Young Children on the front line

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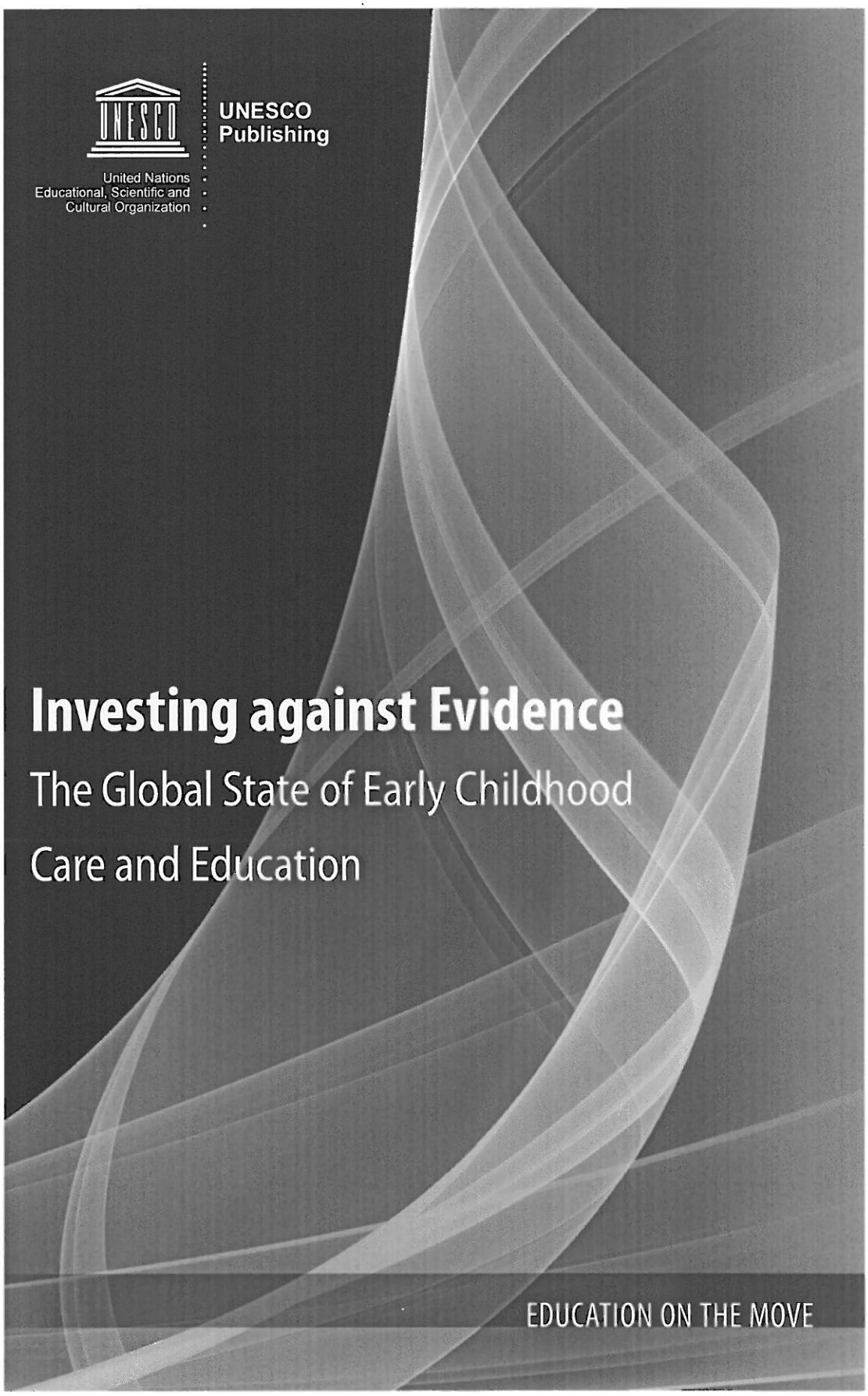
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The Global State of Early Childhood Care and Education

