



REVIEW PAPER

Physical and mental health of displaced children: a narrative review

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ABSTRACT

Displaced children face significant physical and mental health challenges, including malnutrition, infectious diseases, and mental health disorders. These children often experience trauma, loss, and separation from family members, leading to long-term psychological distress. The prevalence of post-traumatic stress disorder (PTSD), anxiety, and depression is particularly high among this population. The lack of access to basic necessities like healthcare, education, and sanitation exacerbates their physical and mental health issues. The review emphasises the need for targeted intervention to address the unique needs of displaced children, such as providing access to healthcare services, psychosocial support, and education in school settings. The findings of this review have important implications for policymakers, healthcare providers, and humanitarian organisations working with displaced children. By understanding the complex health needs of this population, effective strategies can be developed to support their physical and mental health and promote their resilience in the face of adversity. Comprehending the intricate health requirements of displaced children facilitates the formulation of effective strategies to bolster their resilience in challenging circumstances.

Keywords: Displaced children; physical health; mental health; trauma; migration.

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INTRODUCTION

The term child displacement covers a wide range of situations and circumstances that force children, as part of a broader group of people, to leave their community permanently. Forced displacement is one of the defining issues of this century.¹ Every year, millions of children are forced to flee their homes to find refuge in unfamiliar territories. Children in vulnerable positions are driven to find safety and stability. The haphazard and unpredictable nature

of these journeys often puts them at risk of physical and emotional harm, discrimination, detention, and deprivation.² Across the world, major humanitarian issues such as violence, conflict, persecution, poverty, economic and political instability, environmental disasters, wars, and climate change continue to impact the large-scale movement of people both within and outside their countries of origin.³ Some migrants are internally displaced people who often experience both physical and mental

health problems.⁴ Today, more than ever before, cities, villages, and towns in many parts of the world have become battlefields, and children are the ones who get caught in the crossfire, regardless of the specific character of any particular act of terror or a natural disaster, which often involves a large number of victims being displaced. Such circumstances involve destruction, pain and death.⁵ This article reviews research findings on the psychological and physical health of displaced children and youth.

COUNTING THE INVISIBLE: GLOBAL ESTIMATES OF CHILD DISPLACEMENT

In 2020, the number of international migrants reached 281 million, of which 82.4 million were forcibly displaced, 20.7 million were refugees, and 36 million were children.⁶ The United Nations High Commissioner for Refugees (UNHCR) estimates that, as of May 2022, more than 100 million people were forcibly displaced from their homes around the world.⁷ Over 1 percent of the world's population is now forcibly displaced, with most displaced inside their own countries or displaced to other low- or middle-income countries. Included in these statistics are a large and growing number of children worldwide; an estimated 36.5 million children were forcibly displaced by the end of 2021.⁸ Children are disproportionately impacted by forced displacement, forming 30% of the world's population but constituting 41% of all forcibly displaced people.^{7,9} The UNHCR estimates that 29% of displaced children are aged 0-4 years, 42% are aged 5-11, and 29% are aged 12-17.⁹ Worldwide, between 2010 and 2023, the global number of children displaced due to conflict and violence more than doubled from around 18.8 million to the current number of 47.2 million. This number includes some 19.1 million refugee children and asylum seekers and an estimated 28.1 million children displaced within their own country by conflict and violence. A majority of displaced children are from Syria (2.99 million), Ukraine (2.02 million), Afghanistan (2.61 million), and South Sudan (1.35 million) (UNICEF, 2024). These

statistics emphasise the crucial role of violence and conflict as a powerful driver of forced migration.¹⁰ The ongoing war in Ukraine has led to a significant displacement of children, with far-reaching consequences. For many children inside and outside Ukraine, the war has wiped out three years of schooling, playtime with friends, and moments spent with loved ones, robbing them of their education and happiness and wreaking havoc on their mental state. The war has been devastating for every child.¹¹

This article examines how crises, such as wars or natural disasters, compel children to leave their homes and confront various challenges that impact their well-being, health, and development. There is still much to learn about how displacement affects children's physical and mental health and how their surroundings play a role in this.

