

# Chapter 6

## The Effects on Youth of War and Violent Conflict

Protracted warfare has long-term physical and mental impacts on the individual, as well as intergenerational economic impacts. Yet, young people can be extremely resilient and resourceful; They have to be. They thus create for themselves an oasis of stability in a world of shifting social and political landscapes. At a societal level, such stability is also key, or else

young individuals themselves will become victims or perpetrators of violence.

This chapter looks at five war-torn countries in the Arab region—Iraq, Palestine, Somalia, Sudan and Syria—and depicts how, in the midst of ruined cities and devastated lives, most young people strive to help their communities function, while finding opportunities to empower themselves.

# 6.1

## Youth in war-torn countries: growing up amid strife and violence

Becoming an adult is challenging even in the most peaceful settings; coming of age surrounded by destruction, violence and the breakdown of social order is horrific. Describing the implications of protracted warfare for the economic and social prospects of young people in the Arab region and highlighting the effects of violence on the physical, psychological and social well-being of youth are crucial. Young people are future leaders and potential peacemakers (or combatants), and they are the keys to a strong economy. Beyond the inherent value of promoting their welfare, young people deserve special attention because they are the foundations of better future societies.

Conflict, war and violence damage the future of youth and make it extremely difficult to develop and empower them. Nonetheless, even labouring against these formidable constraints, young people are agents. They can be resilient and resourceful, and they can find ways to help rebuild their communities, and, in so doing, they can find fulfillment by developing and empowering themselves constructively, even though marginalized and at-risk youth are subject to structural violence on a daily basis.<sup>1</sup> In underscoring these constraints, this chapter shifts the analysis from the individual to society to explore the conditions and prospects of young people in societies at war or in post-conflict transition. The analysis recognizes the talents, creativity and coping skills that individual young people apply in their daily lives.

The Arab region has experienced the most rapid increase in war and violent conflict among all global regions over the past decade. The region also

has the dubious distinction of encompassing the largest number of countries that have become failed states and is home to the largest refugee and internally displaced population worldwide.<sup>2</sup>

This chapter focuses on countries in which war, civil conflict, or occupation are protracted or have erupted on an especially large scale, notably, Iraq, Palestine, Somalia, Sudan and Syria. These countries have been selected to showcase a scale of fragility and failure, including a humanitarian catastrophe in Syria, failed reconstruction and rehabilitation in Iraq, occupation in Palestine, a failed state in Somalia and failed development in Sudan.<sup>3</sup> Many of these countries have experienced repeated cycles of violence and are characterized by periods of fragility, wherein states and other institutions "Lack the capacity, accountability, or legitimacy to mediate relations between citizen groups and between citizens and the state, making them vulnerable to violence."<sup>4</sup> The dynamics of war and violence have varied across each of these countries, yet with similar impact across other Arab countries in conflict (box 6.1 and 6.2).

# 6.2

## The effects on physical health

War has immediate and long-term effects on the health and well-being of individuals and their communities. For individuals, it is difficult, if not impossible, to realize one's potential when living in a state of ill health. For society, excess death and widespread disability can reduce economic growth and development, as the crisis of HIV/AIDS in sub-Saharan Africa attests.<sup>5</sup> The health-related costs of war are both direct and indirect and affect physical and mental health (see below). Women face particular risks (box 6.3).

The most obvious and direct effect of war and violent conflict is on physical health.<sup>6</sup> Almost by definition, war causes widespread death and disability not only among combatants, but also among civilians. Death, disease and injury may

### Box 6.1 Yemen: One of the worlds' worst humanitarian crises

Since March 2015, escalating hostilities have brought Yemen to the verge of collapse, and resulted in one of the largest humanitarian crises in the world. In December 2015, an estimated 21.2 million people – that is 82 percent of the Yemeni population – required humanitarian assistance. This is up 33 percent from late 2014 (15.9 million people).<sup>1</sup> More than 2.3 million people are displaced internally and in neighboring countries, and by October 2015 over 5,600 have been killed and more than 16,000 injured.<sup>2</sup>

The economy and basic services have been collapsing further due to drastically reduced imports and growing insecurity; 12.9 million people struggle with access to sufficient food, while 20.4 million lack access to safe water or adequate sanitation.<sup>3</sup> Many health facilities – including hospitals – have closed, leaving 15.2 million without access to basic health care.<sup>4</sup>

Before the conflict of 2015, Yemen was ranked 154 in the Human Development Index, registering the highest levels of poverty, unemployment, and illiteracy and lowest rates of education and nutrition of all countries in the Arab region. The conflict has rapidly compounded the pre-existing crisis, reversing human development gains made in recent years. These gains had seen education levels and indicators on access to food and shelter improve or stabilize. Poverty, already increasing prior to the latest political crisis, has risen further from 42% of the population in 2009, to 54.5% in 2012.<sup>5</sup>

Due to the conflict, more than 1.8 million school-aged children lost access to school with more than 3,500 schools, a quarter of all schools, shut down and some 600,000 children unable to take their exams.<sup>6</sup> This resulted in a total of nearly 3 million – 47 per cent of Yemen's school-aged children – unable to receive education due to conflict, poverty and discrimination.<sup>7</sup> Yemen has one of the highest rates of chronic and severe malnutrition. According to UNICEF, about 1.8 million children are likely to suffer from some form of malnutrition in 2015 – an increase of almost 1 million children from 2014. A projected half a million of these children will be at risk of severe acute malnutrition in 2015, which is over three times the number reported in 2014.<sup>8</sup>

1. UNOCHA 2015.

2. UNOCHA 2016a.

3. UNOCHA 2015.

4. UNOCHA 2015.

5. World Bank Yemen Overview 2015

The situation of women in Yemen, who have faced longstanding gender inequalities that limit their access to basic services and livelihood opportunities, has been exacerbated by the escalating conflict. Displaced women – estimated at 54 per cent of all IDPs in early May 2015 – often bear the burden of supporting their families, despite challenges in accessing assistance, especially outside their communities. Pre-crisis assessments in Yemen demonstrated that women in food insecure families often eat less in order to provide for their children. Since the conflict began, women report that their workloads have increased enormously, and they require additional support to meet their responsibilities.<sup>9</sup>

Recent conflict and displacement have also increased Gender Based Violence (GBV) risks, especially of sexual violence, domestic violence, early marriage and trading sex to meet basic survival needs. Displaced women may not have access to hygiene or dignity items, forcing them to remain out of sight. Lack of life-saving response services and safe refuges for survivors – who often fear stigma or rejection – compound the problem. GBV disproportionately impacts women, including those already facing elevated protection risks, such as IDPs and other vulnerable groups.

The strength of the Yemeni society is embodied in its informal systems through family, regional, and community ties. These informal ties are subject to erosion as assets are depleted, income sources cut, law and order collapsed, and people's psychological strength exhausted. Communities are consumed with coping with the harsh reality of the conflict, as the complexity of the crisis fragments society, exposing its old divides and provoking new ones.<sup>10</sup>

The needs of the Yemeni people are urgent, but the impact will be long term. Even if the conflict were to end tomorrow, it will take years to undertake the repairs necessary for basic services to resume, for urban and rural livelihoods to be restored, for internally displaced people to return to their homes and for the threat of unexploded ordnance to be mitigated and finally eliminated. The long-term impact on the young is particularly worrisome, and is likely to impact several generations to come.

6. UNICEF 2015.

7. UNOCHA 2015.

8. UNOCHA 2015.

9. UNOCHA 2015.

10. UNDP 2015.

continue long after peace treaties are signed and violence has officially ended. Unexploded and unmarked land mines are one obvious cause of death and injury. Survivors may also experience malnutrition, stunting and starvation, which have long-term ramifications for cognitive development among children and for the well-being and employability of young people and adults. Torture, a horrifying, but widespread practice during some conflicts, also leads to death and disabilities. However, it is difficult to document torture owing to political sensitivities, information constraints and the fact that the bodies of many victims are hidden or burned beyond recognition.

