

## THE MENTAL HEALTH OF WOMEN & CHILDREN IN WAR-TORN AREAS & WAY FORWARD

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### **ABSTRACT**

*As per the World Health Organisation, mental health is a state of mental well-being that enables people to cope with stress. It encompasses emotional, psychological, and social well-being, influencing cognition, perception, and behaviour. It likewise determines how an individual handles stress, interpersonal relationships, and decision-making. It is another very growing concern that has been not talked about at a larger scale but has begun to. Mental health is not biased at all and could be an issue for anyone. However, various studies show that women are impacted more than men. Children, the elderly, and the disabled are among the other vulnerable categories. The degree of trauma as well as the accessibility of physical and emotional support are linked to prevalence rates. It is well established that any event or adverse incident can cause a person trauma or any other mental illness, such as anxiety, or depression, leading to disruption in a well-mannered life, moreover when it is affected and caused by events like wars, conflicts, humanitarian crisis, and others. Among the outcomes of wars, the relatively less debated issue is the devastating impact on the mental well-being and health of the people. However, the mental health of a person is as important as the economy of a nation and hence must be given proper attention and care. This paper talks about the mental health of people and how it is impacted in war-torn areas. Further, it also discusses the way forward and the remedies which may be made available and regulated to improve such conditions.*

**Keywords:** Mental health, War Zones, Case, Remedies.

### **INTRODUCTION**

In this piece, we will examine the impact of warfare and conflicts on the psychological well-being of women and children residing in regions ravaged by war. You may be familiar with the tales of women and girls in conflict zones from a few decades ago. They were subjected to horrendous sexual violence, lacked sufficient resources for protection and survival, and

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endured the loss of loved ones, which often meant assuming responsibility for their families. Some were coerced into joining armed groups, while others were compelled to abandon their homes and possessions. Today, these perils persist, but they are worsened by the fact that modern conflicts increasingly encroach upon private spaces, jeopardizing people's sense of self and safety. Moreover, many instances of violence today are motivated by religious or ethnic factors, tied to questions of identity, and specifically target women and their rights.

A wide range of emotions can result as repercussions of the event. Every person's mental capability to digest and the approach to adapt to a certain situation is different. The psychological resilience of two different persons may not be the same<sup>1</sup> thereby resulting in different reactions. "It is difficult to describe the mental suffering you see when you go to a war zone and you meet people affected by conflict or war. Sometimes you think it can't get any worse. And then you go to another conflict situation and it is worse, another kind of hell",<sup>2</sup> said Dr. Mark van Ommeren Unit Head of, the Mental Health Department, WHO. Indeed, the pain and suffering they go through cannot be speculated and estimated.

Fortunately, there have been no world wars since WWII, but certainly, there have been ongoing conflicts and issues at the international level throughout the last seven to eight decades like almost all of the Eastern Mediterranean Region is or has been under a conflict situation on a larger scale. Wars and conflicts such as militancy, and terrorism, have a breaking effect on not only the person affected but also on the nation as a whole. Factual figures or data on death count is only one side of the coin, as other impacts of wars are not properly highlighted, such as poverty, malnutrition, psychological disturbances, etc.

## **TWO OF THE WAR CRISES WERE IN IRAQ AND YEMEN IN 2014 AND 2015 RESPECTIVELY**

Iraq has been experiencing violence for decades, with occasional stretches of peace. The outbreak of violence occurred in 2014 when ISIS launched attacks over broad swaths of the country. Around two million people are still left homeless, even though the country is in the process of rebuilding. Militia attacks, combined with other causes such as increased poverty, a

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<sup>1</sup> Antonella Sisto and others, 'Towards a Transversal Definition of Psychological Resilience: A Literature Review' (2019) 55(11) *Medicina* 745, XXXX < <http://dx.doi.org/10.3390/medicina55110745> > accessed 19 September 2023.

<sup>2</sup> *Mental health conditions in conflict situations are much more widespread than we thought* (WHO 2019) < [www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought](http://www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought) > accessed 19 September 2023.

lack of economic prospects, and social and political conflicts, may create new sources of instability. Around 18 percent of the populace is presently in need of assistance, with women and girls accounting for half of the population.