CHILD DISPLACEMENT SCENARIOS: A LOOK AT DIFFERENT FORMS

Child displacement, a growing global concern, takes various forms, each with its unique challenges and consequences. We can categorise child displacement into internal displacement, planned displacement, unaccompanied children, and refugee children; each requires distinct responses and support. The following are key forms of child displacement.

Internal displacement: The International Guiding Principles on Internal Displacement define internally displaced persons as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or human-made disasters, and who have not crossed an internationally recognised border.”¹²

Planned displacement: Though there is no universally recognised definition for planned displacement (or planned ‘relocation’), the phrase is likely to be another policy response to environmental pressures. Governments

may legitimately wish to move communities out of harm's way or from areas that are no longer inhabitable. This displacement is usually justified by a desire to remove people from danger, such as environmental changes rendering a location uninhabitable, or to facilitate large-scale infrastructural projects; this is often termed development-forced displacement and resettlement.¹³

Unaccompanied children: According to the United Nations High Commissioner for Refugees (UNHCR), unaccompanied or 'separated' children are those "separated from both parents or their previous legal or customary primary carer but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members or carers." Unaccompanied children are a cross-cutting form of child displacement.¹⁴

Refugee children: Refugees are internationally recognised as individuals "who have been forced to flee conflict or persecution and have crossed an international border to seek safety" (UNHCR, 2024). The border-crossing element differentiates a refugee from other categories of migrants and displaced persons.¹⁵

Understanding these different forms is crucial for developing effective strategies to protect and support displaced children, as each form of displacement poses unique challenges to children's physical and emotional well-being, education, and development.

DISPLACEMENT AND PHYSICAL HEALTH IN CHILDREN

Displaced children face numerous physical health challenges due to their displacement. The physical health consequences of displacement can be severe and long-lasting, affecting not only their immediate well-being but also their long-term development and prospects. This discussion highlights the critical issues surrounding the physical health of displaced children, emphasising the need for targeted intervention and support to ensure their health and well-being.

A scoping review of 25 articles by Salami B et al. found that internally displaced children in Sub-Saharan Africa experience significant health issues, including higher rates of infectious diseases, which can be attributed to poor living conditions and limited access to healthcare; varied results regarding nutritional status, with some studies indicating poorer nutritional outcomes; and elevated mental health problems, such as anxiety, depression, and post-traumatic stress disorder, particularly in children displaced by war. Five articles focused on health services delivery. Infant care in IDP camps is inadequate due to several factors, including limited access to nutritious food, which hinders prenatal health and infant development; scarce essential medical equipment and medications in camp facilities; and a shortage of healthcare professionals, particularly female providers, which creates barriers to prenatal and infant care. The review emphasises the necessity for targeted interventions to address the distinct challenges encountered by internally displaced children in Sub-Saharan Africa.¹⁶ Another study by Tripathy P et al. in the year 2023 on health problems and their associated factors among orphan children living in orphanages of Bhubaneswar found significant health issues, including 93.18% of children affected by the common cold, 63.63% of children affected by diarrhoea, 15.90% of children affected by eye itching, 15.90% of children affected by dental caries, 15.15% who had scabies, 13.63% who had less social activity, and 43.18% who had poor concentration. The study highlights the need for regular health assessment and intervention to address physical and mental health challenges faced by orphan children.¹⁷ A 2022 study by Mahanta P et al. on orphan children in Assam found that 50% of the children were between 10 and 14 years old, 62.7% were female, and 42.2% had received primary education. Severe thinness was typical among children aged 5-9 and 10-14 years. Male orphans were more likely to experience severe thinness. 18.5% of children aged 10-19 experienced behavioural

and mental distress. The study recommends regular health assessments for early detection, prevention, and timely intervention.¹⁸

Research has shown that displacement significantly impacts the physical health of children, exposing them to increased risks of malnutrition, infectious diseases, and injuries due to poor living conditions and lack of access to healthcare. Some of the main concerns emerging from the studies are—

- They often live in overcrowded and unsanitary conditions, which can lead to the rapid spread of communicable diseases.
- Displacement can disrupt food supplies and access to resources, leading to malnutrition and stunted growth in children.
- Conflicts and violence can cause injuries, and displaced children may be at higher risk of accidents due to unsafe living conditions.
- Displacement can disrupt healthcare systems, making it difficult for children to access necessary medical care, including vaccinations and treatment for illnesses.
- Common health problems observed in displaced children include acute respiratory infections, diarrhoeal disease, malaria, fever, hypothermia, burns, and gastrointestinal illness.