The effects of war and conflict on health can be

captured at least partially through health indicators such as life expectancy at birth, infant mortality rates, health-adjusted life expectancy, and the prevalence of malnutrition, stunting and various communicable diseases and NCDs, particularly if these are assessed before, during and after a conflict (annex 2 figures A.12–A.14; statistical annex).<sup>7</sup> The impact is stark in Iraq and Somalia, where life expectancy at birth and health-adjusted life expectancy have stagnated or declined in the last two decades. In Palestine, life expectancy at birth among young men began to decline after 2000. This may be attributed to the escalation of the conflict in the 2000s. Health-adjusted life expectancy among young men stagnated, but rose

### Box 6.2 Libya slides into chaos

Libya continues to navigate a tumultuous transition period characterized by political divisions, failing institutions, clashes in various regions, and rising insecurity and criminality. The security situation deteriorated in early 2015 resulting in increased attacks against civilians. As of June 2015, it is estimated that two million people, almost one-third of the total population, have been affected by the conflict.<sup>1</sup>

The scale of human suffering is staggering for a country with large oil reserves and strong economic potential. According to different United Nations agencies, an estimated 1.9 million people require urgent humanitarian assistance to meet their basic health care needs. Access to food is a major problem for some 1.2 million people, mostly in Benghazi and the rest of Libya.<sup>2</sup>

The figure for internally displaced persons across Libya stands around 550,000.<sup>3</sup> The healthcare system is on the verge of collapse, with many hospitals across the country overcrowded and operating at severely reduced capacity, reporting acute shortages of medicines, vaccines and medical equipment. Power cuts are endemic in many areas of the country; some neighborhoods such as in Benghazi are enduring electricity cuts almost round the clock.

The country's economy continues to contract rapidly, the result of a significant reduction in oil revenues due to falling oil prices and low oil

production from Libya's oilfields. Libya's financial reserves are also being heavily depleted, in large part the result of unsustainable expenditures on non-productive items. The political-institutional crisis in the country has also manifested itself in a growing competition over key financial and other sovereign institutions.<sup>4</sup>

Intensive fighting in 2011 resulted in prolonged disruption to the education system and damage to school facilities and equipment. Since the resurgence in fighting in 2014, more than half of internally displaced and returnees in the east of the country reported that their children do not attend school. In addition, many schools in the north-east and south of the country are reported to be hosting internally displaced people.<sup>5</sup>

Close to 250,000 migrants are estimated to be in the country or transiting through, many of them facing significant protection issues, including arbitrary arrest and detention in abusive conditions, sexual abuse, forced labour, exploitation and extortion. The year 2015 alone has seen over 2,000 migrants drown in the Mediterranean Sea, the vast majority in a desperate bid to make the sea crossing from Libya to Europe's southern shores.<sup>6</sup> Individuals attempting sea migration from Libya face the risk of being detained by the Libyan Coast Guard and transferred to government run detention centers, which to date exceed 4,500 detainees, including women and children.<sup>7</sup>

1. UNHCR 2015e.

2. UNDP 2015

3. Save the Children 2015.

4. UNDP 2015.

5. UNICEF 2015.

6. UN 2015.

7. UNHCR 2015e.

among women. In Sudan, a rapid increase in life expectancy at birth and in health-adjusted life expectancy occurred among cohorts of young men and women, but especially among young women. Syria was exhibiting a similar trend by 2010, prior to the outbreak of violent conflict, but the severe violence and destruction caused by the current war have led to a sharp deterioration in health outcomes (see below).<sup>8</sup>

War and violent conflict also have indirect effects on physical health. War causes widespread damage to basic infrastructure, leading to the breakdown of water, transport and sanitation systems, the destruction of public health facilities and large cuts to the number of health workers. Damaged infrastructure contributes to the spread of communicable diseases, including those previously eradicated, such as poliomyelitis in Syria recently, and prevents people from receiving curative or preventive health care, which then leads to spikes in NCDs. Access to food and safe drinking water may also be reduced. Internally displaced persons and refugees are particularly vulnerable to ill health because they generally live in poor conditions in which diseases spread easily, and access to health services is minimal. The presence of internally displaced persons and refugees can also place additional stress on the health systems and welfare regimes of host countries, leading to further deterioration in living conditions. Under these circumstances, citizens in countries hosting large refugee populations may become increasingly resentful of non-nationals.

The diversion of resources from social spending, including health spending, is another potential indirect consequence that war has on health care and health outcomes. Although evidence is mixed on the issue of whether higher military expenditures lead to lower spending on social welfare, it is undeniable that resources are better spent on human welfare. Compared with countries in other global regions, Arab governments have devoted a disproportionate amount of their resources to the military rather than to social investment. On average, per capita total expenditure on health care in Arab countries in 2013 was \$683, almost half the world average (\$1,229) and between East Asia and the Pacific (\$828) and sub-Saharan Africa (\$193).<sup>9</sup>

“By propping up a massive security apparatus, Arab States have created funding shortages or inefficiencies in social spending and public infrastructure, where investment is needed most”, notes a recent ESCWA report.<sup>10</sup> The report argues

that the mismatch between military and social spending in the Arab region provides evidence of a potential “Crowding-out effect that military expenditure can have on social expenditure, particularly in countries with limited budgets.”<sup>11</sup>

War and violent conflict can also destroy the environment, with negative effects on health. The breakdown of infrastructure needed to preserve a safe environment, the use of chemical and other toxic weapons, the use of large quantities of non-renewable fossil fuels and the creation of toxic waste by militaries pose dangers to populations.

These indirect effects of war—the breakdown of public health care infrastructure and the diversion of resources away from health care and environmental conservation—have long-term implications. As Hazem Adam Ghobarah and colleagues suggest, many more deaths and disabilities arise from the spread of infectious diseases and other causes in the wake of wars than as a result of direct war violence, partly because of the breakdown of social norms and political order during and after conflict.<sup>12</sup> Siyan Chen and colleagues provide evidence that the improvement in mortality is slower in post-conflict countries than in non-conflict countries largely because of the direct and indirect deaths that occur even after the conflict has come to an end.<sup>13</sup>

What follows is a more detailed look at some of the impacts of war and conflict in each of the five war-torn countries.

### *Syria*

More than five years after the uprisings began in Syria, the human toll of the armed conflict has reached over 250,000 people dead<sup>14</sup> and more than one million wounded. On the eve of the conflict, life expectancy in Syria was high (75 years in 2010), but, by the end of 2014, it had declined by 27 percent to 55.7 years.<sup>15</sup> This is certain to impact the under-5 mortality rate (15 per 1,000 live births in 2010), which was low relative to many neighbouring countries.

Many of Syria’s achievements in health development are rapidly being reversed. The relatively strong health care infrastructure built in earlier decades is now devastated in significant areas of the country, and health outcomes are declining.<sup>16</sup> As of September 2014, 24 percent of 97 public hospitals in Syria were so damaged they could not function, and another 35 percent were partially damaged.<sup>17</sup> A WHO report released in 2013 found that, on average, one hospital functioned for around every

### Box 6.3 The impact of war and violent conflict on young women

Sexual violence, conflict and militarization threaten women's freedoms in many ways. Following the U.S.-led invasion of 2003, the militarization of Iraqi public spaces turned Baghdad into a city of men: checkpoints, walls and soldiers dominated the streets. In Palestine and Syria today, the presence of the military in public spaces and routine violence have marked a deep change in everyday life, dominated by the figure of the male soldier.

In these settings, women are marginalized from public spaces; stricter traditional ideologies of gender roles gain ground, and natalist policies are strengthened in support of the war effort. Broadly, situations of conflict and insecurity heighten conservative attitudes. For example, the appropriation of gender inequality by the United Kingdom and the United States as one of the justifications for the 2003 invasion of Iraq led to the negative association of gender equality with foreignness and imperialism.

