

PSYCHOLOGICAL & BEHAVIOURAL EFFECTS IN CHILDREN FROM THE CONFLICT AFFECTED DISTRICT OF SWAT

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ABSTRACT

Objective: To assess the psychological and behavioural effects in children from conflict torn district of Swat.

Design: A cross-sectional study with purposive sampling.

Place and Duration of study: Union councils of Hazara and Kanju in district Swat, from August 2011 to January 2012.

Subjects and Methods: A purposive sampling method was used for constituting the sample of the study and the sample size was 93. The sample was gender representative and questionnaires were used for data collection.

Results: Results revealed a heightened level of psychological and behavioural changes, fear and disquietude in the sample.

Conclusion: The conflict and floods in Swat have worsened the condition to an extent where these conditions are having an adverse psychological impact on the children of the area.

Key words: Conflict. Children. Anxiety. Mental Health. Pakistan. Swat

INTRODUCTION

Civilian casualties are the highlighted consequence of war. According to a report, almost 90% casualties of war are civilian casualties, comprising mostly of women and children. 1 out of 4 children live under the duress of war worldwide¹. The consequences of war and conflict transcend beyond mortality. An analytic report by Machel² in 1996 broke new ground and showed that death due to armed conflicts were just a "tip of the iceberg" and that there were other undocumented consequences as well that were never highlighted². One of the important consequences of war, due to its length, is the harmful psychological effect on the children who endure these traumatic events in the early stages of their lives which can influence an array of behavioural changes altering their lifestyle³. The severity and proportion of these psychological distress manifestations vary by sex and age of children. An advanced age can increase coping capabilities³.

The depressive symptoms in traumatized children include an abnormal increase in thoughts⁴. These thoughts include worrying about the present and thinking about the future. Constant worrying is one to the depressive symptom found in children accompanied by a sense of disparity for the future⁴. This unchecked and prolonged thought process often leads to suicidal thoughts. These

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thoughts are further aggravated by the need to be left alone, the inability to trust and incessant crying. School going children have also reported a loss of concentration and inability to think straight⁴.

The impact of these events depends upon children's capacity to process the meaning of the traumatic event and then channel them as behavioural changes such as increased irritable behaviour exhibited by temper tantrums, hyperactivity, fear and increased attention seeking behaviour in the children⁵. An inability to sleep due to constant nightmares is also highly reported among children. The nightmares and change in sleep pattern are classic symptoms of depression and anxiety. Research on the dream content of Palestinian and Kurdish children^{6,7} traumatized in the wake of the political war showed an increase in frequency and intensity of threat stimulation in dreams. The dream content of traumatized children is highly fragmented, realistic and vivid with horrifying endings and containing hostile and anxious emotions⁷.

The hypothesis of the present study was that similar change in behaviour will be witnessed in the children of the area of district Swat in Pakistan after the turmoil caused by conflict and floods. The purpose of this study was to assess whether such psychological & behavioural changes were present in children from Swat as an after effect of conflict.

SUBJECTS AND METHODS

The study was conducted by the Danish Red Cross in District Swat in the union councils of Hazara and Kanju.

The sample for the study comprised of school children from 5th and 6th grades. The respondents were

randomly selected from the purposively selected schools and communities from UC Hazara and Kanju.

A total of 93 children, ranging from ages 9 to 11, constituted the sample and careful consideration was taken in making the sample gender representative.

The three questions used in this paper were a part of an enumerator led survey questionnaire which was used as data collecting tool. The questions were closed ended with four choices relating to the degree of occurrence. The other parts of the questionnaire not used in the paper gauged the playfulness, level of trust, ability to listen and cooperation of the children.

Ethical considerations were taken into account for the research. Proper consent was taken from the parents of the children sampled and the answers were kept anonymous safeguarding the confidentiality of the participants.

RESULTS

Psychological and Behavioural Manifestations

Heightened level of anxiousness is a validation and an outcome of psychologically noxious situations. To test the change in behavior of the sample a questionnaire with three questions was used. The 1st question assessed changes in behavior, the 2nd question change in manifestation of dreams and the 3rd on overall anxiousness. The answers were divided on four levels of 'Not at all', 'Sometimes', 'Often' and 'Always'.

The results revealed that almost 46.2% of the boys and 23.6% of girls reported an occasional change in behavior demonstrated by an increase in confrontations with their peers. In response to the 2nd question, 35.5% boys and 24.8% girls reported that they 'sometimes' had

bad dreams while 14% boys and 9.7% girls said that they 'often' had bad dreams. Overall, 65.05% of the respondents reported 'sometimes' felt anxious while 20.45% as 'often' feeling anxious. This change in psychological and behavioral pattern links with the trauma these children have endured as a result of conflict and floods. The responses are summarized in Table 1.

Disquietude and Anger

Behavioral change in the form of constant worry and anger is also a consequential change as a result of devastating conditions. The second part of the questionnaire gauged the feelings of disquietude and anger among the children and divided their responses into similar 4 categories.

