdown on Indian medical undergraduate students. https://doi.org/10.38192/1.7.2.5

Joshi, I., Wani, A. S., & Singh, P. (2024). Educational stress and adaptability in crisis environments: An ecological perspective. *Journal of Learning and Development Studies, 18*(1), 55–73. https://doi.org/10.38192/1.7.2.5

MacGregor, D. (2006). *Qualitative research methods: A practice guide*. University of New England Press.

Maalouf, I., & El Zaatari, W. (2022). Understanding students' engagement in digital contexts through ecological systems theory. *Journal of Educational Technology Research, 10*(3), 213–228.

Martins, C., et al. (2023). Addressing the socio-emotional dimension of medical education: A scoping review protocol of student-driven development strategies [Preprint]. https://doi.org/10.2196/preprints.66757

Medeiros, M. M., et al. (2024). Assessment of the development of social skills among undergraduate medical students through participation in a socio-educational project during the coronavirus disease (COVID)-19 pandemic: A Brazilian pilot study. *BMC Medical Education, 24*(1), 1188. https://doi.org/10.1186/s12909-024-06188-2

Mokmin Basri, H. (2012). *Qualitative research sample size: A guide for novice researchers*. Kuala Lumpur: Research Methodology Series, University Publications.

Mukhtar, M., Rasool, M., Nabi, S. G., Masoodi, M. A., & Nazir, S. (2022). Knowledge, attitude and practices regarding COVID-19 among undergraduate students of a medical college in District Anantnag, Kashmir. *Journal of Epidemiology and Public Health, 7*(3). https://doi.org/10.26911/jepublichealth.2022.07.03.05

Naqishbandi, T. A., Gulzar, Z., Dar, A. A., & Farooq, U. (2021). Understanding impact of communication ban on mental health in conflict zone: Experiences from young Kashmiri research scholars. *Journal of Loss & Trauma, 26*(6). https://doi.org/10.1080/15325024.2021.1928841

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE Publications.

Rokade, H. (2023). A cross-sectional observational study on psychological impact of COVID-19 pandemic on undergraduate medical students of Government Medical College, Maharashtra. *Bharati Vidyapeeth Medical Journal, 3*(2), 28. https://doi.org/10.56136/bvmj/2023_00028

Schartner, A. (2014). Exploring the development of international postgraduate students' intercultural competence. *Intercultural Education, 25*(2), 130–142.

Syed Sahuri, S. N. (2018). *A study of Malaysian undergraduate student adjustment in Australia*. Sydney: The University of Sydney.

Wani, A. S., Joshi, I., Nahvi, N. I., & Singh, P. (2024). "Unrest and trauma stays with you!": Navigating mental health and professional service-seeking in Kashmir. In *Proceedings of the CHI Conference on Human Factors in Computing Systems (CHI '24)* (pp. 1–17). ACM. https://doi.org/10.1145/3613904.3642507

Wani, A. S., Singh, D. K., & Singh, P. (2022). "Hartal (Strike) happens here everyday": Understanding impact of disruption on education in Kashmir. *CHI Conference on Human Factors in Computing Systems*. https://doi.org/10.1145/3491102.3502126

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). SAGE Publications.

Zach, F. J. (2006). Using a case study approach to explore the effects of social capital on organizational innovation in tourism. *e-Review of Tourism Research, 4*(5), 122–130.