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The Mental Health of Afghan Children Residing in Pakistani Refugee Camps

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There have been several different events in Afghanistan's history that have forced its citizens to find refuge amongst its neighbors, the largest amount settling in Pakistan. As one of the largest groups of refugees currently, there are countless hardships that these individuals face. While struggling to find a place to meet their basic necessities, they meet untold hardships even within themselves—coping with the stress, trauma and inevitable effects of being drenched in war-torn surroundings. There are political, economic, familial, cultural and individual contributing factors that inevitably have an effect upon their mental health. As with any population, the children are the hardest hit, and most often neglected. There are serious mental health problems found in the Afghan refugee children, most commonly post-traumatic stress disorder (PTSD). A child's mental health is highly dependent on the security of their surroundings and parents'/guardians' well-being, which sometimes itself is crumbling or absent. While there are many laudable efforts currently to help the refugees, endeavors to address the mental health of their children has been few and far between. It is highly recommended to move forward by establishing a secure environment for the child by: recognizing the seriousness and widespread nature of mental illness, reducing the amount of exposure to violence, and moving forward by retooling, reviving and reeling the family and feeling of community to once again provide the support and treatment that their children need.

Contributing Factors to the Child's Mental Health Problems:

- Political:
  - Pakistan has not legally recognized refugees; they have been considered illegal immigrants with very little protection and/or rights.
  - They have developed a system of registration cards (Proof of Registration (PoR) cards).
  - Currently lack sufficient policy to provide an all-inclusive program for refugees.
  - Camps are often center of political activity and have high incidence of violence and trauma.
  - There are specific examples of war tactics directed at children (e.g. Soviets placed bombs that looked like butterflies to attract the children).

- Familial/Cultural:
  - Disruption of familial and traditional roles. With the lack of men, mothers are working (mainly domestic jobs). Imbalance is also caused by children being able to adapt and assimilate into a new society easier than their elders.
  - Absence of fathers
  - Mental well-being of the parents
  - Sense of identity and belonging to a community
  - Misunderstanding/ misinterpretation of child’s experiences/symptoms
  - Stress associated with seeking treatment
  - Insufficient existing model for treatment to deal with complexities and culture

- Economical:
  - Depleting international aid with Soviet withdrawal and Pakistan’s economic downturn
  - Socioeconomic status of the family greatly affects child’s adaptability (includes the level of education, language, jobs, etc.)

- Individual:
  - Amount and length of exposure to violence
  - Proximity of the area of impact, degree of life threat, forced evacuation and/or displacement
  - Stress associated with trauma, migration, loss, displacement and acculturation
  - Personality and resilience

Posttraumatic Stress Disorder (PTSD):
"A condition caused by the exposure to (experiencing, witnessing or being confronted with) one or more events, involving actual or threatened death or serious injury or a threat to the physical integrity of self or others." (adapted from DSM-IV)

Characteristics of PTSD:
- Persistent re-experiencing of the traumatic event.
- Persistent avoidance of stimuli associated with the traumatic event; numbing of general responsiveness.
- Persistent symptoms of increased arousal.
- Cause significant distress or disruption in social, occupational or other areas of life.
- Lasting longer than 1 month.
- While the response of adults is intense horror, fear and helplessness, children respond more commonly with disorganized or agitated behavior.

- High amounts of stress
- Anxiety
- Depression
- Posttraumatic Stress Disorder
- Loss of identity

Reported Symptoms:
- Recurring nightmares
- Insomnia
- Secondary enuresis
- Intrusion
- Relationship problems
- Behavioral problems
- Academic difficulties
- Anorexia
- Somatic problems
- Drug abuse

Impact on Child’s Mental Health:

Afghans currently account for the largest amount of refugees.
- End of 2001 — nearly 5 million Afghan refugees in Pakistan (another 2.4 million had settled in Iran)
- Since 2001 — about 5 million of the total have returned to their homeland (largest repatriation in UNHCR’s history).
- Currently — approximately 2.8 million Afghan refugees reside in Pakistan.

Origination of Refugees in Pakistan:
Several different times in Afghan history civilians have fled for their lives and sought refuge in Pakistan:
- 1970s — Domestic upheaval between mujahideen and the governing pro-communist party (DRA)
- 1979 — Intervention of Soviet Union to help DRA and the U.S. involvement to rally against communism
- 1989 — Withdrawal of Soviet Union and ensuing civil war
- 1993 — Emergence of the Taliban as dominating power

End of 2001 — nearly 5 million Afghan refugees in Pakistan.

Lot’s of attention has been given to the largest group of refugees. However, prior to 2005, there were restrictions on refugee registration, and no accurate count of incidence or need was executed.

Current Efforts:
- Effective NGOs have focused efforts on:
  - Emergency needs, education and literacy, health care, microenterprise and income generation projects, etc.
  - United Nations High Commissioner for Refugees (UNHCR) has been the main contributor as they:
    - Help guide the voluntary repatriation of Afghans back to their homeland with safety and dignity.
    - Ensure it is done in line with the capacity Afghanistan has to absorb the returning people, as well as taking into consideration the security of the situation.
  - Pakistani Government’s promising continue to support is shown by:
    - One of its most vital inclusions is the extension of the Proof of Registration (PoR) cards until the end of 2012. These cards had expired last December 31, and will be replaced by updated cards with enhanced identification features for all registered Afghans.

Recommendations:
- Recognize, not Rationalize the seriousness and widespread incidence of mental health problems of children in refugee camps.
- Reduce amount of exposure to violence by monitoring exposure to violent media, domestic abuse, and children’s interactions.
- Refortify, Revive & Rally the family as a whole and the community of the camps.

Non-governmental organizations and volunteers should be trained to manage and detect the prevalent mental health problems of the refugee children, taking into account the widespread impact it can have on them and the implications of their surroundings, as well as the absence of specialist services.
- Educating parents should be a top priority in how to cope and deal with their own mental health and overall well-being, as well as implement effective strategies to help their child deal with their own illnesses, even if circumstances are sub-optimal and war-sensitive areas.