

Children and war

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War ... is when some adults who don't know what good is and what love is, are throwing dangerous war toys which injure innocent people

Tamara, aged 10 years

ABSTRACT

This paper is an attempt to focus attention on the effects of today's wars on children. It includes the development of concepts which might help to protect children. Civilian involvement in war has changed significantly over the course of this century. Protection of children has not kept pace with the technological advances that have increased their exposure to physical and psychological injury. Children's recognized vulnerability is at odds with the disproportionate burden they are having to bear. In recent conflicts, attempts at safeguarding children from the direct effects of war seems to have been based on a bizarre concept of 'working with the generals'. The levels of physical and psychological protection thus achieved have been uniformly poor. This is evidenced by the failure of the 'safe area' and of the refugee camp as places where children and their families might be protected. It is suggested that a fundamental change in the approach of those, whether agency or individual, who would seek to assist such children is required. Providing effective advocacy for children is the greatest challenge that lies ahead for health care workers in complex humanitarian crises.

Keywords advocacy, child protection, safe area, war

War

The concept of children being actively engaged by war is abhorrent to all with an interest in child welfare. In spite of this, every one of the 24 'major armed conflicts' (defined as more than 1000 deaths per year) that was in progress in 1995² (Table 1) is having devastating effects on the child population in those countries. It is often a calculated effect. It is always a calculable effect. An unrestrained, destructive process of war is pitted against an evolving, carefully entrained process of child development.

Trying to protect children

In 'peaceful' advantaged countries, it is required of parents that they provide a safe nurturing environment in which a child can grow, play and learn. They are not permitted to abuse their children physically, emotionally or sexually. The statutory bodies that oversee child welfare have considerable powers of sanction if it is felt that parents wilfully neglect or abuse their children. In countries in conflict, usually disadvantaged, with parents trying their utmost to provide a basic level of care for their children in an environment that is

anything but safe and nurturing, effective assistance from their own leaders or from other countries with available resources is often lacking. It is true that standards have been set for the protection of children. These are embodied in the *United Nations Convention on the Rights of the Child*.³ This 'bill of rights' has now been accepted as internationally legally binding by 183 of the 189 countries represented at the United Nations.⁴ As they stand at present, however, in order to be effective, the comprehensive and well-intentioned safeguards set out in the convention require the co-operation of the very forces that are responsible for placing the children at risk. The near universal ratification of the *Convention on the Rights of the Child*, supposedly providing protection for 96% of the world's children, has done little to ensure its effectiveness in the many on-going conflicts around the world.

The changing face of war

The trend in the practice of war has not helped. In the last 50 years there has been a move away from pitched battles fought, for the most part, between armies on battlefields at a distance from civilian population centres. Latterly, they have tended to involve civilians more, in a variety of different ways. Based on terrorism, these include wholesale slaughter of civilians, targeting of schools and hospitals by artillery, the forced migration of disrupted families creating large numbers of refugees and internally displaced persons, the enforced conscription of children and the indiscriminate use of anti-personnel mines. It is estimated that up to 90% of fatalities in today's wars are civilians.⁵ One reason proposed for this targeting is that it instils fear and removes the will to fight.

The designs of war

Many of the recent conflicts have been internal, with political crisis and civil unrest marked by ethnic factional fighting, resulting in so-called complex emergencies.⁶ Success in recruitment is ensured by creating an atmosphere of envy, fear and distrust between ethnic

groups. These destructive features of nationalism, driven by a basic survival instinct, are amplified in times of hardship such as war or famine. This is not all that is subjugated by war, because the previously wholesome concept of community becomes, in the event of war, an 'ethnic faction'. The widespread civil unrest is complicated by uprooting the civilian population (often high on the agenda of those orchestrating events), creating large numbers of refugees and increasing the likelihood of infectious disease and famine. Being a refugee or internally displaced person in itself presents specific problems for the child affected by war.

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Counting the cost of war

The cost of war for today's children can be measured in a variety of ways. The extent of their involvement over the last 10 years, catalogued below, is a clear marker of their increasing vulnerability.