DISPLACEMENT AND MENTAL HEALTH IN CHILDREN

Displaced children often experience significant mental health challenges due to stress and trauma, which can affect their emotional well-being for a long time. Displaced children often experience loss, separation, and disruption, leading to mental health issues like anxiety, depression, and post-traumatic stress disorder (PTSD). Understanding the mental health needs of displaced children is crucial for providing practical support and intervention to promote their resilience and well-being. This review primarily examines mental health

issues in displaced children, as researchers have predominantly concentrated on evaluating psychopathology, including depression, anxiety, and PTSD. Displaced children are not a homogeneous population. However, the limited research into this group of children clearly shows rates of mental health problems that are significantly higher than in other children. Studies show PTSD rates in children and youth range from 19% to 53%, often due to war and trauma.¹ However, there is also evidence that youth who have been exposed to climate events such as floods also have high levels of PTSD in addition to grief, anger, feelings of hopelessness and helplessness, increased aggression, and higher suicidal ideation.¹⁹ In 2023, a study in Islamabad assessed the physical and mental health of 110 orphan children. The results showed that 29.9% of the children experienced anxiety, with females being more affected than males.²⁰ Another study, conducted by Saraswat et al. in New Delhi, India, in 2017, aimed to examine the psychological well-being of orphans living in institutions. The study reported a wide range of mental health issues among orphans, including low self-esteem, self-doubt, mistrust towards strangers, and a longing for parental love.²¹ A study by Goswami P on the situation of orphans in the Kamrup Metropolitan District of Assam in 2023 found that many orphans experienced psychological distress due to a lack of emotional support and strict rules in orphanages. Key findings include 52.27% felt they did not receive enough moral support and love, 70.91% were unhappy with the restrictions and rules, 78.18% reported getting angry and aggressive easily, 80.91% were suffering from frustration and depression, 76.36% felt lonely, 29.09% had attempted suicide, and 53.64% had tried to run away from the orphanage.²²

The studies highlight the importance of understanding anxiety, a condition marked by fear and worry about one's circumstances and future. This understanding empowers individuals to recognise and manage their anxiety effectively. Depression, characterised

by feelings of sadness, hopelessness, and a sense of loss, is more prevalent than many people realise. Recognising its commonality can help individuals feel less isolated in their struggles. Post-Traumatic Stress Disorder (PTSD) involves symptoms triggered by traumatic experiences. Attachment issues, often rooted in experiences of separation or loss, can significantly affect relationships. It is essential to recognise and address these issues to build and maintain healthy connections. Emotional distress manifests as heightened stress levels, irritability, mood swings, sleep disturbances, and recurring nightmares. Behavioural issues may include aggression, withdrawal, and difficulties with concentration.

CONCLUSION

In conclusion, displaced children face significant challenges to their physical and mental health compared to non-displaced children. They often experience higher rates of cognitive disorders such as anxiety, depression, and PTSD. Traumatic experiences during displacement, including violence, loss, and

unstable living conditions, can lead to a range of mental health issues. Their physical health is also impacted, with increased vulnerability to chronic and infectious diseases. There is a need to develop universal interventions targeting all war-exposed children to promote healthy coping and build resilience. Such interventions can be implemented in school settings, where children can learn these coping strategies alongside other academic skills. Most war-exposed and displaced children and adolescents reside in low- and middle-income countries, where access to health services is limited. Addressing these needs requires comprehensive support systems, including access to healthcare, nutrition, education, and mental health services. By understanding the complex interplay between displacement, physical health, and mental well-being, policymakers, healthcare providers, and support organisations can formulate targeted interventions to promote the resilience and well-being of displaced children, ultimately enabling them to thrive despite adversity.

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