Conflict also affects young women through forced migration. Through conflict-induced migration, women and children make up the majority of the displaced and suffer in gender-specific ways.<sup>1</sup> Increased levels of sexual assault occur within refugee camps owing to the combined effect of lawlessness, a breakdown of normal societal bonds and the decreased security of women's living arrangements. Rights workers tracking the issue in Syria and Turkey have received a flood of rape reports from refugees who have fled to border camps.<sup>2</sup>

Young unaccompanied women, as well as women from ethnic minority groups, are the most vulnerable to gender-based violence in refugee camps.<sup>3</sup> It is also possible that younger women have a weak social support network and feel less able to articulate and report sexual abuse, although empirical confirmation of this

hypothesis is lacking. Young women and girls, especially lone women heads of households, may be at greater risk of turning to prostitution, which brings new risks such as sexual violence, pregnancy, and exposure to disease.

The economic insecurity resulting from displacement leads young women into earlier marriages. Reports of Syrian refugees arriving in Egypt, Jordan, Lebanon and Turkey and marrying off their daughters at a young age are increasing. In Libya, observers have noted the establishment of offices devoted to organizing marriages between Libyan men and young women refugees from Syria.<sup>4</sup> This phenomenon is often assessed in certain categorized ways, measuring rates of child marriage, early and forced marriage and polygamy. Not all these marriages will be forced or involve child brides, although some certainly do. Rather, the broad trend is that women or their families are settling for less desirable marriages than they would otherwise do and at younger ages, with older men, with men of lower social standing, or as second wives.<sup>5</sup>

Young women entering such marriages occupy points on a continuum between choice and coercion. While some women may be forced into marriage, such marriages for many women represent a pragmatic decision in a difficult situation. Some families marry off their young daughters, often reluctantly, to improve their own diminished financial situations and to afford their daughters economic and physical protection, along with protection of their reputations and therefore their future prospects.<sup>6</sup> Giving daughters a chance to escape refugee camps is another consideration, but good intentions do not influence reality: young wives are more likely to suffer domestic violence and health problems.<sup>7</sup>

Source: *The Report team.*

1. *Forced Migration Online 2011.*

2. *AWID 2012; UN Women 2013.*

3. *Forced Migration Online 2011.*

4. *UN Women 2013.*

5. *Save the Children 2014.*

6. *Save the Children 2014, p. 1; Council on Foreign Relations 2014, p. 3.*

7. *Save the Children 2014, p. 5; UNICEF 2014, p. 33.*

400,000 people, meaning that large segments of the population lacked access to public health care services.<sup>18</sup> The ratio of hospitals to population is

even lower in areas that have witnessed the highest levels of fighting, notably Aleppo, ar-Raqqa, Dar'a, Deir ez-Zor, Homs and rural Damascus.

The devastation of the Syrian health care system has resulted in a sharp decline in immunization rates across the country, from 90 percent before 2011 to 52 percent in March 2014, and will almost certainly lead to a rise in under-5 mortality rates.<sup>19</sup> The reduced availability of safe water, which is currently about one third the pre-crisis levels, and poor living conditions in insecure regions are contributing to deteriorating health outcomes. Epidemics such as measles and poliomyelitis and the limited response by the health care system are worsening the situation.

### *Iraq*

The decline of the Iraqi health system preceded the outbreak of the Second Gulf War in 2003; the country has been in a virtually continuous state of conflict since the start of the 1980s.<sup>20</sup> Although Iraq was at war with Iran from 1980–1988, the state maintained the health care system, which still reached around 97 percent of the urban population and 79 percent of the rural population. Health indicators even improved during the 1980s; the infant mortality declined from 80 per 1,000 live births in 1979 to 40 in 1989, and the under-5 mortality rate fell from 120 to 60 per 1,000 live births.<sup>21</sup> International sanctions imposed during the 1980s and the consequent economic development rollback, however, took a toll on the health system and health outcomes. During the 1990s, immunization coverage fell, and public health campaigns became virtually non-existent.<sup>22</sup> As a result, the infant mortality rate rose to 101, and the under-5 mortality rate had climbed to 126 by 1998.<sup>23</sup>

The continuous conflict since 1990 has had detrimental effects on the health status of youth. Life expectancy at birth and health-adjusted life expectancy did not improve among young people between 1990 and 2010. Life expectancy among 20–24-year-olds was 54.4 years in 1990 and had risen to only 54.7 by 2010. In a comparable time period, life expectancy among 20–24-year-olds increased from 54.7 to 59.0 years in neighbouring Syria, which had not yet experienced violent conflict. The health-adjusted life expectancy rate for the same age-group also stagnated in Iraq at 45 years, while it improved from 45 to 49 years in Syria.<sup>24</sup>

The war that erupted after the 2003 invasion turned armed violence into one of the leading causes of death, especially among men. A 2008 large-scale household survey found that 151,000 deaths had resulted from the conflict between March 2003 and June 2006.<sup>25</sup> Another survey

suggested that the risk of death was 2.5 times higher in the first 18 months after the U.S.-led invasion than before the invasion, and violence was the primary cause of death. The same survey found that infant mortality increased by at least 37 percent in the immediate aftermath of the invasion owing to the lack of health services and the growing preference of mothers to deliver at home, given the security threats.<sup>26</sup>

Children born in Iraqi areas affected by high levels of violence are 0.8 cm shorter than children born in low-violence areas. This grim fact constitutes one of the clearest signs of the effects of violence on health, especially among children.<sup>27</sup> These health indicators are related to the high rates of under-5 mortality: in 2005, one child in eight under the age of five had died, demonstrating that there had been no improvement since 1998.<sup>28</sup> According to a UNICEF survey carried out in 2006, only 39 percent of Iraqi children were fully immunized, and more than one fifth (21 percent) were severely or moderately stunted.<sup>29</sup>

Violent conflict in Iraq has also destroyed the country's health care infrastructure. During the invasion of 2003, public institutions, including health care facilities, were frequently looted. About 7 percent of hospitals were damaged initially, and 12 percent were looted.<sup>30</sup> The bulk of Iraq's roughly 2,000 primary health care centres had to be rebuilt.<sup>31</sup> The Iraqi Medical Association estimates that up to 2,000 doctors were killed in the aftermath of the invasion, and, in this insecure environment, around half of the country's 34,000 registered doctors fled during the years immediately after the invasion, greatly weakening the health care system.<sup>32</sup> In 2010, the number of doctors was estimated to have climbed back to 23,000, or about 8 doctors per 10,000 people, but still well below, for example, Jordan (27 per 1,000) and Syria (16 per 1,000) at that time.<sup>33</sup>

### *Palestine*

The conflict in Palestine has even deeper roots than those in the other conflict-affected countries in the region. The Israeli occupation has been constant for decades, and there are periodic outbreaks of large-scale violence, particularly in Gaza. The 1990s were relatively calm in Palestine in terms of widespread violence, but armed conflict escalated again during the 2000s with the second Intifada in 2000–2001, the ensuing Israeli intervention, the blockade of Gaza after Hamas gained control in 2007 and Israeli assaults on Gaza.

Youth-specific health outcome indicators point to the declining health situation in Palestine during the 2000s. Life expectancy at birth among 20–24-year-olds rose from 54.6 years in 1990 to 56.3 years in 2000, but declined to 55.7 years in 2010, when the health-adjusted life expectancy rate was 45.7 years. In 2007, life expectancy at birth was estimated at 71.7 years among men (71.9 years in the West Bank and 71.4 years in Gaza) and 73.2 years among women (73.6 years in the West Bank and 72.5 years in Gaza).<sup>34</sup>

NCDs are a major challenge. Triggering the risk factors for chronic illnesses are urbanization, poor living conditions because of the ongoing blockade of Gaza, territorial fragmentation in the West Bank and the stresses of living under occupation.<sup>35</sup> Under-5 mortality rates are 32 per 1,000 live births in Gaza and 26 in the West Bank (28 in Palestine overall). Although infant mortality and under-5 mortality rates have fallen substantially in recent decades, they have plateaued since 2000 as a result of the worsening socio-economic environment and stresses on the health care system.<sup>36</sup> However, the 2006 Palestinian Family Health Survey indicated that immunization coverage was high, at around 97 percent.

