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Editorial The impact of war on children

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In war, children suffer the most. Over 400 million children live in countries where there is war or other violent conflicts. According to United Nations Children's Fund (UNICEF), the estimated casualties of children during the past decade were: '2 million killed, 4–5 million disabled, 12 million left homeless, more than 1 million orphaned or separated from their parents and some 10 million psychologically traumatised.'

Often forced to flee their homes in search of safety, many remain displaced for extended periods or never return home. Some are orphaned or separated from parents and caregivers. Over half of all civilians killed by landmines and explosive remnants of war are children. Children are especially vulnerable to abuse, exploitation, and trafficking during emergencies and armed conflicts.

UNMET BASIC NEEDS DURING WARFARE

War disrupts the supply of necessities to children and their families, such as food, water, shelter, health services, and education. Lack of access to these basic needs may deprive children of their physical, social-emotional, and psychological development. In countries across Africa and the Middle East, over 2.5 million children are suffering from severe acute malnutrition. Economic sanctions, such as trade restrictions from the international community and organisations, may play a role in serious economic hardship and deterioration of infrastructure in armed conflict zones. This makes it extremely difficult for children to survive as they are usually at the most bottom level of socioeconomic status.

Inadequate safe drinking water, along with sufficient water for cooking and hygiene purposes, is making a bad situation worse. Hungry, thirsty, and weak, Gazans are becoming sick. It is reported that at least 90% of children under five are affected by at least one infectious disease.

War affects children in all the ways it affects adults, but also in different ways. First, children are dependent on the care, empathy, and attention of adults who love them. Their attachments are frequently disrupted in times of war due to the loss of parents, extreme preoccupation of parents in protecting and finding subsistence for the family, and emotional unavailability of depressed or distracted parents. The child may be in substitute care with someone who cares for them only slightly – relatives or an orphanage. A certain proportion of war-affected children lose all adult protection – 'unaccompanied children,' as they are known in refugee situations.

Second, impacts in childhood may adversely affect the life trajectory of children far more than adults. Consider children who lose the opportunity for education during war, children who are forced to move into refugee or displaced person camps, where they wait for years in miserable circumstances for normal life to resume, if it ever does. Consider a child disabled in war; they may, in addition to loss of a limb, sight, or cognitive capacity, lose the opportunity for schooling

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and of a social life. A girl who is raped may be marginalised by her society and lose the opportunity for marriage. Long after the war has ended, these lives will never attain the potential they had before the impact of war.

Following are some of the impacts of war on children:

Death

Hundreds of thousands of children die of direct violence in war each year. They die as civilians caught in the violence of war, as combatants directly targeted, or in the course of ethnic cleansing.

Injury

Children suffer a range of war injuries. Certain weapons affect them particularly. A landmine explosion is more likely to kill or seriously injure a child than an adult. Thousands of children suffer landmine injuries each year.

Disability

Millions of children are disabled by war, many of whom have grossly inadequate access to rehabilitation services. A child may have to wait up to 10 years before having a prosthetic limb fitted. Children who survive landmine blasts rarely receive prostheses that are able to keep up with the continued growth of their limbs.

Illness

Conditions for maintenance of child health deteriorate in war – nutrition, water safety, sanitation, housing, and access to health services. There may be a loss of immunity to disease vectors with population movement. Refugee children are particularly vulnerable to the deadly combination of malnutrition and infectious illness. There is also an interruption of population immunisation programmes by war, which may be responsible for increases in child mortality.

Rape and prostitution for subsistence

These phenomena, which often occur in situations of war, ethnic cleansing, and refugee life, leave lasting physical impacts on sexually-transmitted diseases, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), psychological impacts, and changes in life trajectory.

Psychological suffering

Children are exposed to situations of terror and horror during the war – experiences that may leave enduring impacts on post-traumatic stress disorder. Severe losses and disruptions in their lives lead to high rates of depression and anxiety in war-affected children. These impacts may be prolonged by exposure to further privations and violence in refugee situations.

Moral and spiritual impacts

The experience of indifference from the surrounding world, or, worse still, malevolence, may cause children to suffer the loss of meaning in their construction of themselves in their world. They may have to change their moral structure and lie, steal, and sell sex to survive. They may have their moral structure forcibly dismantled and replaced in training to kill as part of a military force.

Social and cultural losses

Children may lose their community and its culture during the war, sometimes having it reconstituted in refugee situations.

NUTRITION CRISIS-RISING MALNUTRITION

As the conflict in Gaza enters its 20th week, an unprecedentedly rapid rise in malnutrition is threatening the lives of children and pregnant and breastfeeding women in the Gaza Strip. Amid ongoing hostilities following the October 7 attack on Israel, as UNICEF continues to call for an immediate humanitarian ceasefire and the safe return of all hostages, food and safe water are scarce in the Gaza Strip, and children are experiencing a sharp increase in malnutrition, according to a comprehensive new analysis released by the Global Nutrition Cluster, a group of United Nations (UN) and non-UN humanitarian organisations including UNICEF, the World Food Programme and the World Health Organization. Such a steep decline in a population's nutritional status in just three months is unprecedented globally.