Children's mortality

It has been estimated that 2,000,000 children have died in war zones in the last 10 years. This does not only represent that number for whom the end, though sudden and unexpected, is quick and painless as with those caught out while playing, discriminately by the sniper's bullet or indiscriminately by the stray mortar, or killed in the night with the rest of the village by the advancing enemy. It represents also, the child who suffers a more lingering death after being caught in a hail of shrapnel from the mortar that killed his/her playmate or after losing both legs to an anti-personnel mine. The numbers are further swelled by those children whose illness or injury is left untreated because of the destruction of basic and specialist medical services, where the tortured process of dying is not even relieved of pain because of the absence of basic analgesics or doctors to administer simple anaesthesia.

Table 1: The league of wars

Country	Estimated deaths*	Position in UNICEF league†	Under-5 mortality rate (1994) (per 1000 live births)
Angola	40,000	2	292
Sierra Leone	3000	3	284
Afghanistan	15,000	5	257
Liberia	20,000	9	217
Somalia	Not known	12	211
Cambodia	25,000	22	177
Sudan	40,000	38	122
India	37,000	39	119
Bangladesh	3500	41	117
Indonesia	16,000	44	111
Tajikistan	50,000	53	81
Iraq	Not known	57	71
Guatemala	2800	58	70
Algeria	45,000	61	65
Peru	28,000	64	58
Philippines	25,000	65	57
Turkey	17,000	70	55
Iran	Not known	75	51
Russia	40,000	91	31
Sri Lanka	32,000	111	19
Colombia	30,000	112	19
Bosnia and Herzegovina	55,000	113	17
Croatia	10,000	119	14
Israel	12,500	131	9

* Deaths since start of conflict

† Rank (out of 150 countries) in descending order of their estimated 1994 under-five mortality rate

Morbidity

Four million children have been disabled. Again, having suffered the pain of the injury, the child has to endure the rest of his or her existence in an uncertain world with the certainty that they cannot play a full part in it. Most of these children suffer significant disability, for example, paraplegia, blindness and deafness, in countries or cultures where physical fitness and stamina are prerequisites for achieving a position in society such that they will be valued or even just able to survive at a subsistence level.

Loss of home

Twelve million children have lost their homes, having been internally displaced or made refugees. The problems that are faced by children caught up in war are amplified in that proportion who lose their home and their country as well. With the loss of home goes the loss of security, with the loss of country goes the loss of protection as they lose both the protective voice of their own representatives and their ability to voice their own concerns and needs. As they are displaced, so are they disenfranchised.

The horror of refugee camps

Of the 12,000,000 children displaced, perhaps 40% will have lived for a period of time in a refugee camp. The abuses that children are subject to in refugee camps are particularly worrying. Their presence in the refugee camp is an *a priori* abuse in terms of the needs of the child. There also exists the potential for abuse at the level of the individual. In the dysfunctional situation that every refugee camp represents there is an increased incidence of physical, sexual and emotional abuse of children, both by family members, strangers and sometimes aid workers. These assaults occur at the time when the child is at his or her most vulnerable and most in need of personal security. Protection of these children is even more difficult and is often severely lacking if their vulnerability is increased by the loss of one or both parents.

War orphans

One million children have been orphaned. This figure tells nothing of the loss of other close members of the family, including grandparents and siblings which might have a profound effect on the child. It cannot begin to suggest the extent of the damage done to the psyche of the child who witnessed the moment of loss (Figure 1). It is obvious, therefore, that the number of children suffering a loss must be much greater and the extent of loss much deeper than first imagined. The effect on the child of the loss of one or both parents is to leave a vulnerable individual bereft of a protector and nurturer who would have been the only person that might be expected to act selflessly on behalf of the child. It leaves the door wide open for abuses by individuals and institutions.

Psychological trauma

Ten million children are estimated to have suffered significant psychological trauma. This figure must be a serious underestimate in view of the known number of displaced and refugee children combined with the injured, orphaned and those who have witnessed death and injury of loved ones. It is likely that some of the horrors being inflicted on children by today's adults are the fruit of seeds sown in the minds of yesterday's children.