P. T. M. Marope and Y. Kaga (eds)

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Chapter 6

Young children on the frontline: ECCE in emergency and conflict situations

Heyam Loutfi El Zein and Maysoun Chehab

Introduction

Children between the ages of 0 and 8 represent the highest percentage of those affected by today's global emergencies and are often hardest hit by their consequences. Apart from death and injury, these consequences can include displacement, malnutrition, increased pre-natal and infant mortality, family separation, sexual exploitation and abuse, trafficking, impoverished living conditions and the spread of contagious diseases that reduce life expectancy, with psychological, social and economic implications. It is often difficult to separate the effect of emergencies from that of potential compounding factors such as pre-migration stress, separation from family, displacement stress, socioeconomic hardships, and acculturation difficulties (Berman, 2001). The severity of impact depends on diverse factors including previous life experiences, coping ability, the seriousness of the trauma, age and development, gender, poverty, intelligence, education and follow-up support from family, friends and professionals (Dempsey, 2002; Punamaki, 2002; Williams, 2006).

The negative impacts of emergencies undermine the physical, emotional, cognitive and social development of young children. Apart from physical injury, the loss of parents and/or caregivers, friends, relatives, and neighbours may bring serious disorientation. Physical and emotional neglect may result from parents and caregivers. The loss of home and possessions and the disruption of daily routine further undermine the foundation for a healthy and productive life (Bentacourt, 2008; American Psychology Association, 2010). It should be noted, however, that not all children with high levels of emergency exposure develop post-traumatic stress disorder (PTSD) (Dempsey, 2002) and reactions may vary over the first days or weeks following a crisis.

Drawing largely on studies undertaken in the Middle East, North Africa and Asia, this chapter addresses some key issues related to the well-being, development and education of young children affected by emergency and conflict situations. Specifically, it will examine a) the extent to which young children are affected by emergency and conflicts; b) the impact of emergency and conflict experience on children's development and education as well as implications on disabilities and gender differences; and c) factors and strategies that reduce the negative impact and aid fast recovery.

Children affected by emergency and conflicts

Approximately 13 million children are displaced by armed conflicts and violence around the world (UNICEF, 2010). Where violent conflicts are the norm, the lives of young children are significantly disrupted and their families have great difficulty in offering the sensitive and consistent care that young children need for their healthy development (UNICEF, 2010). Studies on the effect of emergencies and conflict on the physical and mental health of children between birth and 8 years old show that where the disaster is natural, the rate of PTSD occurs in anywhere from 3 to 87 per cent of affected children (Garrison et al., 1995; Shannon et al., 1994). However, rates of PTSD for children living in chronic conflict conditions varies from 15 to 50 per cent (DeJong, 2002) as evidenced in the following countries: Iran, Iraq, Israel, Kuwait, Lebanon, Palestine, Rwanda, South Africa, and Sudan (Morgos et al., 2008; Elbedour et al., 2007; Husain, 2005; Mohlen et al., 2005; Hawajri, 2003; El- Khosondar, 2004; Thabet et al., 2002; Dyregrov et al., 2002).

Impact of emergency and conflict experiences

Impact on pregnancy

Research shows that environmental factors and experiences can alter the genetic make-up of a developing child (Das et al., 2009). Exposure to prolonged stress, environmental toxins or nutritional deficits chemically alter genes in the foetus or young child and may shape the individual's development temporarily or permanently. Violence and maternal depression may also impair child development and mental health (Walker, Wachs et al. 2007). When trauma occurs at critical times of development for the foetus or young child, the impact on specialized cells for organs such as the brain, heart, or kidney can result in underdevelopment with lifetime implications for physical and mental health (Das et al., 2009). For instance, a study on Iraq showed the rate of heart defects at birth in Fallujah to be 13 times the rate found in Europe. And for birth defects involving the nervous system the rate was calculated to be 33 times that found in Europe for the same number of births (Alani et al., 2010). Prolonged stress during pregnancy or early childhood can be particularly toxic and, in the absence of protective

relationships, may also result in permanent genetic changes in developing brain cells. Evidence has shown that toxins and stress from the mother cross the placenta into the umbilical cord (Balakrishnan et al., 2010), leading to premature and low birth weight babies (Shonkoff et al., 2009). Likewise, conflict trauma can affect pregnant women and the subsequent emotional health of their children (Engel et al., 2005). In addition, babies of severely stressed and worried mothers are at higher risk to be born small or prematurely.

