War Affected Children in Afghanistan

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Introduction

Afghanistan has been shattered by two decades of war which has created a massive humanitarian and human rights catastrophe. An estimated 1.7 million people have been killed and another two million permanently disabled [1]. About 70% of recipients of humanitarian assistance are children and women. It is estimated that around 10 million landmines have been laid in Afghanistan, making it one of the most heavily mined countries in the world [2]. Approximately half of all landmine victims are children. Children and adolescents are forcibly recruited as soldiers. The easy availability of small arms facilitates the use of children as combatants [3].

Report

A total of 17,850 children (less than 12 years) were seen during one year period from 2002-03 at Indira Gandhi Institute of Child Health (IGICH), a tertiary referral centre at Kabul, Afghanistan (Table 1). In view of the limited resources, the diagnosis were usually made on the basis of patients self reported symptoms. The most important causes of morbidity in children (one month - 12 years) were acute respiratory infection and diarrhoea accounting for 36% of all cases. The other causes of morbidity were infectious diseases and cardiac

Table 1

Age and sex distribution of children seen at IGICH, Kabul (n=17,850)

Age group	Male	Female	Total
0-30 days	3200	2650	5850
1-12 months	2480	1396	3876
12-60 months	3840	2625	6465
5-12 years	1180	479	1659

emergencies together accounting for 26% of cases. Among the infectious disease, gastroenteritis, septicaemia, meningitis, pneumonia, tuberculosis, measles and typhoid fever were common. Malnutrition of varying degree was common. It was seen in 25% of all admissions. Twenty percent of such cases had severe protein energy malnutrition (PEM), which contributed to higher mortality. There was a high incidence of Down's syndrome due to pregnancies till an elderly age. The incidence of various genetic disorders was also high since consanguineous marriage were common. The overall mortality rate was 14.8%, majority in the neonatal period. Major cause of neonatal mortality were birth asphyxia, sepsis, respiratory distress and prematurity (Table 2). Mortality in older children was primarily contributed by pneumonia, bronchiolitis, diarrhoea, sepsis, congestive cardiac failure, congenital heart disease,

Table 2

Neonatal mortality (n=1026)

Disease	In term baby		In preterm baby		Total	%
	Number	Case fatality (%)	Number	Case fatality (%)		
Septicaemia	176	30	152	36	328	32
Meningitis	18	22	43	33	61	6
Birth asphyxia	56	5	199	44	205	20
Respiratory distress	125	16	179	56	267	26
Hypoglycemia	9	6	31	21	40	4
Hypothermia	18	18	24	19	42	4
Congenital defects	12	6	41	18	63	6
Haematological disorders	8	8	12	18	20	2

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Table 3
Mortality in children (1month – 12 years) (n=1620)

Disease	Number	%	Case fatality (%)
Septicaemia	407	25	45
CNS infection	240	15	40
Diarrhoea	292	18	22
Acute respiratory infection	356	22	16
Cardiac diseases	243	15	14
Renal failure	32	2	30
Hepatic failure	7	<1	50
Diabetic ketoacidosis	10	<1	44
Malignancies	33	2	60

pyogenic meningitis and encephalitis (Table 3). Gender status appeared to affect even paediatric access to health care and majority (59.9 %) of paediatric consultations involved boys (Table 1).

The lasting impact of war on the psychological state of children is well seen here. Many children have post traumatic stress disorder as a consequence of experiencing parental loss in war. Most of the children are left to earn their livelihood and child-labour is common. Most of the children at government orphanage in Kabul are deaf and dumb or blind. Casualties due to landmine blasts are quite frequent. Cases of physical and sexual abuse in girls and boys are also reported.

According to figures on children's health published by the UNHCR, UNICEF and 'Oxfam International' in 2001 and 2006 [1, 4-6] an estimated 600 children under the age of five die every day in Afghanistan, mostly due to preventable illnesses. An estimated 25 percent of Afghan children die of preventable causes. Diarrhoea, acute respiratory infections, and vaccine-preventable diseases account for approximately 60 percent of these child deaths. Over 750,000 Afghans (including children) are disabled due to mines. Clean water is available to less than 15 percent of the population. The immunization rate among children is as low as 10 percent. There is a high incidence of mental health problems, particularly among women and children.

Other War Affected Regions

The children of Iraq are caught up in war for the third time in 20 years. Almost half of the population is under the age of 18. One in four children under five years of age is chronically malnourished and one in eight children die before their fifth birthday [5]. Some 270,000 children born after the war had no immunizations whatsoever. A rapid post-war nutritional assessment carried out by UNICEF in Baghdad found that acute malnutrition or wasting, measured by a child's weight for height, has nearly doubled from four per cent a year

ago, to almost eight per cent and seven out of 10 children suffered from various degrees of diarrhoea.

An estimated 3.6 million people, including 1.8 million children have been affected by the ongoing crisis in Sudan (Darfur) [5]. Serious outbreaks of diarrhoeal disease, with unacceptable levels of child mortality, were reported in the Khartoum displaced camps and in Juba. Malaria is a common disease followed by respiratory tract infection, diarrhoeal disease, gastroenteritis and eye infections.

Amid daily clashes between federal forces and rebels, Chechnya's 500,000 children struggle with the trauma of growing up in a war zone. Most have lost a parent or a sibling. Eighty percent of children in Chechnya suffer from psychological or nervous disorders. Thousands of children in Chechnya have died or lost their limbs after stepping on land mines or picking up unexploded ordnance. Widespread poverty, hunger, lack of clean drinking water, basic sanitation and public health infrastructure have led to outbreaks in communicable diseases such as measles, hepatitis A, whooping cough, tuberculosis and gastrointestinal disorders.

Ten years of conflict in Liberia have led to the displacement of thousands of people, disrupted delivery of basic social services, and increased vulnerability of women and children to extreme poverty, hunger, disease and HIV/AIDS [5]. A growing number of internally displaced (IDP) children and youth in camps face high risks of being conscripted into the fighting factions as well as becoming victims of sexual violence.

Conclusion

The lack of food, shelter, clean water, health care access, education and work opportunities are the biggest challenges in war affected regions. Access to medical facilities is often limited for children because the available resources are directed towards men.

Conflicts of Interest

None identified

References

1. State of the World's Children. UNICEF report 2001.
2. Machel G. The Impact of War on Children: A review of progress since the 1996 UN report on the impact of armed conflict on children: Hurst and Company. UNICEF/UNIFEM report 2001.
3. Small Arms Survey. Oxford University Press 2001.
4. State of the World's Refugees - Fifty Years of Humanitarian Action. UNHCR (United Nations High Commissioner for Refugees) report 2000.
5. State of the World's Children. UNICEF report 2006.
6. Gender and Afghanistan. Oxfam International report 2001.