The impact of constantly seeing war heading the list of causes of death among children might bring home to policymakers the need to control militarisation—if only to save the lives of their own children!

by Amal Shamma'

While the problem of the battered child has long provoked discussion, little attention has been paid to the mass brutalisation of the children of an entire society through the organized activity of their own society or of another: specifically, the problem of children and war.

Since the establishment of the United Nations over 40 years ago, there has been a pandemic of wars in the world, nearly all of them fought in the Third World. With time, these countries have witnessed not only the deaths of large numbers of their respective populations, but also the destruction of their natural resources, the undermining of their national institutions, the disruption of their planned development and targeted progress, and a diversion of already scarce national funds away from social areas of need and towards military expenditures. The effect all this has had on the health, welfare, and development of the child has been traumatic.

Wars affect children in many ways. The most obvious and dramatic are the immediate physical effects. War constitutes a major killer of children in the Third World. In my own country, Lebanon, an estimated 120,000 people have died since 1975. A random review of the listings of the dead any day in the Lebanese press would put the percentage among the dead of children aged under 15 at anywhere between 15 and 33 per cent. That is to say, between 18,000 and 40,000 children have been killed by the fighting in Lebanon in a period of some ten years. No single disease can boast the same killing rate over the same period of time.
In 1982, after Israeli forces entered Lebanon, 19.3 per cent of civilian casualty admissions to Berbir Medical Centre in Beirut were below 15 years of age, and 11.4 per cent of those died. These figures do not include those transferred to other centres or those who died in ambulances before admission.

A crucial point to be made here is the fact that war is not listed in public health classification annals, whether national or international, as a cause of death of children. As a result, there is no established mechanism for the effective collection and reporting of pertinent statistics relating to the subject. Sporadic, limited, or anecdotal statistical analyses can never reveal the magnitude of the problem, as is evident from the examples stated here.

Many children will survive warfare but will be injured in it. In a review of Berbir Medical Centre’s admissions of paediatric war injuries in 1982, 82 per cent of the cases suffered moderate and major injuries while major handicap occurred in 13.5 per cent of cases. Facilities for managing those handicaps in Lebanon are limited.

Social effects

The social and economic effects of war on children are more subtle to discern, more difficult to measure and, consequently, even less known to the public and policymakers than the physical effects of war.

War disrupts the economy of the country that it involves, interrupts development and progress, contributes to poverty unemployment and inflation, destroys natural, human and established resources, increases despair, decreases creative initiative. Children in the war zone, when they are not targets of shelling, suffer from the death of parents and providers, from homelessness, malnutrition, insufficient medical care, interrupted formal education and stunted growth.

Facing page: Victims of the Gulf war: the shell that burnt this three-year-old boy also killed his father.

Right: The horror of war in Lebanon. “In their homes, children talk with remarkable detachment of gory scenes, massive injury and the death of neighbours.”

In Lebanon alone – and this is true of many cities – thousands of children have been orphaned, tens of thousands of families are homeless, agricultural land has been devastated, major industrial areas have been destroyed, schools and hospitals have either been damaged or rendered unusable, public services are barely existent, and government strategies affecting health, education, housing, economic growth, have virtually come to a halt.

Even the preparation for war in Third World countries may be devastating to those countries’ growth and well-being. Dr J. K. Harfouche, in a review of the consequences of increasing militarism in the world, describes what happens when militarisation competes with social development for the already scant resources of those countries. She shows that funds expended on the military sector, even in industrialised nations, far exceed what is spent on health research, energy resource development, feeding and housing for the poor. In developing nations, the imbalance is even greater; spending on arms purchases far outstrips what is spent on health, education, sanitation and agricultural programmes. Furthermore, Third World countries can expect 20 times less in terms of economic assistance from industrialised nations than what the latter nations spend on their own armaments.

International Year of Peace

Dr Amal Shamma’ was one of the key speakers at a conference held in Berne, Switzerland, last December on ‘Battered children and child abuse.’ It was organized by the Council for International Organizations of Medical Sciences (CIOMS) and co-sponsored by WHO. The conference examined the nature and magnitude of child abuse in industrialised and developing countries, as well as specific aspects of the problem such as the role of the family, child labour, sexual abuse and child prostitution, vagrant children and children in war. The contribution by Dr Shamma’ to this issue of World Health is a timely reminder in this International Year of Peace that warfare is one of the leading causes of death among children.
While military expenditures throughout the world continue to grow, (a 3.5 per cent increase in 1984 alone, according to some sources), global productivity has not kept pace. The poor, the malnourished and the illiterate in the world exist in ever-increasing numbers, as do those who lack adequate housing, medical care and safe environments. Furthermore, the financing of the military has brought about neither peace nor security; arms spending can be directly linked to the worsening economic and social conditions worldwide which, in turn, increase the likelihood of war in the Third World.