Israel's repeated aggressions have caused significant destruction to the Palestinian health sector. As of 2007, there were 76 hospitals for 3.8 million

people, putting the hospital-to-population ratio at around 1 per 50,000. During the war in Gaza between December 2008 and January 2009, also known as Operation Cast Lead, Israeli forces damaged 38 primary health clinics, 29 ambulances and 14 of Gaza's 27 hospitals.<sup>37</sup> Despite the blockade, the health facilities were repaired within a year of the conflict's end.<sup>38</sup> Relative to other conflict-ridden zones in the region, the number of physicians is favourable in Palestine: in 2007, there were 2.2 physicians per 1,000 population (1.9 in the West Bank and 2.7 in Gaza) (box 6.4).

### *Somalia*

Somalia has been in a state of violence and civil strife for decades and is characterized by an even more profound breakdown of state institutions than other war-torn countries in the region. Between 450,000 and 1.5 million Somalis have died since 1991 either as a direct result of armed clashes or because of famine caused or exacerbated by the conflict.<sup>39</sup> This is equivalent to 10–25 percent of Somalia's population in the mid-1990s. Millions have been injured and affected by disabilities, sexual violence and disease. As of January 2014, 1.1 million people were internally displaced, and 1.1 million more had fled to neighbouring countries, primarily Ethiopia, Kenya and Yemen.<sup>40</sup> During the 1990s, health outcome indicators plummeted;

### **Box 6.4 Ghassan Abu-Sittah: Gaza's plight under Israel's aggression**

If you are a 6-year-old living in Gaza, you would have already lived through three wars that have taken the lives of more than 3,800 Palestinians, of whom 770 were children. There is a 50 percent chance that you suffer from the psychological trauma of these wars. You have lived your whole life in a blockade that was intensified before you were born and has led to the following:

- The unemployment of 34 percent of the working adults and half of the youth in your family.
- A 70 percent chance that your family is living on an income of less than \$1 a day.
- An 80 percent chance that you and your family are dependent on aid and a 44 percent likelihood that you live in food insecurity.
- The inaccessibility of 35 percent of Gaza's farmland and 85 percent of its fishing waters.
- A 10 percent chance that you have stunted

growth due to prolonged exposure to malnutrition and a 58.6 percent chance that you have iron deficiency anaemia.

You drink water from an aquifer that is 90 percent unsafe for human consumption. For recreation, you swim in a sea that has 90 million litres of untreated and partially treated sewage dumped into it each day. There is an 85 percent likelihood that you go to a school that runs double shifts because of the chronic shortage of facilities. If you or your family need specialist medical treatment, such as complex heart surgery or treatment for some type of cancer, you must seek it elsewhere. You will need to apply for an exit permit and will most likely see your application denied or delayed by the Israeli authorities. There is a chance, like many before you, that you will die while waiting.

*Note: Ghassan Abu-Sittah is director of the Plastic Surgery Department, American University of Beirut.*



the under-5 mortality rate rose to 224 per 1,000 live births in 1997–1999, and life expectancy at birth had fallen to 45 years in 1993.

Subsequent studies find some improvement in outcomes, especially in the latter half of the first decade of the 2000s. A UNICEF survey in 2006 put the under-5 mortality rate at 145 per 1,000 live births.<sup>41</sup> In 2013, life expectancy at birth was estimated at 55.1 years.<sup>42</sup> However, improvements in health indicators may be associated with marginal increases in access to food and clean water, rendering these gains in health outcomes insecure because of low immunization coverage and continuing risk of famine.<sup>43</sup>

Somalia's youth have been harmed by protracted political conflict and the resulting lack of health services. From 1990 to 2010, life expectancy at birth among 20–24-year-olds fell from 44.5 to 43.7 years (annex 2 figure A.13). During the same period, health-adjusted life expectancy dropped from 36.6 to 35.9 years. Even before the conflict started in 1991, the level of social development in Somalia was among the lowest in the world.<sup>44</sup> Armed conflict led to additional damage and extensive looting of the health infrastructure. In the northwest, 90 percent of the health facilities were looted, and the number of hospital beds per person declined from 0.9 in 1988 to 0.4 in 1997.<sup>45</sup> In 2008, Somalia had only 544 health posts, 248 maternal and child health centres and 34 hospitals for a population of about 9.6 million people.<sup>46</sup>

Somalia also suffered from a severe shortage of medical professionals. As of 2007, there were only 253 physicians in the country, or about 3 per 100,000 people, less than half the 7 per 100,000 in 1984.<sup>47</sup> With virtually no newly qualified young people replacing the current stock of physicians, the health system faced a major crisis that prompted a surge in private providers, especially folk healers, whose treatments may include religious rather than biomedical practices. Ethnographic data suggest that the services of these healers may be more expensive; yet, people still turn to them because "Healers provide patients with meaningful cultural and religious illness explanations."<sup>48</sup>

### *Sudan*

Since Sudan gained independence in 1956, it has experienced more years of conflict than peace. This prolonged conflict has contributed to poor health outcomes. Sudan has also experienced severe droughts in the past 30 years, and the population suffers from the continuous problems associated with poor access to food.<sup>49</sup>

Prior to the partition in 2011, the gap in health outcomes between northern and southern Sudan was persistent. The south exhibited poorer outcomes than the north, but the gap had been narrowing, especially since 2005. In 2007, the under-5 mortality rate was 112 per 1,000 live births for the entire country, but 250 in the south. The gap in infant mortality was much narrower (81 for the whole country and 102 in the south), suggesting that immunization rates and child nutrition were inferior in the south. Life expectancy at birth also differed, reaching 57 years for the country as a whole in 2007, but only 42 years in the south.<sup>50</sup> Age-specific life expectancy indicators showed that youth were experiencing marginal gains in health and well-being. Thus, among 20–24-year-olds, life expectancy at birth was 51 years in 1990 and had risen to 54 years by 2010. Health-adjusted life expectancy among this youth cohort also improved, climbing from 40.6 years in 1990 to 43.5 years in 2010 (annex 2 figure A.13).

In 2004, 36 percent of primary health care centres were not functional.<sup>51</sup> The hospital-to-population ratio was 1 to 100,000 in the whole country, but only 1 to 400,000 in the south, where there was virtually no hospital access. Today, following South Sudan's independence in 2011, most of the country's health services are provided by international NGOs and faith-based organizations.

## 6.3

# Effects on mental health

Combatants and civilian victims of war may experience a range of psychological effects, including depression, anxiety disorder, panic disorder and post-traumatic stress disorder (PTSD), which is the most common clinical diagnosis following exposure to war. The harm that political violence causes to the mental health of youth is well established.<sup>52</sup> The diagnosis of PTSD requires the presence of a precipitating catastrophic event or a specific trauma that involves exposure to actual

injury, or a threat of injury, or a threat to the physical integrity of oneself or others.<sup>53</sup>

The prevalence of depressive disorders seems especially wide in the Middle East and North Africa region.<sup>54</sup> A study published by the Global Burden of Disease in 2011 found that, in 2010, more than 5 percent of people in the region suffered from depression, and people lose more than 1.3 percent of their lifetime years to depression.<sup>55</sup> The authors speculate that high levels of conflict in the region are responsible for the prevalence of depressive disorders. Palestine is among the three countries with the highest rates of depression highlighted in the study (the other two are Afghanistan and Honduras).<sup>56</sup> The findings suggest that, among 21 global regions analysed in the study, the Arab region ranks second after Eastern Europe in years lost to depression.<sup>57</sup> However, because the authors measure only diagnosed depression, the data show a wider prevalence of depression in countries with more developed mental health services and greater awareness of psychological conditions. This may explain why Iraq, where the health infrastructure has been decimated, exhibits particularly low levels of depression.<sup>58</sup>