Impact on children's development

Children's reactions to emergencies fluctuate depending on age, temperament, genetics, pre-existing problems, coping skills and cognitive competencies, and the dose of the emergency. Although most children are said to recover over time, if emergency reactions are left untreated, they can have a significant adverse impact on children's social, emotional, behavioural and physical development (Zubenko and Capozzli, 2002; Dyregov et al., 2002). The following are common impacts and typical reactions to stressful or difficult events, classified by age group. Age is important as it indicates the way a child understands and reacts to the emergency and the intervention.

Age 6 and younger

In conflict-affected countries, the average mortality rate for children under 5 is more than double the rate in other countries. On the average, twelve children out of a hundred die before their fifth birthday, compared with six out of a hundred (UNESCO, 2011). Common reactions among this age group are severe separation distress, crying, clinging, immobility and/or aimless motion, whimpering, screaming, sleeping and eating disorders, nightmares, fearfulness, regressive behaviours such as thumb-sucking, bed-wetting, loss of bowel/bladder control, inability to dress or eat without assistance, and fear of darkness, crowds and being left alone.

Thabet et al. (2006) investigated the relationship between exposure to day raids and shelling and behavioural and emotional problems among Palestinian children, aged 3-6, in the Gaza Strip. Children demonstrated sleeping problems, poor concentration, attention-seeking behaviour, dependency, temper tantrums and increased fear. Mothers of Palestinian kindergarten children reported severely impaired psychosocial and emotional functioning in their children (Massad et al., 2009). Thabet et al. (2005) examined the

behavioural and emotional problems of 309 Palestinian pre-schoolers, and found that direct and indirect exposure to war trauma increased the risk of poor mental health. Zahr et al. (1996), in a study on the effect of war on Lebanese pre-school children, found more problems in children aged 3-6 years exposed to heavy shelling over a 2-year period than in a control group living without this threat. According to Yaktine (1978), 40 mothers of different socio-economic backgrounds during the civil war in Beirut reported that their pre-school children became more anxious and fearful about bombardments and explosions. After Scud missile attacks, displaced Israeli pre-school children demonstrated aggression, hyperactivity and oppositional behaviour and stress. This was compared with non-displaced children and, despite a continuous decrease in symptom severity, risk factors identified shortly after the Gulf War continued to exert their influence on children five years after the traumatic exposure (Laor et al., 2001).

Ages 6 to 11

Common symptoms in this age bracket include disturbing thoughts and images, nightmares, eating and sleeping disorders, noncompliance, irritability, extreme withdrawal, outbursts of anger and fighting, disruptive behaviour, inability to pay attention, irrational fears, regressive behaviour, depression and anxiety, feeling of guilt and emotional numbing, excessive clinging, headaches, nausea and visual or hearing problems. Traumatic events experienced before the age of 11 are three times more likely to result in serious emotional and behavioural difficulties than those experienced later in life (Goodman et al., 2002). According to the Palestinian Counseling Centre, Save the Children (2008), even six months after the demolition of their homes, young Palestinian children suffered from withdrawal, somatic complaints, depression/anxiety, unexplained pain, breathing problems, attention difficulties and violent behaviour. They were afraid to go to school, had problems relating to other children and greater attachment to caregivers. As a result parents reported deterioration in educational achievement and ability to study. Al-Amine and Liabre (2008) revealed that 27.7 per cent of Lebanese children aged between 6 and 12 suffered from symptoms of PTSD, as well as from problems sleeping, agitation, difficulties in concentrating and excessive awareness of events related to the 2006 Lebanese-Israeli war. Many children in Sudan and northern Uganda who were forced to witness family members being tortured and murdered (UNICEF, 2011) exhibited stunting, PTSD and other trauma-related disorders (Husain, 2005).

In sum, emergency and conflict may impact on children's development in the following manner:

- Physical: exacerbation of medical problems, headaches, fatigue, unexplained physical complaints.
- Cognitive: trouble concentrating, preoccupation with the traumatic event, recurring dreams or nightmares, questioning spiritual beliefs, inability to process the event.
- Emotional: depression or sadness, irritability, anger, resentfulness, despair, hopelessness, feelings of guilt, phobias, health concerns, anxiety or fearfulness.
- Social: increased conflicts with family and friends, sleep problems, crying, changes in appetite, social withdrawal, talking repeatedly about the traumatic event, refusal to go to school, repetitive play.