**Psychological Effects**

The psychological effect of war on children is an intangible that has received all too little study. Several researchers, using various investigative techniques, have looked into the psychological, social and moral effects of the war on Lebanese children.

Dr G. Yacoub studied 30 children, their families and paediatricians, and noted evidence of increased fearful- ness, insecurity, regression in behaviour, sleep disturbances and nightmares among those living in the war zone. He also noted in some of his subjects a fascination with, and desire for, participation in acts of killing.

Dr C. Nassar, in her study of children, noted difficulties in relating to others, insecurity, lack of self-esteem, poor self-image, depression, dependency, feelings of guilt, isolation and a rigid super-ego. And Dr J. Abu Nasr and others studied 548 children aged between 11 and 14 to detect the effect of their exposure to war on their moral judgement. Results indicated that fully 26 per cent of the children changed their judgement from a moral one to an immoral one as regards the acceptability of killing, irrespective of their age, sex, religion, social class or extent of exposure to war.

A common scene in a paediatric ward where casualties are being treated is to see the injured play with their favourite toys: toy machine guns and toy soldiers. These same children may fantasise that their injuries were inflicted as they “butchered their enemies.” Children wander into hospital grounds and help pick up pieces of bodies or carry the dead to the morgue. In their homes, children talk with remarkable detachment of gory scenes, massive injury and the death of neighbours. The streets are usually the arena for the war games of children emulating their heroes, the militia men of the neighbourhood.

In a country where between 35 and 51 per cent of the population is aged under 15, a war lasting ten years would mean that at least two-thirds of the children have never known peace, have lived in isolated communities, and have grown up when violent people, the militia men, were heroes. The children of 1975, ten years later, are the new militiamen of today, and killing has become their way of life.

Dr Harfouche forcefully advanced the argument that war should be identified as the leading killer of children in the Third World, and the prepara-
tion for war as the leading deterrent to
the advancement and accessibility of
health for families and children.

She suggested that this hypothesis
should be tested, and that the adverse
effects of war on families and children
should be quantified and subsequently
controlled by a mechanism established
by WHO's Division of Family Health.
Such a mechanism would entail de­
veloping an international record sys­
tem to report child deaths and injuries
resulting from war operations, as is the
case with other statistically classifiable
causes of mortality and morbidity. And she recommended revision of the
International Classification of Dis­
eases to include war operations and
injuries resulting therefrom as a dis­
tinct category.

Should this ever come about, the
impact of constantly seeing war head­
ing the list of causes of death among
children in national and international
documents might bring home to
policy makers in every country the
need to control militarisation — if only
to save the lives of their own children!

Such a course of action should
create an awareness among peoples
and governments that disarmament
and the prevention of war are impera­
tive conditions not only for peace, but
also for realising the principles set
forth in the UN Declaration of Human
Rights and the Declaration of the
Rights of the Child. WHO's stated goal
of achieving Health for all by the year
2000 risks not being attained if
militarisation and war continue at
their present pace.

Health workers could take the lead
in spotlighting the social and economic
consequences of accelerating militar­
ism in both developed and developing
countries. Making known to policy­
makers and to the public what vast
social, medical, environmental, educa­
tional and nutritional accomplish­
ments could be attained by diverting
some of the ingenuity, research, tech­
nology and funds away from military
programmes ought to bring about a
realisation that greater peace and sec­
urity could be achieved by addressing
the needs of human societies, rather
than by seeking greater destructive
capabilities. The diversion of a mere
five per cent of those funds now de­
voted to the military could eliminate
hunger, control disease, build housing
and provide productive employment
for millions.

Just as poverty, ignorance, disease
and malnutrition cripple a developing
country and inhibit the appearance
within it of motivated, creative, cap­
able individuals who can help it to
attain the national goals of health,
food and education for all, so too does
war. Children brought up in war, made
to view violence as acceptable be­
haviour in resolving problems, will be
unlikely to forswear violence as adults.
Rather, they may no longer regard
killing as an immoral act. And their
generation, when faced with some re­
gional dispute, may be more likely to
opt for, and support, the financing and
waging of war. The vicious cycle of
militarism leading to poverty and
despair, in turn leading to further
militarism, would thus become firmly
established.