### *Iraq*

A number of regional surveys on mental health have been conducted in Iraq, and these often focus on PTSD. The nationally representative Iraq Mental Health Survey, which was conducted in the midst of the 2006–2007 violence on a national sample of Iraqis over 18 years of age, is one of the few nationwide studies to examine the recent effects of war on youth. It found that the majority of people with an anxiety or behavioural disorder had experienced the onset of the illness by the time they had entered the age cohort of youth.<sup>59</sup> It also found that panic disorder and PTSD exhibited a lifetime prevalence that was about 5.3 times wider at comparable ages in the younger cohort (ages 18–34) than in the oldest cohort (ages 65+).<sup>60</sup>

Five years after the Anfal military attacks were carried out in 1988 by the Iraqi army against Kurdish populations residing in Iraqi Kurdistan in the north, a small-sample study there found that 87 percent of children and 60 percent of caregivers suffered from PTSD.<sup>61</sup> Today's younger generations have been far more exposed to violence than their elders, and the grave consequences in their psychological well-being have been severe. In Mosul, a 2006 study of 1,090 adolescents screened for mental disorders from eight secondary schools found that 30 percent were suffering from PTSD.<sup>62</sup>

In 2011, PTSD rates as high as 61 percent were found among older adolescents in Baghdad.<sup>63</sup>

Al-Shawi and colleagues used complex PTSD, a revised measure of PTSD syndrome, to capture the effects of repeated exposure to trauma.<sup>64</sup> They found the condition in about 10 percent of their sample of university students in Baghdad. While research on the impact of mental illness on daily life in Iraq is limited, one study found that the presence of any disorder resulted in 33 days out of role per year among Iraqis; these are days characterized by an inability to work or conduct normal daily activities.<sup>65</sup>

### *Palestine*

The Palestinian Ministry of Health reported that, in 2006, three quarters of Palestinians living in Palestine suffered from depression.<sup>66</sup> Another study undertaken in the immediate aftermath of the second Intifada in Gaza suggested that, of 229 adolescent participants, 69 percent had developed PTSD and 40 percent had reported moderate or severe levels of depression.<sup>67</sup>

In conflict-ridden societies, younger generations suffer more from mental health problems than their counterparts in more peaceful societies. Over 80 percent of adolescents in Palestine have witnessed shootings, and over 60 percent have seen family members injured or killed.<sup>68</sup> Similar rates of exposure to traumatic violence, such as shooting and seeing other community members exposed to violence and humiliation, were found by another study in a representative sample of the Ramallah district in the West Bank.<sup>69</sup> In that study, the exposure of individuals to trauma and violence was compared with collective exposure, and there were few significant differences in the negative effects shown in depressive, emotional and somatic measures. Other research, however, indicates that the exposure of individuals to conflict is the most important determinant of PTSD.<sup>70</sup> Based on a sample of 224 Lebanese children, Macksoud and Aber hold that the exposure of individuals is associated with PTSD, whereas separation from parents is more correlated with depression.<sup>71</sup>

Other factors beyond direct exposure can likewise take a toll on mental health. Lack of employment, fearfulness and concerns about the safety of self, home and family are also correlated with depression, trauma-related stress and feelings of being broken or destroyed, all three of which are based on culturally derived measures of mental health.<sup>72</sup>

### Lebanon

Although Lebanon is not experiencing a full-blown conflict now, it also shows relatively high rates of mental health disorder because of protracted civil war and on-going instability. However, its mental health infrastructure, particularly the facilities for psychiatric patients, is far more well developed than the other countries discussed here. The effect of war on the mental health of youth in Lebanon has been demonstrated in a number of ways.<sup>73</sup> Karam and colleagues found that people in the 11–35 age-group at the onset of Lebanon’s war in 1975 were more likely to be exposed to war-related traumatic events compared with other age-groups.<sup>74</sup> In turn, the trauma of witnessing violence, losing a loved one and being a civilian in a war zone increased the chances of developing a mood disorder, while being under 10 years old at the onset of war increased the risk of an onset of anxiety and mood disorders later in life. Another study conducted by Karam and colleagues in 2002–2003 found that youth had higher rates of both anxiety and substance-abuse disorders at the time of the survey.<sup>75</sup> These studies do not include the more than 450,000 Palestinian refugees in Lebanon. A survey conducted by Chaaban and colleagues in 2010 indicated that 27 percent of Palestinian refugees aged 20–55 reported experiencing psychological problems, including depression and anxiety, over the 12-month period preceding the survey.<sup>76</sup>

### Across Arab countries

The region’s mental health services do not meet the burden of the region’s wide prevalence of psychological disorders. Comparative data on the availability of health infrastructure that addresses mental health issues indicate the extent of the problem (table 6.1). All five

war-torn countries have fewer beds in mental health hospitals and fewer psychiatrists than the global median, although some countries, such as Palestine and Sudan, have more psychologists.

Other psychological effects have received relatively little attention. Impaired cognitive functioning, mood disorders and culturally relevant syndromes might be as prevalent as more frequently studied effects and may actually result in longer-term challenges to functioning. Some attempts have been made to fill this gap, including a study by McNeely and colleagues, who developed contextually appropriate measures linking the broader sociopolitical environment of human insecurity with psychological trauma in Palestine.<sup>77</sup> Other work aims to bridge the divide between trauma-based approaches (that is, PTSD) and an emphasis on the difficulties of daily life, such as those in Lebanon after the civil war of the mid 1970s and 1980s, in Algeria after the civil war of the 1990s, and in the West Bank, where daily adversity because of conflict explains high rates of psychological distress among survivors.<sup>78</sup>

The cost of the effects of mental illness on large portions of the population is more than the sum of these individuals. The emphasis on the prevalence rates of psychological disorders highlights the larger limitation of the current body of mental health research in conflict-affected countries in the region. Using PTSD as the main or sole measure necessitates a focus on acute trauma to the individual, but the experiences of youth and of the effects on youth are shared at the population level.

Many young people do not develop adverse psychological conditions despite exposure to war and the constraints imposed by war on their lives and prospects for future development. Evidence suggests that the influence of adversity,

**Table 6.1** Mental health infrastructure in conflict-affected Arab countries, per 100,000 population

	Beds in mental hospitals	Psychiatrists in the mental health sector	Psychologists in the mental health sector
Iraq	4.26	0.27	0.15
Lebanon	39.44	1.41	2.12
Palestine	5.24	0.82	0.34
Somalia	4.17	0.04	0.00
Sudan	0.42	0.06	0.48
Syria	6.09	0.31	0.10
World median	7.50	1.27	0.30

Source: WHO 2011b.

including war, on well-being is mediated by the presence of a variety of protective factors both within the individual and in the surrounding social and physical environments. These factors are sometimes characterized as resilience.

Resilience was originally conceptualized as a trait of individuals who were apparently not as prone to mental illness if they were exposed to certain hardships or stressors.<sup>79</sup> Increasingly, however, resilience is being identified outside individuals in social sources of support, which is particularly relevant to societies weakened by war.<sup>80</sup> Managing exposure to the psychological effects of war is dependent on individuals being able to tap into familiar sources of support, including economic and educational opportunities as well as local social networks. In Palestine, for example, people who can go back to school or regain employment and family ties to normalize their living conditions, even if conflict is on-going or has permanently altered daily life, are the least likely to exhibit symptoms of mental conditions.<sup>81</sup>

Policy interventions should thus seek to highlight the structural constraints imposed by war on the development of youth, including macro-level political, economic and social factors.<sup>82</sup> A more ecological understanding of the effects of conflict—one that takes into consideration a broader range of the effects of violent conflict such as human insecurity and economic constraints—is essential to capturing the relationship between both war and violence and psychological well-being.

