



Original Article

Prevalence of Psychosocial Issues among Internally Displaced Children by Military Wars in District Khyber

Alam Zeb¹, Misbah Rehman² and Maria Rafique^{2*}¹International Islamic University, Islamabad, Pakistan²Department of Applied Psychology, Riphah International University, Islamabad, Pakistan

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*Corresponding Author:

Maria Rafique
 Department of Applied Psychology, Riphah International University, Islamabad, Pakistan
maria.rafiq@riphah.edu.pk

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ABSTRACT

Internally Displaced Persons (IDPs) are those who have been forced to leave their homes to avoid the impacts of armed war, violence, and other forms of violence. Human rights violations or natural or man-made calamities have occurred, but they have not passed an internationally recognized state border. **Objective:** To identify the psychosocial effects created by military wars on the internally displaced children of District Khyber, Khyber Pakhtunkhwa, Pakistan. **Methods:** For this purpose, 300 children were selected randomly, out of which 150 were males and 150 were females. These 300 children belonged to the middle and the secondary school of the same District and were internally displaced because of military wars. Data was collected using PTSD Checklist-Civilian Version (PCL-C) questionnaire and demographic information sheet and responses were recorded and analyzed using a SPSS version 24 software. **Results:** The *p*-value of less than 0.001 indicated that children belonging to year 2002 were victimized of war the most and had severe psychosocial effects. The factors such as loss of housing, family, finances, employment and the lack of accessibility to health care services had direct correlation with the increase in psychosocial impacts. **Conclusion:** It is concluded that females and children of middle and secondary schools were most affected.

INTRODUCTION

Internally Displaced Persons (IDPs) are those who have been forced to leave their homes to avoid the impacts of armed war, violence, and other forms of violence [1]. It is a well-accepted fact that experiences of childhood and adolescent age group have a significant effect on the psychosocial health which remains with people even when they are grown up adults [2]. Out of few causes that disturbs the psychosocial health of populations, the wars are considered as one of the major reasons [3]. They have been seen to affect the mental health of all age groups because of the injuries, deaths, illness, malnutrition and disabilities. Many studies have reported that wars bring several indirect contributory factors which affects the

psychosocial health of people especially children [4]. A study highlighted that apart from injuries, killing and disabilities, there are other reasons that account for the disturbed psychosocial health [5]. Moreover, children who are forcefully asked to join wars and serve as soldiers are stigmatized and discriminated in the societies which makes them devoid of any basic rights. All these factors lead to the loss of hope and enthusiasm in the life ultimately making those depressed individuals and grown up adults [6]. The middle and secondary school children are at high risk of developing psychosocial effects because of wars mostly because of the deployment and the morbidities [7]. The military wars and the fear associated with it tends to

increase the stress in civilians and the local communities [8]. The ways in which both genders were observed to respond to the war and its psychosocial impacts was different. Girls were usually seen to be more emotionally disturbed and channelized their emotions for the expression of things that were causing them harm and disturbing their overall wellbeing whereas; in contrast, boys were seen to internalize the feelings, were found to be less expressive and less vocal about what was disturbing them and this caused the behavioral changes and disturbances in their personalities [9]. The effects that one gets to see and suffer, they may subconsciously spread that to other people in the population and among different age groups, and children are the ones who are most affected [10]. Military wars change the family dynamics, children functioning which later affects the adult functioning as well when these children will be observed to grow in adults over the course of the study and will have poor developmental outcomes [11,12]. Many studies highlighting the effects of military wars on population generally but there had been a limited number which focuses on the mental health of children in particular. Therefore, the current study is addressing the prevailing gap and focusing on the psychosocial effects of military wars on the children. The study also presented a comparative analysis of genders which is most vulnerable and affected. Thus, this study aims to improve the psychosocial health of those children who are affected by the brutality of military wars so that their lives can be made better and healthy individuals are seen to grow as adults with more positive mental health.