Child soldiers

An unknown number of children are bearing arms. Military recruitment of the child robs the individual of childhood. It brutalizes children and diminishes their value as individuals. It increases the risk of abuse, both physical and sexual, as it ages them beyond their years. Paradoxically, the child holding a Kalashnikov is easier to kill or rape than a child playing football or sitting in a classroom. The bearing of arms is, in itself, an emotional abuse of the child. It also changes one's concept of a child's abilities and potential, leaving the population of children in a warring country to be viewed, not as potential adults but as potential soldiers. This validates them as targets for their enemies. The United Nations line on child soldiers needs review. While the UN promulgates the view that individuals under 18 years are recognized as children, the *Convention on the Rights of the Child* and *Geneva Conventions*^{7,8} offer protection from military recruitment only to those under 15 years. Nations in crisis, recruiting in situations where records (e.g. birth certification) are inadequate or have been destroyed, have abused this. In recruiting boys who look 15 years old, many 12 year olds are likely to be caught in the haul. In reality, local rules governing age of conscription are determined by the needs of the army rather than international law or the needs of the child.

Disruption of health care systems

Countries at war at present are also those which have demonstrably lower rates of childhood immunization uptake as well as higher infant mortality rates and under-five mortality rates, as compiled by World Health Organization (WHO) and United Nations Children's Fund (UNICEF). Children's immunization programmes

are disrupted by war, at a time when they are most needed. In peacetime they serve as a point of contact with health professionals for pregnant women and mothers with young children. Health screening can take place (for both mother and child) and health advice can be imparted, freely and at a level that the recipients can understand. How much more essential are these safety nets in a situation of conflict when any previously functioning indigenous health structures (personnel and facilities) will have been destroyed? Their need is further increased as the poorer standards of hygiene, health and nutrition that accompany war increase susceptibility of populations to communicable and infectious disease. The increased vulnerability of children who already have relatively immature immunological and homeostatic mechanisms is evidenced by the observations that infants and young children succumb more readily to chest infection and gastroenteritis in populations affected by conflict.⁹ In the same way, loss of normal social protective mechanisms may mean that adolescents are more easily subject to sexual abuse and rape.¹⁰

Anti-personnel mines

It is estimated that up to 75% of the 1,000,000 civilians injured or killed in the last 20 years by anti-personnel mines have been children.¹¹ Scattered from the air as brightly coloured 'butterflies' filled with liquid explosive they will blow the arm off an inquisitive child. Hidden in grass or just buried slightly underground, others are designed to be detonated by the pressure exerted by as little as a 3.5 kg weight. The gentle pressure of a small child's foot is often sufficient. However cynical the design or immediate purpose, anti-personnel mines have significant effects on children, tantamount to terrorism. With 110,000,000 mines laid in 64 countries around the world they represent a dreadful legacy for children already scarred by war. Of the weekly toll of 500 victims of mine blasts, a majority are killed outright. Because of their size, children that do survive the blast suffer the severest injuries, ranging from limb amputation and abdominal and genital injury to blindness and disfigurement resulting in a lifetime of disability. These children seldom receive adequate analgesia not to mention appropriate medical treatment and rehabilitation. When treatment is made available it diverts scarce health resources away from vital primary health programmes. While the underlying strategy governing use of anti-personnel mines may

be to prevent the advance of the enemy, another significant effect is their denial of entire communities' access to land, transport and water years after wars have ceased.

Responding to the crisis

Any response must be based on the recognition that children do not have unlimited time available for their development, whether education, growth, or just enjoying a period in their lives when they are uninhibited by the pressures and expectations of adulthood.

Combined international responses

Inter-governmental organizations such as the United Nations and its constituent parts have an important role in co-ordinating diplomatic and 'peace-keeping' efforts to end the hostilities as well as relief efforts for those affected. They may also be mandated to advocate the rights of specific groups such as children (UNICEF) or refugees (United Nations High Commissioner for Refugees). However, the UN decisions are arrived at by diplomats, answerable to the politicians of the countries that they represent, often countries with overriding interests in maintaining a certain regional balance of power. Many of the most powerful countries in the UN are also those who manufacture and export arms, because of which they may have a vested interest in the continuation of wars.

Other interested countries

Individual governmental efforts may be in keeping with the best humanitarian practice. They may also involve specific military or economic measures designed to persuade the factions that they have more to gain through peace than war. At times they are totally partisan, involving direct military aid to one side with little regard for its effect on civilians. It is ironic that it may have been the very exclusion of the area or country (because of political considerations) from a wider trading community that may have led to the economic instability that often catalyses internal or international conflict.