## 6.4

# The impact of conflict on education and employment

Losses in education have a lasting effect on development, one that can lead to irredeemable intergenerational losses in well-being.<sup>83</sup> Losses in education because of conflict thus have a dual impact. First, they reduce productivity among the generation incurring the loss, which limits economic opportunity among future generations. Second, they indirectly expose the country to a higher risk of perpetuated conflict through these economic losses, particularly in the case of civil war. The danger of a violence trap from a damaged education system is more directly at play in the sociocultural and political value of a conciliatory educational system that aims to build peace and trust, a value lost with the disruptions in education that violence might cause. Conversely, education in crises can play a dual humanitarian-development function whereby it not only meets basic schooling needs, but can also serve as a means of transitioning out of crises into recovery.<sup>84</sup>

### *Syria*

Prior to the crisis, Syria had achieved a 93.1 percent net enrollment rate in primary education and a 62 percent net enrollment rate in secondary education. By 2013, these rates had dropped to 67 and 44 percent, respectively.<sup>85</sup> Almost two years after the conflict had erupted, over 11 percent of schools in Syria had been damaged or destroyed, and another 9 percent were being used as shelters.<sup>86</sup> There had also been numerous reported attacks on the teachers and staff of educational facilities as well as students, including kidnappings and threats. The Ministry of Higher Education reported that public universities in Damascus had received 40,000 students displaced from other universities in the country, and sources at the University of Damascus claimed that 10 percent of its faculty members had left the country by the end of 2013.<sup>87</sup> These events will have severe consequences for the educational attainment and educational achievement of thousands of Syria's youth.

Additionally, the Assistance Coordination Unit reported large regional gender disparities in secondary school attendance rates that were attributed to the security situation and the presence of ruling groups of different ideologies.<sup>88</sup> Colleges and universities were reportedly less affected than primary and secondary schools, except in Ar-Raqqa, a Da'esh stronghold in October 2014.<sup>89</sup>

Recent evidence suggests that, in some parts of the country, the curricula of schools that continue to operate in areas controlled by Da'esh have been

changed.<sup>90</sup> The start of the 2014 school year came with a modified curriculum in northeastern Syria. Philosophy, art and music were eliminated, and history and religious education among minorities was banned. In addition to resembling the Salafist curriculum, the new educational system adopted in some parts of Iraq and Syria where Da'esh is in control has become entirely gender segregated.<sup>91</sup>

Similarly, in 2014, the Syrian Ministry of Education reformed the official education programme, replacing nationalist education with civic education, with noted departures from a focus on Baathist history and state formation.<sup>92</sup> To the extent that these rapid changes in curricula are implemented, differences in curricula risk widening the gap among Syrian youth receiving education: to the same extent that education can be an invaluable tool to mitigate conflict through equal access, economic opportunity and the teaching of equality and tolerance, it can also be perniciously divisive.<sup>93</sup>

In the few years preceding the conflict, close to 19 percent of the Syrian labour force aged 15–24 was unemployed, and about 15 percent had been unemployed for over a year.<sup>94</sup> Syrian youth labour force participation was one of the lowest in the Arab world, especially among young women. However, unemployment rates increased dramatically, from almost 15 percent in 2011 to 57.7 by the end of 2014.<sup>95</sup> Youth became over-represented in informal employment and in non-contractual and unregistered work, which is far less secure and offers fewer benefits than the formal sector. If pre-conflict youth unemployment had displayed the same rate of increase as overall unemployment, it would probably have reached around 76 percent in 2014. Poverty also showed a parallel rise, reaching almost 82.5 percent in 2014, while extreme poverty hit 64.7 percent.<sup>96</sup>

On the eve of the conflict, Syria had a high rate of youth inactivity relative to the rest of the region; 35 percent of young men and over 71 percent of young women were neither in the labour force nor in education.<sup>97</sup> The effect of conflict on this category varied. Drops in enrollment meant that more youth were leaving education; the reported household security and safety concerns have meant that many of the youth leaving education were simply staying home, thereby increasing the inactivity rate.<sup>98</sup> Against this, the number of first-time entrants in the labour force among young people was rising, as more people were seeking

to make ends meet.<sup>99</sup> In 2013, Syria suffered the second worst economic contraction recorded in a single year; the deterioration in GDP increased in each quarter, and GDP fell to 39 percent of the 2010 level.<sup>100</sup> Private consumption, a more direct measure of household welfare, showed a similar pattern.<sup>101</sup> This massive loss in productive capacity and well-being will affect education and employment for years to come.

### *Iraq*

Years of war, violence and sanctions in Iraq have caused the country to fall behind on a raft of educational indicators. Youth illiteracy (15–29) has climbed back to 15 percent among young men and 20 percent among young women, higher than regional averages.<sup>102</sup> Educational attainment is higher among men for the cohort born in the early 1960s than for all younger groups and has been stagnant among adult women born between the mid-1960s and the 1990s.<sup>103</sup> Net secondary enrollment is 44 percent (39 percent among young women in 2007), and gross tertiary enrollment is around 16 percent.<sup>104</sup> Seventy-five percent of children not enrolled in school are girls, and over a fifth of adolescent girls are married.<sup>105</sup> The children of uneducated mothers are three times more likely to be wed young than the children of mothers with secondary education.<sup>106</sup> Urban youth are far more likely to attend secondary school than rural youth, and young women in the top socioeconomic quintile are more than three times more likely to be literate than young women in the poorest quintile.<sup>107</sup>

In the climate of rising sectarian tensions of the years following the U.S. invasion, the Iraqi educational system could have served to promote a culture of tolerance and unity. Instead, sectarian bias appears in the curriculum for religion, and disunity prevails in the development of an educational programme specific to the autonomous Kurdish region.<sup>108</sup> Because of the recent surge in violence and the seizure by Da'esh of parts of northern Iraq, regional disparities are likely to rise further: schools in Mosul now follow Da'esh-dictated curriculum, a sharp departure from the national school curriculum.<sup>109</sup>

Iraqi youth in the labour force are significantly more likely to be working outside Iraq than their older counterparts. The same is true of the university educated, whose situation partly reflects the frequent attacks on academics and educational facilities, especially in the few years after the invasion.<sup>110</sup> For the academic and teaching corps who stayed in Iraq, the years of sanctions brought isolation from

the larger regional community of knowledge and extreme deprivation of the most basic of teaching materials and resources.<sup>111</sup> The Ministry of Higher Education responded with measures to protect academics and safeguard the higher educational system. Academics were allowed to work from home part of the time, and distance-learning programmes were set up with organizations.<sup>112</sup>

### *Palestine*

Israel's policies of closure and the restriction of movement within and between the West Bank and Gaza and between Palestine and other countries affect young people disproportionately. These policies limit not only the access of youth to education and jobs, they also indirectly affect the families of youth because of the reduced remittances and income. The case of the second Intifada is a clear illustration: the unemployment rate was consistently higher among young workers than among the overall labour force, but, during the second Intifada and immediately following, the increase in unemployment was far more rapid among young people.<sup>113</sup>

While Palestine shows good enrollment rates in secondary and tertiary education relative to world averages, there are issues. In 2013, a report published by the Ministry of National Economy and Applied Research Institute found that 65 percent of young Palestinians are dissatisfied with their academic specialization, mainly because of financial hardship, the cost of tuition and the lack of proper guidance or information.<sup>114</sup> Indeed, Palestine shows the highest rate of youth (15–25 years) inactivity of any Arab country.<sup>115</sup> Close to 63 percent of this age-group are neither students nor in the labour force. The rate is alarmingly high among women, at 81 percent. While this statistic is one of a hallmark of countries experiencing protracted or large-scale violence, the rate of Palestinian youth (15–29 years) in transition—unemployed or employed in unsatisfactory jobs—is also high, at around 32 percent.<sup>116</sup> Income is significantly correlated with a successful transition from education to the labour force; education, however, plays no significant role.<sup>117</sup>

Even before the war of 2014, the blockade had gradually made Gaza uninhabitable.<sup>118</sup> Among families, 80 percent were in need of humanitarian assistance; hospitals were already running on emergency reserves; factories were laying off workers, and youth unemployment was at 50 percent.<sup>119</sup> A ban on imports of building materials into Gaza meant that nine construction projects

in 10 (including 12 schools of the United Nations Relief and Works Agency for Palestine Refugees in the Near East [UNRWA]) were suspended. Because of power cuts, limits on the importation of diesel fuel and the rising price of fuel and basic food stuffs, jobs were few.