Similarly, armed conflict erupted in Yemen in 2015, resulting in the world's worst humanitarian crisis. Existing social and economic inequities, structural difficulties, and gender discrimination have worsened the conflict's consequences. According to the United Nations, Yemen's conflict has resulted in the world's worst humanitarian crisis, with 24.1 million people - or 80 percent of the population - in need of relief and protection.<sup>3</sup>

According to the report, 19 million Yemenis will be hungry in the coming months, with over 1,60,000 facing famine-like conditions. Reduced wheat supplies from Ukraine, as a result of the ongoing conflict there, are likely to exacerbate Yemen's famine crisis.<sup>4</sup>

### IMPACT OF WAR ON MENTAL HEALTH: AFGHANISTAN AND IRAQ. A SHORT ANALYSIS

Let us now look at the impact of war on mental health in two of the most war-torn areas.

**Afghanistan:** After 20 years of conflict, the Taliban have surged to victory in Afghanistan. They completed their amazingly rapid advance across the nation on 15<sup>th</sup> August 2021, taking over Kabul as twenty years after US forces drove extremists from power in 2001, foreign soldiers departed from Afghanistan as a result of an agreement between the US and the Taliban.

Whatever the consensus now, the violence in the past has caused millions of people to be displaced as well as thousands of lives. In the study<sup>5</sup>, A nationwide multi-stage survey focused on the population was conducted, involving 799 adult family members aged 15 and above. The findings indicated that 62% of the surveyed individuals had encountered a minimum of four traumatic incidents within the last decade. Symptoms of Post-Traumatic Stress Disorder (PTSD) were present in 42% of the respondents, while depression symptoms were evident in 67.7% and anxiety symptoms in 72.2%. A strong link between mental health and exposure to traumatic events was evident, with lower mental well-being observed in individuals dealing

<sup>3</sup> 'The United Nations in Yemen' (*The United Nations in Yemen | The United Nations in Yemen*) < <https://yemen.un.org/en/about/about-the-un> > accessed 19 September 2023.

<sup>4</sup> *Daily Flash* (ECHO 2022) < <https://erccportal.jrc.ec.europa.eu/ECHO-Products/Echo-Flash#/daily-flash-archive/4531> > accessed 19 September 2023

<sup>5</sup> Cardozo BL. Bilukha OO. Gotway Crawford CA, et al. Mental health, social functioning, and disability in postwar Afghanistan. *JAMA*. 2004;292:575–584.

with mental illnesses, particularly women. Additionally, religious and spiritual rituals were identified as coping mechanisms.

Another study<sup>6</sup> conducted in the Afghan province of Nangarhar employed a cross-sectional multi-cluster sample to estimate the prevalence of mental symptoms, track resources used for moral assistance and risk factors, as well as gauge the present level of basic requirements coverage. The sample consisted of 1011 individuals who were at least 15 or above years old. Nearly half of people have been through traumatic events. Among the participants, 38.5% displayed signs of depression, 51.8% exhibited symptoms of anxiety, and 20.4% showed indications of PTSD. The extent of symptoms was correlated with the frequency of traumatic events encountered, with women reporting higher rates than men. Emotional support primarily stemmed from religion and family connections.

Physical combat and a live war may not only be the reason for the deterioration of mental health or well-being. It has been debated that “one of the most significant war traumas of all, particularly for younger children, is simply separation from parents – often more distressing than the war activities themselves<sup>7</sup>.” The lives of young unaccompanied children are the most impacted in such regions, where either they are forced to do labour or are forcefully recruited by militancy groups. Also, “The physical, sexual, and emotional violence to which children are exposed shatters their world. War undermines the very foundations of children's lives, destroying their homes, splintering their communities, and breaking down their trust in adults”.<sup>8</sup>

During the Taliban administration, the fundamental rights of Afghan women are being gradually eroded. Girls are prohibited from attending school, compelled to wear the Burqa and face restrictions on long-distance travel. Beauty parlours are also prevented from operating, and access to public facilities is limited. Such measures can be viewed as a significant source of stress for women whose freedom is being suppressed. Forceful use of authority can be the biggest limitation of such areas as they limit the sense of being free, and can make the mind a limited vessel.

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<sup>6</sup> Scholte WF, Olf M, Ventevogel P, et al. Mental health symptoms following war and repression in Eastern Afghanistan. *JAMA*. 2004;292:585–593.