Non-governmental organizations

Non-governmental organizations (NGOs), from those with the experience and reputation of the International Red Cross and Red Crescent Movement, and Médecins sans Frontières, to smaller organizations with equally admirable aims, have proved at times to be the most effective of the organizations that respond to emergency situations. The truly humanitarian bodies, not bound by political or religious considerations, adhering to a recognized code of conduct,¹² are unfettered and able to assist where they perceive the need to be. Working on the ground with good co-ordination, they can achieve a result that is greater than the sum of their parts. They are also free to speak out, advocating the rights of those caught up in the conflict, not needing to answer to political masters.

However, even NGOs are limited in their ability to respond. At least a tacit acceptance, by the warring factions, of aid organizations is necessary for them to be in a position to assist children in these complex emergencies. If the warring factions do not want intervention on the part of a group affected by the war, they have often been able to block that intervention by using the threat of violence. It should be remembered that most of the on-going conflicts are evolving in a way that has been outlawed by internationally ratified conventions on human rights and conduct of war. It is therefore less likely that the factions will allow meaningful intervention on behalf of those at risk, particularly as the manner in which they are prosecuting the war indicates that the damage being done is wilful and serves their purpose.

Possible strategies to protect children and their families

Planned response

The way forward in assisting these children is not by accepting the demands and limits on intervention laid down by the warring factions, but by recognizing the duties that exist under international law to children and families affected by war. The starting point should be a clear view of the goal of total protection. This goal should be clearly stated. The international community

should lend whatever support – logistic, financial and indeed military (for protection rather than offence) – that is required to achieve the stated end. Intervention on the side of children in conflict should follow the guidelines used to protect children in peacetime. It should be well planned and not a knee-jerk reaction. It should be on the basis of surveillance and instituted not when an emergency situation has already developed but in anticipation of the need.¹³ Its effect will then (like a vaccination campaign in advance of an anticipated epidemic) be measurably greater. The thrust of the intervention could be the protection of children within an environment in which they can be and feel safe.¹⁴

Safe areas

Within this zone of protection a programme of external assistance should ensure the maintenance of the normal support services that children should enjoy in the absence of conflict. The opportunity to use this assistance as a vehicle for development work is an important ideal which should not be abused. Foreign nationals working within a protection programme enjoy a protected status themselves. Abuse of the trust conferred by this privileged position would be very damaging to the whole concept of child protection. Those within this zone of protection should not be subject to propaganda or misinformation (one of the recognized problems of refugee camps) from any of the warring factions or external political forces (including protection forces and aid agencies). Internationally mandated safe areas that are adequately protected would be an advance. They should be devoid of all structures, military and administrative, which could make them targets for incoming shells, rockets or bullets. Safe corridors should enable them to be supplied with aid. Thus protected, children's safety could be ensured and attempts could be made to repair some of the psychological and physical damage.

The value of advocacy

In order to achieve this, children need effective advocacy. National paediatric associations in advantaged countries worldwide should promote global children's rights through condemnation of the international arms trade to military dictators in less advantaged countries. They should openly condemn atrocities. They should be prepared to send emergency teams to

crisis situations. Such teams will help protect children through the effective delivery of medical and humanitarian aid and through local advocacy and witness.

A role for paediatricians

Child health doctors continue to demonstrate their interest in child protection by identifying and advocating the needs of children in their own countries. They are in the enviable position of being able to speak on a public platform about the needs of children and have governments listen to them. They should use this power, armed first with the facts that constitute the shameful catalogue of the abuses to which children have been subjected in wars around the world. There exists a moral imperative for paediatricians to inform themselves about the children they are not contracted (at least legally) to care for and recognize their moral responsibility.¹⁵ No longer should paediatricians be seen as bystanders, neutral on what, for children, are the greatest issues of life.

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Biosketches

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Editor's note

This important paper is the first of a series of commissioned papers dealing with some of the key threats to the well-being of children on a global level. Michael Plunkett and David Southall have outlined the implications of war for children and make a strong appeal to paediatricians in developed countries to use their power and influence as advocates for children threatened by the brutality and abuse of war. This is an issue of major importance; I would welcome correspondence related to the role of paediatricians in advocacy nationally and internationally which could be published in this section.

*Professor Nick Spencer
Section Editor, Child Health Across the Globe*