The blockade also means that Palestinian workers in Gaza are denied the opportunity to train abroad and lack exposure to the latest technology and expertise in areas such as health care, a loss that is especially difficult to bear during times of crisis.<sup>120</sup> The armed conflict of 7 July to 26 August 2014 was the deadliest escalation in hostilities to affect Gaza since 1967; 1,563 Palestinian civilians were killed, including 538 children and 306 women.<sup>121</sup> On top of the virtual crippling of all economic activity during the military campaign, the heavy casualties and the permanent maiming and disabling of civilians, the Israeli offensive damaged six UNRWA schools sheltering refugees (such attacks on UN schools are not new; two UNRWA schools were hit by Israeli fire during Operation Cast Lead in 2009).<sup>122</sup> The Islamic University of Gaza was also badly damaged by Israeli rockets, as had happened during the 2008–2009 offensive.

### *Somalia*

In 2010, Somalia stood near the bottom of the world's Human Development Index rankings, at 165 out of 170.<sup>123</sup> In a country that had suffered a protracted civil war and still suffers great destitution, sharp inequalities threaten development as they perpetuate two traps: poverty and violence. In 2006, a quarter of young Somali women (15–29) were illiterate. A survey conducted in 2012 showed that 48 percent of youth were literate (53 percent of young men and 43 percent of young women) and that youth literacy was higher in urban areas.<sup>124</sup> While these rates are still alarmingly low, there is a glimmer of hope: the cohort aged 15–29 shows higher literacy than the overall adult population, particularly men.

Somalia's youth unemployment rate of 67 percent in 2012—and the average duration of a period of unemployment reaching one year—is among the world's highest.<sup>125</sup> The rate among young women stood at 74 percent. Somalia, like Syria, shows a high rate of inactive youth: around 21 percent were neither in the labour force nor in education in 2012.

According to a UNDP survey conducted for the Somalia National Human Development Report 2012 that covered more than 3,300 young Somali men and women aged 14 to 29, many of the inactive

young men gave no reason for their inactivity, indicating lack of hope.<sup>126</sup> Young people are already heavily involved in the Somali conflict: they form much of the membership of Al-Shabaab and many other armed groups and militias. In fact, inactive young people are more susceptible to being drawn into such behaviour. Financial incentives appear to be the primary reason for youth voluntarily joining armed groups, and grievances are the second.<sup>127</sup> But, where grievances are the main motivator, relative deprivation, marginalization and exclusion stand out.

The conflict is so prolonged in Somalia that the country seems stuck in a statelessness trap.<sup>128</sup> Many Somalis may not ascribe the prolongation of violence to state failure and have become wary of empowering a central authority. This has led to the emergence of groups who support local governance and conflict reduction, but are suspicious of state revival, particularly as a generation comes of age, but has no living memory of a functioning central state.<sup>129</sup>

### *Sudan*

Before South Sudan's independence, regional indicators of illiteracy and unemployment were highest in the southern areas of Sudan and showed significant regional disparity: women in conflict areas were at a higher risk of illiteracy than men and women in non-conflict areas.<sup>130</sup> Today, following South Sudan's independence, literacy rates in Sudan are highest in the capital and lowest in the conflict-affected regions of Darfur and eastern Sudan. 2012 data indicate that 73.4 percent of Sudanese aged above 15 years are able to read and write.<sup>131</sup>

While gender gaps in education and labour market participation in Sudan remain well above world averages for developing countries, they have been shrinking. In 2012, the ratio of literacy rates among women to literacy rates among men was 73 percent for the entire population, but 84 percent among the 15–24 age-group.<sup>132</sup> However, these rates obscure large geographical and socio-economic disparities: the enrollment of young women in secondary schools exceeds the enrollment of young men in urban areas and among the richest quintile.<sup>133</sup>

Sudan also shows an alarming rate of youth unemployment, particularly among urban youth and among young women.<sup>134</sup> In 2013, the unemployment rate among young people, at 24.5 percent, was almost double the rate among adults (12.5 percent).<sup>135</sup> Youth unemployment is 27.5 percent among young women versus 20.4 percent among adults.<sup>136</sup> The unemployed are mostly first-time job seekers (70 percent of 15–19-year-olds

and 34 percent of 20–24-year-olds), but a sizeable share are jobless because they are discouraged (19 percent and 32 percent, respectively).<sup>137</sup> While unemployment decreases with higher educational attainment among the overall population, education is associated with higher rates of unemployment among young people: unemployment is highest among youth with more than secondary educational attainment (48.7 percent) and lowest among illiterate youth (23.4 percent).<sup>138</sup>

## 6.5 Forced migration and its impact on youth

Forced migration resulting from war or looming conflict is one of the most serious socio-economic issues facing the region. In 2013, there were 10.7 million individuals newly displaced from their homes as a result of conflict. Both the duration and the speed of escalation of these conflicts are bound to intensify the social, economic and political exclusion of refugees. According to the Internal Displacement Monitoring Centre, the largest internal displacements in 2013 related to conflict and violence were in Syria (6.5 million), Sudan (2.4 million), Iraq (2.1 million) and Somalia (1.1 million).<sup>139</sup> By July 2015, those displaced by the Syrian conflict alone had reached 11.6 million.<sup>140</sup> Of these, 7.6 million were internally displaced persons, while the rest were refugees (that is, outside their country of nationality). Children under 18 years constituted 50 percent of the global refugee population in 2013, the highest share in a decade.<sup>141</sup> Somali children ranked high among roughly 25,300 asylum applications lodged by unaccompanied or separated children in 77 countries in 2013.

Long-term displacements create generations who lack access to quality education and thus

reproduce and deepen the negative effects of forced displacements. Since the beginning of the war in Syria, 90 percent of the Syrian refugee children and youth aged 6–17 are estimated to be out of school.<sup>142</sup> In 2013, of 2.8 million Syrian refugees outside the borders of their own country, less than 359,000 children were enrolled in formal primary or secondary education.<sup>143</sup> In Jordan, where the Syrian refugee population reached an estimated 800,000 in 2014, secondary-school enrollment rates recorded in Zaatari camp (the largest, with close to 160,000 refugees) were at 24 percent among girls and 15 percent among boys.<sup>144</sup> Of the Syrian refugees in Lebanon, almost 30 percent of the men and 36 percent of the women are 15–29 years old. The gross secondary-school enrollment ratio among Syrian refugees in Lebanon is 19 percent (16 percent among young men and 24 percent among young women).<sup>145</sup> Considering Syria's enrollment rates before the crisis, the loss of schooling among the refugees in these host countries is stark. Syrian children also face a number of other barriers in the educational systems in host countries. While the national Syrian curriculum is solely in Arabic, for example, Lebanon's is in English and French. Moreover, Syrian children at Lebanese schools have been facing discrimination, violence and acculturation issues and a lack of support in the classroom.<sup>146</sup> The Lebanese Ministry of Education and Higher Education has imposed barriers to the registration of refugees that are sometimes prohibitive to the education of refugees in public schools.<sup>147</sup>

Similarly, access to education among internally displaced persons is negatively affected by conflict, as is evident in the case of Somalia.<sup>148</sup> Post-conflict trends in other cases show that lower educational attainment among conflict-affected cohorts persists because these cohorts rarely resume their education after the conflict has ended.<sup>149</sup>

Conflict can also have spillover effects on the educational system and labour market of neighbouring countries hosting refugees. In Lebanon, for example, UNESCO estimates that 140,000 Lebanese school-age children are directly affected by the demands represented by Syrian refugees on the Lebanese educational system.<sup>150</sup> The influx of Syrian labourers has also put downward pressure on wages in the informal sectors in both Jordan and Lebanon.<sup>151</sup>

Another consequence of forced displacement is the severing of ties within the family, a major protection and support institution in Arab societies. This is bound to have a multiplier effect on the

future of refugees. Internally displaced persons in Somalia are often members of minority clans who lose their social support when uprooted, are subject to exploitation and violence and are vulnerable to recruitment by armed groups, particularly if the households of internally displaced persons are headed by women or children.<sup>152</sup> The family unit has often been shattered; children have been separated from their parents, as reported in the Zaatari refugee camp in Jordan, where grandparents stay with their grandchildren, while parents remain back home to secure a possible income and to protect the family's property.<sup>153</sup> Decision-making roles and responsibilities in the household thus shift abruptly: children become breadwinners, and women take responsibility for raising the children and earning income after losing their partners.