The situation is particularly reported to be extreme in northern Gaza, which has been almost completely cut off from aid for weeks. Nutrition screenings conducted at shelters and health centres in the north in January found that one in six children under age 2 - 15.6% - are acutely malnourished. Of these, almost 3% suffer from severe wasting, the most life-threatening form of malnutrition, which puts children at highest risk of medical complications and death unless they receive urgent treatment. The total number of acutely malnourished children is expected to have risen even higher in the days and weeks since the screenings occurred. Similar screenings for children between the ages of 6 months and age 5 in southern Gaza, where aid has been more available, found that 5% of children under 2 are acutely malnourished - a clear indication that access to humanitarian aid is urgently needed and can help prevent the worst outcomes. An alarming lack of food, safe water, and health and nutrition services.

IMPACT ON PSYCHOLOGICAL DEVELOPMENT OF CHILDREN

Brain development

Early childhood experience accounts for a large part of human brain development. Neural connections for sensory ability, language, and cognitive function are all actively made during the 1st year for a child. The plasticity and malleability, which refer to the flexibility of the brain, are highest in the early brain development years. Therefore, the brain can be readily changed by the surrounding environments of children. In that sense, children in armed conflict zones may be more susceptible to mental problems such as anxiety and depression, as well as physiological problems in the immune system and central nervous systems.

Stress in early childhood can impede the brain development of children, which results in both physical and mental health problems. Healthy brain and physical development can be hampered by excessive or prolonged activation of stress response systems. Although both adrenaline and cortisol help prepare the body for coping with stressors, when they are used to prolonged and uncontrollable stress, this stress response system can lead to impairments in both mental and physical health.

Lack of basic resources may also impede child brain development. Childhood socioeconomic status influences neural development and affects cognitive ability and mental health through adult life. Especially, poverty is regarded to deteriorate cognitive capacity. Many studies have shown that poverty in early childhood can be harmful in that lowincome families lack the time and financial resources to invest in promoting child development. This suggests that the serious deprivation of resources in armed conflict zones is extremely detrimental to the cognitive development of children during warfare.

REMEDIAL STRATEGIES

Action on this cluster of tragic phenomena is usually considered under two categories – how to mitigate some of the damage to children and how to heal children after they are damaged.

Making war less damaging to children (secondary prevention)

Implement international humanitarian law regarding the protection of children in war. The Geneva Conventions and the Convention on the Rights of the Child deal with the protection of war-affected children with regard to food, clothing, medicine, education, and family reunion. In addition, they are intended to protect children from ethnic cleansing and recruitment into the armed forces. However, compliance with these instruments is poor, especially when recruiting children into the armed forces is concerned.

Ensure that general economic sanctions against a country are never used again. Children and poor adults are those who suffer most from economic sanctions. The use of economic sanctions should be considered a war crime, just as is laying siege to a city to starve its population.

Ensure special consideration for children who are in flight from war zones and who live in camps for refugees and internally displaced people, especially children who are unaccompanied by adults. Special considerations need to be given for family reunions, systems of distribution of resources (sometimes to women rather than to men), the internal layout of camps (to prevent attacks on girls), the provision of facilities for education and play, and special help for child-headed families.

Institute measures to reduce sexual exploitation and gender-based violence against women and girls in war. These measures include training of soldiers, including peacekeeping forces; inclusion of relevant interventions in humanitarian responses to population emergencies in war; reporting and support systems for victims of rape in camps for refugees and internally displaced persons; the prosecution of rape as a war crime and making organised rape a crime against humanity.

Parties to a conflict must facilitate humanitarian assistance to ensure that the health infrastructure of children's lives is not destroyed. Perpetrators should be prosecuted for such actions as destroying clinics, schools, and hospitals – all of which are protected by international law. Where access to health services, such as immunisation, is hindered by the violent conflict, there should be humanitarian ceasefires to enable access.

Rehabilitating children affected by war (tertiary prevention)

During the immediate humanitarian response to victims of war and in the longer-term attempts to reconstruct health services after war, there are attempts by both local and international actors to care for children's needs for health care. Physical and psychological rehabilitation is instituted to varying degrees depending on the resources available. Sometimes, these are minimal or absent. There have been many efforts to help the psychological impacts of war on children. Few have been evaluated.

Some efforts at rehabilitation of war-affected children include social healing and moving toward education in the Culture of Peace. This is an approach to primary prevention of the recurrence of war.

IMPERATIVE TO END WAR

Although the many efforts to make war less damaging for children are important and should continue and be strengthened, this is a pathetically feeble response in light of the intensity and magnitude of the suffering involved. From a certain perspective, there is even something preposterous about an exclusive focus on making war more tolerable for children. We rail against approaching HIV/AIDS, tuberculosis, or malaria in this way. Poverty, on the other hand, like war, may be treated with the assumption that it will always be with us and is a fact of life. Judicial process: The World.

It is time for health professionals to define war as a serious global public health problem. The public health imperative is primary prevention – removing the vector of illness or making conditions unfavourable for the survival of the vector. If a peace system can be devised for an entity as large, diverse, and populous, it can be devised at a global level. It would be naive to suggest that this is easily achievable. But it would be cynical, in light of the suffering of the war-affected children of the world, to accept war as an inevitable part of the human condition. There are global networks, formal and informal, of health professionals who think in terms of eliminating war and who work to accomplish this.

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