<sup>7</sup> Machel G. The Impact of Armed Conflict on Children. A Critical Review of Progress Made and Obstacles Encountered in Increasing Protection for War-affected Children. *United Nations Children's Fund*. 2000

<sup>8</sup> UNICEF Report. The Trauma of War. Machel G, 1996: The Impact of Armed Conflict on Children. *The State of the World's Children Report*. 1996:35.

**Iraq:** Throughout its history, Iraq has experienced war on several occasions, including a series of coups in the 1960s, the Iran-Iraq war (1980–1988), the Al-Anfal campaign against Kurds<sup>9</sup> inside the nation (1986–89), the Iraqi invasion of Kuwait that sparked the Gulf War (1991), and the ongoing conflict, which started in 2003. Economic sanctions implemented by the UN after the Gulf War have had a substantial influence on Iraqi health. Human rights violations have also been observed<sup>10</sup>.

There is little data on how these wars affect people's mental health. In a study of 45 Kurdish families residing in two camps, post-traumatic stress disorder (PTSD) was discovered in 87 percent of children and 60 percent of guardians<sup>11</sup>. In a study of 84 male immigrants from Iraq, poor social support was found to be a stronger indicator of depressed morbidity than trauma indicators<sup>12</sup>. If we look at the preconditions of such countries. Gender relations appear to indicate a clear divide between the roles that men and women perform in the household in these nations. Women are connected with domestic chores, whereas men are considered as the defender and head of the household. In these three countries, women are in charge of cooking, cleaning, gathering firewood and water, as well as caring for children, the old, and the sick.

## WAY FORWARD

Realizing the difficulties that women face in such situations, the international community has developed several important mechanisms to address them, one being the Women, Peace and Security Agenda, which was established in 2000. Agenda for Women, Peace, and Security Resolution 1325<sup>13</sup> of the United Nations Security Council was adopted in 2000, marking the beginning of the Women, Peace, and Security Agenda.

The agenda reaffirmed the important role of women in the prevention of conflicts and in creating peace, it also reaffirmed the need for the rights of civilians especially women and children during and after conflicts. The agenda also called upon the member states to increase the participation of women and important decision-making roles, further protecting the rights

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<sup>9</sup> Ethnic group in Iraq.

<sup>10</sup> Amowitz LL, Kim G, Reis C, et al. Human rights abuses and concerns about women's health and human rights in southern Iraq. *JAMA*. 2004;291:1505–1506.

<sup>11</sup> Ahmad A, Sofi MA, Sundelin-Wahlsten V, et al. Post traumatic stress disorder in children after the military operation "Anfal" in Iraqi Kurdistan. *Eur J Child Adolesc Psychiatry*. 2000;9:235–243.

<sup>12</sup> Gorst-Unsworth C, Goldenberg E. Psychological sequelae of torture and organised violence suffered by refugees from Iraq. Trauma-related factors compared with social factors in exile. *Br J Psychiatry*. 1998;172:90–94.

<sup>13</sup> UNSC Res 1325 (2000) (31 October 2000) UN Doc S/RES/1325 (2000).

of women from gender-based violence, and crimes in situations of emergency and conflicts<sup>14</sup>. Women's engagement in peace efforts, protection against human rights violations, and conflict prevention were all recommended in the resolution. Since then, eight more such resolutions have been accepted, broadening the scope of the agenda and making it more objective.

These are strategy documents that outline a country's goals and initiatives for advancing the Women, Peace, and Security agenda. To date, As of August 2022, 103 countries and territories have adopted dedicated National Action Plans (NAPs) on women and peace and security, and 85 percent of them have monitoring indicators to track progress. Twelve regional and sub-regional organizations have regional action plans or strategies in place<sup>15</sup>. Even though an increasing number of governments currently have national action plans, the majority of them are simple recommendations on paper with no institutional mechanism or resources. The UNHCR stated in a report that there should be an increase in the mental health care service for refugees<sup>16</sup>, however, there is no clear method in this study on how this may be accomplished.