METHODS

The research is cross sectional study as data was collected by using a questionnaire and survey for collection of responses. The study site for the research was Internally Displaced Children (IDC) of District Khyber. Both the private and government sector schools were selected from different SES and family background to give a diverse pool for the generalization of results. Data was analyzed using SPSS version 24. From District Khyber 300 internally displaced children were selected for the study (n=300) out of which 150 were boys (n=150) and 150 were girls (n=150). The sample size was calculated by using Open-Epi software. Inclusion criteria for the sample selection was those children who were internally displaced and who belonged to District Khyber. Those children were excluded from the study who were either did not born at the time of war or either didn't witnessed being internally displaced. Also, those children were excluded who belonged to the same families to avoid contamination of results or

reporting of same kind of effects. The demographics sheet was used to obtain the respondents basic information age, gender, class (grade) of study, orphan status, number of siblings, and home living arrangement. The questionnaire was designed accordingly to achieve the objective, there were 17 questions. All the questionnaire was filled through interviewing or filled by the participants. The questionnaire was designed using demographic sheet for the collection of demographic and background data. PTSD Checklist – Civilian Version (PCL-C) was used for the collection of data on psychosocial impacts and mental health inventory. These data collection tools were validated and had national and international significance. All the ethical considerations were kept in mind before and during conducting the study. The ethics review committee of the respective organization was approached for the approval, consent was made ensured and participants were allowed to leave the study anytime they wanted. The schools were randomly selected with random ages. The same schools were contacted and consent was taken from the school management, guardian and parents of the children. Those children who showed the will to be part of the study were selected as final participants. The entire study took place within the time duration of 6 months.

The anatomical zones were classified on MAUC criteria

"Zone H = central face, eyelids, eyebrows, nose, lips, chin, ear, periauricular sulci, temple, hands, feet, ankles, genitalia, nipples, and nail units"

"Zone M = cheeks, forehead, scalp, neck, jawline, and a pretibial leg"

"Zone L = trunk and extremities excluding areas included in Zone H"

The Chi-Square test, with a significance threshold of $p < 0.05$, was used to determine the relative frequency of MH in the study populations and subgroups.

RESULTS

Table 1 indicated that out of 300 children who were selected and recruited for the study, 33% used to live in a joint family system and 67% used to live in a nuclear family. Both the parents (mother & father) were equally involved in giving the responses and report the behaviors they have been observing in their children.

Variables	Category	F	%
Parents gender	Fathers	50	50.00
	Mothers	50	50.00
Family type	Joint family	33	33.00
	Nuclear family	67	67.00
Child gender	Boys	150	150.00
	Girls	150	150.00
Socioeconomic Status	High	100	100.00
	Middle	100	100.00

Table 1: Frequencies and percentages of demographic variables of Study(N=100)

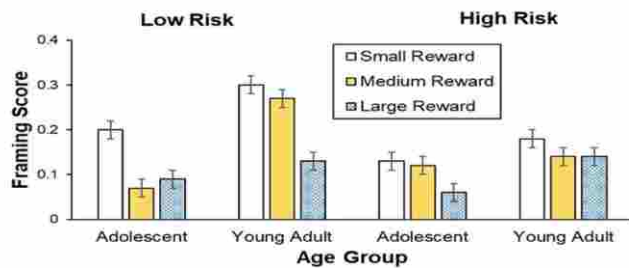


Figure 1: Framing Scores for Different Reward Sizes(N=300)

Table 2 indicated that depression, anxiety and stress scale showed a skewness of 0.22 which means that most of the children who were war affected and were internally displaced showed these symptoms.

Variables	K	α	Range		Skew	Kurt
			Potential	Actual		
DASS 21	.91	33.23(4.33)	10-100	14-89	0.22	0.78

Table 2: Psychometric Properties of the Study Major Variables/ Scales

Note. DASS= Depression Anxiety and Stress Scale

The p-value of less than 0.001 in column 5 indicated that children belonging to year 2002 were victimized of war the most and had severe psychosocial effects as reflected by the table 3. However, the children belonging to year 1998 were least affected in comparison because of their growing age in contrast to their fellow study subjects who were comparatively younger and had weak coping mechanisms. Hence this finding is reflective of the fact that the more a child grows up, the more better coping mechanism he has and less psychosocial impacts of war can be seen on him. Younger children are affected more because of their age and poor coping mechanisms (Table 3).