Disabilities

Children with disabilities are disproportionately affected by emergencies, and many become disabled during disasters. Children with disabilities may suffer due to loss of their assistive devices, loss of access to medicines or rehabilitative services and, in some cases, loss of their caregiver. In addition, disabled children tend to be more vulnerable to abuse and violence. UNICEF research (2005) indicates that violence against children with disabilities occurs at annual rates at least 1.7 times greater than their able-bodied peers. Young children with disabilities living in conflict are more vulnerable and the consequent physical, psychological or emotional problems are higher. They are also more likely to develop emotional and mental health problems during emergencies because of lack of mobility, treatment, and medication or through starvation (Miles and Medi, 1994). The Inter-Agency Standing Committee (IASC, 2007) recognizes that children with pre-existing disabilities are more vulnerable to mistreatment, discrimination, abuse and destitution. Children with mobility, visual and hearing disabilities or intellectual impairments may feel particularly vulnerable if an emergency leads to the relocation of school and the learning of new daily routines. During emergencies, long unsafe distances to school, the lack of buildings with adequate facilities and equipment and teachers with minimum qualifications, are likely to be overwhelming challenges for young children with disabilities to be enrolled in day care and early education.

Gender differences

Some research shows that girls exhibit higher levels of distress than boys in relation to stressful situations and are considered at higher risk in situations of war and terror (Ronen et al., 2003). Other research has found that girls express more worry (Lengua et al., 2005), anxiety and depressive disorders (Hoven et al., 2005), and PTSD symptoms (Green et al., 1991; Shannon et al., 1994) while boys show more behavioural problems in the aftermath of a disaster (Pfefferbaum et al., 1999). However, pre-school girls exposed to earthquakes in Sultandagi (Turkey) displayed more problematic behaviours than boys in the same educational category (Erkan, 2009). Additionally, Wiest, Mocellin, and Motsisi (1992) contend that young children, especially girls, may be vulnerable to sexual abuse and exploitation. Garbarino and Kostelny (1996) reported that Palestinian boys suffered more than girls from psychological problems when exposed to chronic conflict. In another study, Palestinian boys were more susceptible to effects of violence during early childhood and girls during adolescence (Leavitt and Fox, 1993). In general it appears that boys take longer to recover, displaying more aggressive, antisocial and violent behaviour while girls may be more distressed but are more verbally expressive about their emotions.

Educational consequences

Quality education alleviates the psychosocial impact of conflict and disasters by giving a sense of normalcy, stability, structure and hope for the future. However, emergency and conflict situations often undermine the quality of educational services. They result in shortages of materials, resources and personnel, thereby depriving young children of the opportunity to receive quality early education. In most conflicts, education infrastructure is usually a target. Pre-schools and schools are often destroyed or closed due to hazardous conditions depriving young children of the opportunity to learn and socialize in a safe place that provides a sense of routine (UNICEF, 2009; Obel, 2003).

Young children living under emergencies are less likely to be in primary school and more likely to drop out. Primary school completion in poorer conflict-affected countries is 65 per cent while it is 86 per cent in other poor countries (UNESCO, 2011). According to the 2000 UNICEF MICS report, information from Iraq, for example, confirms the lack of Early Childhood Development programmes within the formal educational system. Only 3.7 per cent of children aged from 36 to 59 months were enrolled in nurseries or kindergartens. Low enrolment rates in early education programmes decrease

the opportunity for young children to find a safe space where they flourish and release the stress and tension resulting from the emergency. In countries with ongoing emergencies, researchers have found a full range of symptoms that may be co-morbid with trauma, including attention deficit hyperactivity disorder, poor academic performance, behavioural problems, bullying and abuse, oppositional defiant disorder, conduct disorder, phobic disorder and negative relationships (Terr, 1991; Streeck-Fischer and van der Kolk, 2000).

A study using the Young Lives data in Ethiopia found that young children whose mothers had died were 20 per cent less likely to enrol in school, 21 per cent less likely to be able to write, and 27 per cent less likely to be able to read (Himaz, 2009). Dybdahl (2001) found that 5- to 6-year-old war-traumatized Bosnian children showed lower levels of cognitive competence. Pre-school and school age Palestinian children exposed to severe losses, wounding and home destruction suffered impaired cognitive capacity for attention and concentration (Qouta et al., 2005). Severe trauma has been found to be associated with inflexible and narrowed attention and problem-solving strategies (Qouta et al., 2008). Since both physical and mental health are linked to language and cognitive development (Engle et al., 2007), it is reasonable to assume that violent conflict has a negative effect on these areas of development.