It is crucial to observe that the WHO and some other UN-related bodies have created task forces to develop "mental health and psychosocial support in emergency settings". The World Health Assembly's call for member nations to "strengthen action to protect children from and in armed conflict" in May 2005<sup>17</sup> and the WHO Executive Board's call for "support for the implementation of programs to repair the psychological damage of war, conflict, and natural disasters" in January 2005 both serve as examples of the importance that the WHO places on addressing the psychological traumas of war. The WHO also in 2019, focused on mental health in countries and territories affected by large-scale events around the world, including countries such as Iraq, Turkey, Lebanon, Bangladesh, Nigeria, South Sudan, Syria, Ukraine, the West Bank, and Gaza Strip, among many more.

Also, throughout the last decade, WHO in partnership with other organizations, has launched the MHGAP<sup>18</sup> Programme in which general health personnel is trained to recognize and offer first-line assistance for common mental disorders, which is being adapted for use in

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<sup>14</sup> *ibid* 13.

<sup>15</sup> UNSC, "Women and peace and security Report of the Secretary-General\*" (5 October 2022), UN Doc S/2022/740.

<sup>16</sup> Global Review 2013, Sarah Meyer. UNHCR's Mental Health and Psychosocial Support for Persons of Concern. 2013

<sup>17</sup> World Health Organization. *Resolution on health action in crises and disasters*. Geneva: World Health Organization; 2005

<sup>18</sup> WHO Mental Health Gap Action Program.



humanitarian catastrophes. Moreover, mental health and mental disease are still widely misunderstood in many places around the world. In nations where mental health care is restricted, the utilization of mental care amid warfare and other emergencies can contribute to the discovery of persons who are bound, caged, and concealed from society. In many cases, it is precisely this kind of support that helps eliminate mental illness beliefs and leads to treatment, care, and an even more genteel existence.

Apart from such international measures, various other steps can be taken to scale up the mental health conditions in countries. Some of these can be as:

Community-based mental health services: Indeed, it is very hard to reach out to almost all the population affected, and thus setting up community centres would be feasible. However, there are challenges of not being made available up to the level that would be sufficient to reach out to a maximum number of people. Thus, vertical and horizontal scaling of such centers can be done in the form of involving formal regular policies, framework, and other institutionalized mediums and spread out for better reach respectively.

For instance, the WHO launched its WHP Special Initiative FOR Mental Health, for the war-affected areas of Ukraine in 2021. Community Mental Health Teams were formed, and the work of these teams was to provide person-centered and recovery-oriented care, to the internally displaced people of Ukraine. Thus, helping many overcome post-war traumas, stress, etc. However, at the same time, the only concern for the implementation is the effectiveness of such programs or initiatives, as to meet the needs of the masses and provide service.

## CONCLUSION

In conclusion, the mental health of women and children in war-torn areas is a deeply concerning issue that demands our immediate attention and sustained efforts. The harrowing stories, the statistics, and the lived experiences of those caught in the crossfire of conflict underscore the urgent need for comprehensive, compassionate, and sustainable solutions.

The impact of war on the mental health of women and children is profound, leaving scars that can last a lifetime. It disrupts not only their well-being but also the social fabric of communities and the development prospects of entire nations. However, amidst this grim reality, there is hope. There are paths forward that can lead to healing and resilience.

First and foremost, we must recognize the resilience and strength of women and children who have endured the unthinkable. Their voices and experiences should guide our efforts. By prioritizing their empowerment, we can support them in rebuilding their lives, fostering a sense of agency, and helping them regain control over their destinies.

Mental health services must be made available and accessible to those in need. This includes culturally sensitive and gender-specific interventions, designed to address the unique challenges that women and children face. These services should be integrated into broader humanitarian aid efforts to ensure that mental health is not overlooked amid other pressing concerns.

Education is a powerful tool for both prevention and recovery. Ensuring that children have access to safe and supportive learning environments can mitigate the long-term effects of war on their mental health. Moreover, education can foster resilience, providing children with hope for a better future.

Peace and stability are, of course, the ultimate goals. Preventing conflict and resolving existing conflicts are fundamental to addressing the root causes of mental health challenges in war-torn areas. International collaboration, diplomacy, and conflict resolution efforts are critical in this regard.

In the face of such daunting challenges, we must remember that the mental health of women and children in war-torn areas is not a distant or insurmountable problem. It is a shared responsibility, one that calls upon us to work together, to be empathetic, and to be persistent in our pursuit of a better world. By placing mental health at the forefront of our humanitarian efforts, we can pave the way forward towards healing, resilience, and brighter futures for those who have endured the darkest of times.