## 6.6 Conflict and civic participation

'Truth is the first casualty of war,' they say. Trust may well be the second. War and violent conflict undercut social and political trust and reduce political participation in mainstream civic life. Exposure to violence can reduce trust in political institutions that fail to ensure public security, as in Somalia, leading to political apathy. If state institutions can no longer provide political order or jobs, young people may be attracted to extremist groups or their ideologies. Rebel leaders have always known this.

"In the south [of Sudan], it pays to rebel", said Dr John Garang de Mabior, leader of the Sudanese People's Liberation Army in 1983.<sup>154</sup>

The breakdown of state institutions and power struggles among armed factions have led to a rise in sectarian politics, a fairly new development in countries such as Iraq and Syria.<sup>155</sup> With the increasingly sectarian tone of the conflict and the emergence of groups operating in the name of Islam or other religious and ethnic identities in



Syria, people are likely to depend more heavily for care on religious networks and other types of organizations that emphasize social differences, as in Lebanon.<sup>156</sup> Some reports on the evolution of civic life under war conditions in Syria indicate, however, that the conflict has stimulated civic participation and enhanced social capital in the country.<sup>157</sup>

Similarly, youth in war-torn countries of the Arab region report higher levels of altruism vis-à-vis strangers than their counterparts in more peaceful countries both in the Arab region and among middle-income countries worldwide (annex 2 figure A.15). This finding is consistent with studies in other regions, where citizens in war-torn countries express particularly high generosity towards and feelings of solidarity with others.

Youth, especially young men, are usually the largest demographic group in armed organizations and are often depicted as especially prone to violence, in what may be considered a form of political participation.<sup>158</sup> Yet, most young people do not engage in violence. Although reliable data are few, most extremist groups have low memberships, especially as a share of the total youth population.<sup>159</sup> The U.S. Department of State put the membership in Al-Qa'eda in Iraq, a precursor to Da'esh and the largest Sunni extremist group in Iraq, at only 1,000–2,000 in 2012.<sup>160</sup> More recent estimates from September 2014 indicate that the group may have more than 30,000 fighters, but this is still small compared with the overall youth population in the countries where it operates, and it also includes fighters recruited globally. In Somalia, Al-Shabaab was estimated to have several thousand members, including foreigners, although its numbers were bolstered by alliances with certain clan militias in some areas.<sup>161</sup>

But why do the young people who engage in violence do it? Some motivations reflect a feeling of lack of choice in a collapsing social order or the need to support themselves and their families.<sup>162</sup> They may do it for money, in response to grievances such as poverty and economic or political exclusion, or to avenge violence against themselves or loved ones.<sup>163</sup> Some may be coerced into join-

ing.<sup>164</sup> In many cases, the decisions of a minority of young people to enlist in militant organizations or to engage in acts of violence can be viewed as a form of resistance and may reflect resilience under challenging circumstances rather than resignation. Resistance and resilience imply agency, but resignation connotes despair.

If social capital is well developed, young people may be less likely to join armed groups. If local associations serve and engage youth, whether in sports clubs or civil defence units, young people have alternative outlets for their energies through which they may gain a sense of community inclusion.<sup>165</sup>

During wartime, new forms of civic and political participation emerge, which, under certain conditions, may have a liberating effect during the post-conflict period. Some research on war-torn sub-Saharan African countries indicates that political participation—such as registering to vote and attending community meetings, as well as civic engagement, such as membership in political groups and local associations—increases during and after violent conflict.<sup>166</sup> Exposure to violence is associated with increased social trust and associational membership, perhaps because of post-traumatic growth or an enhanced appreciation of life and reordering of priorities—after living through conflict—that leads to more intimate relationships with others and a greater sense of personal strength and development.<sup>167</sup>

In its tribes and groupings around the world, humankind lives under a delicate and brittle shell of apparent order and stability. Shatter it, and the worst elements sneak out. Autocrats have always known that, arguing “après moi le déluge” (“after me the flood”), and usually secure the often begrudging quiescence of their people. Yet, when the protective structure breaks, no one can predict how long the devastation will last or how widely it will spread.

There will always be conflict. Humankind's hope is to minimize the conditions where it thrives, lessening thereby the scope for conflict itself. As every generation—today's young—learns the awful costs of warmongering and civil conflict, their yearning for a return to stability grows.

## Endnotes

- 1 Farmer 2004, p. 307. "Structural violence is violence exerted systematically—that is, indirectly—by everyone who belongs to a certain social order".... The term was used by Johan Galtung in 1969 "Broadly to describe 'sinful' social structures characterized by poverty and steep grades of social inequality, including racism and gender inequality."
- 2 UNHCR 2015d. The Global Peace Index 2013 Report also shows the worst deterioration for the MENA region of any region over the past seven years. See Institute for Economics and Peace 2013.
- 3 The five countries stand out both within the region and globally for the intensity and duration of violence occurring in their territories. Accordingly, the Uppsala Conflict Data Program (UCDP), a widely cited database for categorizing and analysing wars and armed conflicts, classifies these countries as cases of high conflict. The UCDP database differentiates between "minor" conflicts, in which between 25 and 999 battle-related deaths occur, and "wars," in which at least 1,000 battle-related deaths result in a given year (UCDP various years). By these definitions, all of the countries covered in this chapter qualify as wars or full-blown civil conflict based on their coding since at least 2011, and in most cases for many years prior. Libya and Yemen, too, have more recently slid into states of civil war, with competing factions, often based on tribal and regional affiliations, vying for local and sometimes national power, although given the especially recent and dynamic nature of conflict in these countries, they are not covered in detail in this chapter.
- 4 World Bank 2011: xvi
- 5 Dixon, McDonald, and Roberts 2002.
- 6 On the effects of war on health, see Levy and Sidel (2007).
- 7 WHO developed the concept of health-adjusted life expectancy (HALE) to provide a more accurate picture of actual health than standard measures, such as life expectancy at birth, convey. HALE measures the number of healthy years an individual is expected to live at birth by subtracting the years of ill health, which are weighted according to their severity, from overall life expectancy (WHO <http://www.who.int/healthinfo/statistics/indhale/en/>).
- 8 Data on health outcomes from the Global Burden of Disease dataset of the Institute for Health Metrics and Evaluation are not available after 2010.
- 9 World Bank 2015b.
- 10 UN ESCWA 2013c, p. 16.
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- <sup>145</sup> ILO 2013.
- <sup>146</sup> Shuayb 2014.
- <sup>147</sup> Parkinson 2014.
- <sup>148</sup> Smith and Smith 2012.
- <sup>149</sup> UNESCO 2010.
- <sup>150</sup> UNESCO 2013.
- <sup>151</sup> ILO 2013; UNDP 2013.
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- <sup>153</sup> Sharpe 2013.
- <sup>154</sup> Ali, Blacker, and Jones 2003.
- <sup>155</sup> Davis 2005; Jaber 2003.
- <sup>156</sup> Cammett 2014 and Thomas 2013, p. 3.
- <sup>157</sup> Harling and Birke 2014.
- <sup>158</sup> Urdal 2006; 2007.
- <sup>159</sup> Sommers 2011; Barker 2005.
- <sup>160</sup> U.S. Department of State 2013: 282
- <sup>161</sup> U.S. Department of State 2013: 289
- <sup>162</sup> Humphreys and Weinstein 2008.
- <sup>163</sup> Bloom 2007; Collier and Hoeffler 1998, 2004; Moser and Rodgers 2005; Østby 2007; Richards 1996; Stewart 2008.
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- <sup>167</sup> Carmil and Breznitz 1991; Tedeschi, Park, and Calhoun 1998; Tedeschi and Calhoun 2004.
- <sup>168</sup> UNFPA 2013b.