Resilience of young children

Studies show that young children who are supported by a caring and responsive caregiver have greater ability to cope with stress. A supportive relationship can not only temper the child's reaction to stress, but also help to build a buffering system which is fundamental to its long-term development (National Scientific Council on the Developing Child, 2005). Pre-schoolers respond to adult care, routine and stability, tolerate some separation, tell and understand stories and can express themselves through drawing (Punamaki, 2002; Thabet et al., 2001). Zahr (1996) found a relationship between the availability of parents and the development of secure attachment in Lebanese kindergarten children exposed to war. Barber (2001) showed that young Palestinian and Balkan children's emotional well-being and development were protected from the negative impact of military violence by positive and protective relationships with caregivers. Palestinian children whose parents used positive styles of comforting were found to be resilient, and those who had loving and non-rejecting parents were more creative and efficient (Garbarino and Kostelny, 1996; Punamaki et al., 2001). When exposed to frightening events, resilient toddlers regain their secure base by

seeking attachment with caregivers, conquer anxiety and fear through play, persist with challenging tasks and are willing to explore.

Research indicates that an affectionate family, social support, shared ideology and religion and a sense of community during adversity contribute to child resilience to poverty, losses, and illness, facilitate coping and adaptation and lead to good mental health, school achievements and peer relationships (Daud et al., 2008). The Massad et al. (2009) study of the mental health of pre-schoolers in Gaza found that factors associated with resilience were caregiver's health, a higher maternal level of education and lower child exposure to traumatic events. Findings also show that good maternal mental health (Laor et al., 2001; Qouta et al., 2005) and adequate responses to trauma, such as image control (Laor et al., 2001), were associated with good pre-school psychological adjustment.

Supporting young children during emergency and conflict situations

Early childhood is a multisectoral field that holistically addresses children's multiple needs. During emergencies ECCE supportive services may address a range of issues including prenatal care, immunization, nutrition, education, psychosocial support and community engagement. Coordinated services of health and nutrition, water sanitation and hygiene, early learning, mental health and protection are considered essential in supporting young children living under emergencies and conflicts (Save the Children, 2008; UNICEF, 2009).

Many programmes and strategies, whether in the formal or non-formal education sector, have proved to be very supportive to the well-being and recovery of young children living in areas of conflict. Child Friendly Spaces (CFS) programmes have been found valuable in creating a sense of normality and providing coping skills and resilience to children affected by emergencies (the Christian Children Fund (CCF), 2008; IASC, 2007; INEE, 2004). Child Friendly Spaces help children develop social skills and competencies such as sharing and cooperation through interaction with other children. They also offer opportunities to learn about risks in their environment and build life skills, such as literacy and non-violent conflict resolution, and provide a useful means of mobilizing communities around children's needs. In an effort to strengthen community systems of child protection, CCF (2008) established three centres for internally displaced young children in Unyama (Uganda) camp that provided

a safe, adult-supervised place for young children between 3 to 6 years of age. War Child (2012) established six 'safe spaces' in schools in northern Lebanon for displaced Syrian children where counsellors used art and music therapy to help young children express their emotions in a healthy way.

Several studies show that children who have participated in quality education programmes within schools tend to have better knowledge of hazards, reduced levels of fear and more realistic risk perceptions than their peers (Llewellyn, 2010; Andina, 2010). In such contexts, psychosocial intervention programmes for young children and their families are considered to be vital. Interventions such as storytelling, singing, jumping rope, role-play activities, team sports and writing and drawing exercises helped to reduce psychological distress associated with exposure to conflict-related violence in Sierra Leone for children aged 8 to 18 (Gupta and Zimmer, 2008). Studies in Eritrea and Sierra Leone revealed that children's psychosocial well-being was improved by well-designed educational interventions (Gupta and Zimmer, 2008). In Afghanistan, young children and adolescents gained a sense of stability and security after their involvement in constructive activities (e.g. art, narrative, sports) which took place in neutral safe places within their communities (Dawes and Flisher, 2009).