Variables	1	2	3	4	5
	—	0.67**	0.79*	0.59**	0.69**
2 B	—	—	0.49*	0.74*	0.87**
3 C	—	—	—	0.82***	0.58*
4 D	—	--	—	—	.57**

Table 3: Correlation of study variables(N=300)

The correlation scale identified that the factors such as loss of housing, family, finances, employment and the lack of accessibility to health care services have direct correlation with the increase in psychosocial impacts (Table 4). The girls also highlighted that the cases such as rape, assault and violence also are directly and positively correlated with their disturbed mental health. There were a few disagreements or difference of opinions in responses of girls and boys because their perception, attitudes and experiences varied on individual basis but both the genders agreed to these common and generalized reasons which

had affected them more during the war time.

Item No.	Item-total Correlation	Item No.	Item-total Correlation
1	0.73	6	0.67
2	0.65	7	0.68
3	0.68	8	0.69
4	0.66	9	0.67
5	0.69	10	0.69

Table 4: Item-total Correlation of Scale(N=50)

DISCUSSION

The study revealed that the wars and conflicts have been seen to affect girls at most in comparison to boys. To affect the society, it is the easiest approach to destroy and disturb the females as they are the foundational pillars of every family. They are more vulnerable because of the poor socioeconomic and unequal status in the society [13]. In addition, as males are responsible to look after the families as head, this added stress and burden in them. Males are able to cope with the stress in a better way as they had an opportunity to socialize, meet with people and had adequate options for recreation and rehabilitation as compared to females. This helps them in combating mental health stressors and leads a healthy life [14]. Considering that Pakistan is a developing country where already women are provided lesser opportunities and where minimal attention is given to the psychosocial health of women, those females who are affected by wars are restricted to their homes and have reduced mobility owing to the societal and cultural backgrounds [15]. Therefore, the government should pay special consideration to this area for making this place a better one for the females, a place which is safe and secure, both physically and mentally [16-18]. Out of all the participants, 33% used to live in a nuclear family. The children of such families reported that they had minimal chances of interaction with people around them, had limited access to the neighbors because of the conflict and unfavorable situations and had limited access to coping mechanisms because of the limited family size. Also, the children from such families reported that both the parents had been busy during wartime to ensure adequate food and health supply for their kids and this adds on to their overall work load which gave them minimal options to spend effective time with their children thus affecting their mental health as well. In contrast, children living in joint family system, 66% reported that they had better options for recreational facilities as they tend to get more time with their siblings and cousins and if one member of the family was busy, the other guardians and the elders were present to address their needs and requirements timely. This did not only help them during the war time to be less stressful and depressed and but also proved to help in coping

mechanisms after the war was over in comparison to children to whom such help was absent [19]. Many children, especially girls reported that they find difficulty to adjust in new environment as they did not know the language to communicate, they could not go to schools and could not get basic rights of life [20]. They experienced massive rejection and disapprovals from the residents of areas where they were internally displaced [9]. The study participants were also asked about the rehabilitation options and their views on it. Both girls and boys mentioned that rehabilitation is the most important and needed thing. Their suggestions included making rehabilitation a priority for all such children in addition to the provision of basic facilities [21].

CONCLUSION

The study concluded that military wars have major influences on the psychosocial factors of health. They affect almost all age groups, all genders and all ethnicities. The study also signifies that among all the genders, the females were the most affected and the vulnerable group and among all the age groups, children of middle and secondary schools were the most affected. Conclusively, women were the most marginalized and vulnerable groups in the society and their rights and needs go unaddressed during the war times, therefore, it is important that adequate facilities should be provided to them so that they may have better and healthy life after the crisis gets over. Therefore, rehabilitation centers should have adequate facilities for the females where they may get chance to develop their skills, enhance their abilities and improve their quality of life for the better mental health outcomes.

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