For disquietude the results revealed that 37.6% boys and 23.6% girls reported as 'sometimes' feeling worried while 10.8% and 14% reported as often feeling worried. The inference for anger however was higher and showed a high percentage of boys (29%) reported as 'always' being angry. The percentage of girls reporting as 'always' being angry (15.1) was also high but was almost half in comparison to the boys. This angry behavior in boys can be attributed to the culturally ascribed role of the head that they are groomed to take in the near future. Boys also are more social and the outside environment affects them more as compared to girls.

Overall, the data reveals that feelings of anger and disquietude are prevalent amongst the children with an accumulative of 40.9% of the sample 'sometimes' being worried and angry while 24.7% reported as 'always'.

The responses for disquietude and anger are summarized in table 2.

Table 1: Percentage Responses

	Not at all		Sometimes		Often		Always	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Do you fight with your friends, class fellows and do you harm each other	6.5	4.3	46.2	23.6	7.5	9.7	1.1	1.1
Do you have bad dreams	9.7	4.3	35.5	24.8	14.0	9.7	2.2	0.0
Gender wise Aggregate of Anxiousness	8.05	4.3	40.85	24.2	10.75	9.7	1.6	0.55
Accumulative Aggregate	12.35		65.05		20.45		2.15	

Table 2: Percent Responses on Feelings of Disquietude and Anger

	Not at all		Sometimes		Often		Always	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Do you feel worried	8.6	0.0	37.6	23.6	10.8	14.0	4.3	1.1
Do you feel angry	5.4	5.4	18.3	16.2	8.6	2.2	29.0	15.1
Gender wise Aggregate of Anxiousness	8.05	4.3	40.85	24.2	10.75	9.7	1.6	0.55
Accumulative	9.7		40.9		17.7		24.7	

DISCUSSION

Although the sample size for this study is small, yet the results are representative of the behavioural changes in children due to the adverse situation in Swat. The results from the study paralleled the results found in literature as discussed above and can be applied to other areas in the district as well.

The findings of are of great importance because depression and anxiety are only the mild effects of trauma and can escalate into more serious psychological problems like PTSD with the passage of time⁸. The severity and proportion of these psychological distress manifestations vary by sex and age of children³. This temporal frame of trauma determines the level of anxiety faced by children as the anxiety levels are at its peak immediately after the exposure and can regress with passing time⁸.

The impact of traumatic events is dependant upon children's capacity to process the meaning of the traumatic event and then channel them as behavioural changes⁵. The coping capabilities of children increase with age, therefore young children are more prone to the harmful effects of trauma³. Our media is constantly perpetuating news items about conflict and terrorism without providing viewer discretion advisory for children and without thinking about the repercussions for young children due to this constant fear mongering. A study on Palestinian pre-school children revealed that unlike adult children, the exposure of pre-school children was restricted to watching mutilated bodies on TV, hearing about people's houses being bombarded and witnessing firing by heavy artillery. The symptoms in pre-school children were also different from older children marked by an increased irritable behaviour exhibited by temper tantrums, hyperactivity, fear and increased attention seeking behaviour in the children⁵.

Early childhood trauma can also increase the risk of psychosis including schizophrenia even without the presence of genetic predisposition, as studies have shown that that early environmental factors can work in synergy with the genetic risk sometimes even dominating the genetic predisposition⁹. Although this effect of environment on the formation of schizophrenia is controversial other studies

back the link of childhood trauma with psychosis by showing that trauma impairs a child's brain by damaging the stress regulation mechanism in the hypothalamic-pituitary-adrenal (HPA) axis⁹.

The children who have anxiety disorders as a result from the traumatic events of war are also at risk for developing OCD. As OCD is an anxiety disorder that is caused due to intrusive thoughts and fears and the excessive and repetitive behaviours for reducing these fears, therefore, the anxiety disorder of such children can aggravate into OCD¹⁰. One research showed high scores for childhood trauma among OCD patients proving that some aspects of childhood trauma are common with the disorder¹⁰. Thus the children suffering from war traumas are at risk for developing anxiety disorder like OCD.

Literature also gives ample evidence from remedial interventions for conflict affected children. The most effective of these are school based interventions and include two interventions by Layne¹¹ in Bosnia in which he used innovative and creative school based methods of therapy. The interventions, done in 2001 and 2008, used 55 and 66 war affected children respectively and employed measures like stress management, relaxation techniques and practical problem solving. Both the interventions had an outcome of decreased anxiety, grief and depression and had signs of increased psychosocial adaptations.

Another innovative intervention by Gordon¹² used mind-body skills for reducing PTSD in Kosovo high school youth. The intervention made use of techniques such as meditation, drawing, biofeedback, guided imagery, breathing and other various relaxation techniques. These combinations of skills were concerned with enhancing sense of control, reducing sympathetic arousal and anxiety and improving mood. The outcome of the intervention showed marked improvement in PTSD scores proving these techniques to be beneficial in reducing stress.

Therefore published research shows that therapeutic interventions for school going children can counter the psychological and behavioural effects of traumatic events.

CONCLUSION

The results of this study show that there are noteworthy psychological and behavioural changes in children, hailing from conflict and disaster ridden area. Anxiety and depression are only the milder effects of conflict and can further escalate into serious mental health problems. Therefore, special attention needs to be paid in this regard and interventions should be designed, either by the government or NGOs, using the already successfully tested and published interventions.

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