Box 1. HEART: Healing and Education through the Arts – A Save the Children programme

Save the Children created a new education approach that brings the proven power of artistic expression – drawing, painting, music, drama, dance and more – to children in need around the world. The HEART programme is designed to help children aged 3 to 14 heal emotionally and learn critical skills so they can achieve their highest potential. These children may be trapped in the cycle of extreme poverty and limited opportunity, often compounded by trauma caused by emergency, conflict and violence or the loss of a parent or other loved ones to HIV/AIDS. HEART has been piloted in six places – El Salvador, Haiti, Malawi, Mozambique, Nepal and the West Bank – and has changed the lives of more than 10,000 children. Results include:

- Healing – Children develop the ability to express and regulate their emotions, improve self-control and self-esteem, recover and build resilience so that they are ready to learn.
- Learning – Children develop the cognitive skills they need to learn – perception, attention, memory, logic and reasoning – in addition to language, social and physical skills.

Children who participate in HEART are consistently more expressive and engaged in learning. They like going to school and transition more successfully to higher levels of education. Some children experience hope, and even joy, for the first time in their lives.

Source: http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6292389/.

Building the capacity of caregivers (which includes parents and teachers) to assist children appropriately during the early stages of crisis response as well as the later stages of emotional recovery is vital. Caregivers can provide

support by acting as role models for children, monitoring their conversation and behaviour and providing information and emotional support. They should also stay close to young children, maintain routines, shield them from media coverage, safeguard physical health and explore helpful community resources.

Box 2. Psycho-social Support to Parents and Teachers of Young Children – A programme by the Arab Resource Collective (ARC)/Lebanon

After the 2006 war in Lebanon, ARC designed a programme to prepare and motivate teachers and parents for the challenges of such a situation. This project aimed at offering psycho-social support and care to young children of conflict-affected areas in the classroom and at home by providing:

- Capacity-building for teachers and parents to cater to psycho-social and basic developmental needs of young children aged 3-8
- Enhanced resilience in younger children to cope with rapidly changing situations due to conflict.

Training topics included:

- War and child development/The role of education and the role of the teacher
- Communication for coping/How to discuss conflict with children
- Effective classroom management strategies and child-friendly discipline
- The school and classroom environment – reaching all children
- Psychosocial activities to improve learning and recovery.

The project was judged to be effective and timely in its delivery (Zein, 2007).

Source: Psychosocial Support to Parents and Teachers of Young Children Project Report, ARC 2007.

Conclusion and recommendations

This chapter provided studies that examined the direct and indirect impact of conflict, violence, emergencies and war-related events and their short and long-term effects on physical, emotional, cognitive and social development of young children. In general most studies find that young children represent a large vulnerable group in times of emergencies and conflicts. More positively, most children, if given support, will recover almost completely from the impact of distressing events. The majority will be able to cope effectively with the after-effects of their emergency exposure through their own resilience, and with the support of family and others, and may even derive positive benefits from their experiences. However, some children need more specialised help, perhaps over a longer period of time, in order to heal.

The chapter has confirmed that an integrated approach for ECCE in emergencies is required for greater impact. This calls for more coordinated intervention in the fields of health, nutrition, education, and protection. In addition the chapter has stressed the powerful role of education in restoring the lives of young children. Education as a force for peace and stability is an important starting point for prevention and reconstruction. Education programmes should focus on effective teaching and learning, capacity-building for school personnel, parents and other caregivers and the promotion of skills that enable children to cope and become agents of change. The role of the non-formal education sector cannot be underestimated, especially during times of crisis. Programmes should be tailor-made to different age groups and adjusted to include gender, IDPs, the disabled and orphanages. Community and parental participation in such programmes is vital as it promotes the importance of children's well-being as well as improving their physical environment.

It is important to note that research and data specific to the age group (0-8) remains insufficient for ECCE programme developers and policy-makers. Therefore, researchers need to be encouraged to further study the impact of emergencies on early childhood qualitatively and quantitatively, taking into account variables such as gender, disability, orphanages, IDPs, ongoing vs. short emergencies, and socio-economic conditions. More credible needs assessments of young children living in emergencies with a focus on the 0-8 population should be a starting point for effective provision of ECCE services.

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