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The Impact of Armed Conflict on Children Health: Systematic Literature Review

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Children, armed conflict, mental health, physical effects, trauma

ABSTRACT

This study examines what armed conflict is for children and how to resolve it. It aims to develop where it affects early childhood in various countries disclosing the adverse consequences of armed conflict on health outcomes for children under five. Especially those who are exposed to the conflict. Although recent evidence suggests a significant and long-lasting detrimental effect of armed conflict on children's health, there needs to be more assessment of the effectiveness of various social and economic development interventions aimed at reducing the impact of armed conflict on children's health. The research method applied in this research is a systematic literature review using 113 scientific articles sourced from the Scopus database. Review articles using the Vosviewer application. the results of this study yield on the challenges faced by conflict-affected countries. Social funds, one of the main instruments used to promote development at the local level, can be used to reduce the impact of armed conflict on children's health and the role of UNICEF in helping the mental healing of these children. For children living in displaced households, specific interventions should be designed to reduce the impact of armed conflict. The articles used are only sourced from database coverage, so research findings cannot be comprehensively described on the issue of child health due to the armed war in their country. Conflict is a significant stress and social determinant of children's health. In the statements within this data scope, much of the data review available knowledge about the impact of armed conflict on children and support the recommendations in the accompanying Policy Statement on children and armed conflict. Future research needs to use scientific articles sourced from other reputable international databases, such as the Web of Science and Dimensions Scholars.

1. INTRODUCTION

Armed conflict is a public health problem. An estimated 246 million children live in conflict-affected areas. Forced displacement reaches a record high: more than 68.5 million people, including 28 million children, live as refugees, asylum seekers, stateless persons, or internally displaced persons. World of millions of refugees, half of whom are children: almost 1 in 200 children worldwide. The authors of the 2005 State of the World's Children report, "Childhood Under Threat," stated that 90% of conflict-related deaths from 1990 to 2005 were civilians, many of whom were children. Children were living in countries affected by

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armed conflict. A percentage of the total population was aged 18 years in countries affected by armed conflict, defined as any organized dispute involving the use of weapons, violence, or violence, whether within national borders or outside them, and whether involving state actors or entities non-government. The boundaries and names shown and designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: Revision 2015. Source: Melander, Erik, Therese Pettersson, and Lotta Themnér (2016) Organized violence.

Previous research explains that in armed conflict, a country's population is divided into two, namely combatants and civilians. Combatants are groups of people who actively participate in hostilities, while civilians are groups who do not participate in hostilities. (Arlina Permanasari) (Jean Pictet) said in his book in an armed conflict that the presence of children amid a conflict is not uncommon or foreign. Children are always in the midst of armed conflict. Protection of them is very much needed, considering their young age, and they still have to get more care, protection, and love from their family and the people around them. However, previous studies have explained that more than 1 in 10 children worldwide are affected by armed conflict. The effects are direct and indirect and are associated with immediate and long-term harm. The direct effects of conflict include death, physical and psychological trauma, and displacement. However, many previous studies have yet to use a systematic literature review approach with articles from the Scopus database. Only a few have used the article review method with the Vosviewer application. Therefore, this study focuses on review papers with an SLR approach that uses 500 scientific articles from the Scopus database. The SLR method is a scientific method that has strengths and advantages in understanding research issues based on previous research. (Shenoda et al., 2018)

The focus of this research study leads to efforts to answer the research question, namely, "what are the effects of armed conflict on the health of children affected by the conflict." The research method used is qualitative content analysis with the SLR approach and article analysis using Vosviewer. This research contributes to what can be done to help children affected by armed conflict.

2. LITERATURE REVIEW

The relationship between military spending and economic growth during the cold war period has been well researched, and relatively little is known about the issue for the post-cold war era. Also, how the relationship varies with exposure to other conflicts has yet to be fully examined. (Aziz & Khalid, 2019) here will discuss what the effects of the war are; the main thing is how the effect is for the children who are involved in this war. The armed conflict in Colombia caused various kinds of trauma for its citizens, especially children. Colombia was chosen because it is a very religious country that has experienced a prolonged armed conflict from 1964 to the present. (Chen et al., 2021)

Although recent evidence suggests a significant and long-lasting detrimental effect of armed conflict on children's health, there is a paucity of research that rigorously assesses the effectiveness of various social and economic development interventions aimed at reducing the impact of armed conflict on children's health. (Djimeu, 2014)) Support mental and

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psychosocial health for children in areas of armed conflict also calls for individual attention for children who have faced certain conflict-related events justified; mental health should be used to develop services for children more broadly in low-income countries and the medium where most contemporary armed conflicts occur. It is argued that a systems approach to mental health and psychosocial support for children is needed. (Blay-Tofey & Lee, 2015)

From several studies of several Scopus data, it is revealed that the data collection consists of a panel of 188 countries during the period 1995 to 2015. There shows that the effect of military spending depends on the level of military spending relative to geographic location. In particular, in the face of armed conflict, the relatively 'moderate' level of military spending helps to promote the international tourism attractiveness of destination countries. In contrast, the relatively 'high' level of military spending cannot reverse the negative impact of armed conflict but instead triggers problems. (Khalid et al., 2020) Furthermore, the involvement of children in armed conflict as child soldiers has sparked worldwide condemnation by humanitarian advocates and child rights activists. It is seen as an international humanitarian and human rights crisis. It occurs in different parts of the world, stretching from Asia to the United States. It is a common misconception that only non-state armed groups or rebel groups deploy child soldiers. Many governments have also recruited children under 18 into the national armed forces.

Different reasons have been cited for the involvement of children in armed conflict. The truth remains that child soldiers in these armed and hostile situations have gone through tough times that have profoundly impacted them emotionally and psychologically. There are international instruments supporting efforts to stop using children as soldiers. (Murshamshul & Nizam, 2017) Armed conflict is a problem for human development and public health. It is a significant obstacle to realizing the Sustainable Development Goals of ensuring healthy lives and promoting well-being for all people of all ages. It is subject to significant security constraints in war zones, thus reducing its effectiveness. In some data, Scopus also found that intrauterine exposure to armed conflict in the first trimester of pregnancy reduced childbirth weight by 2.8% and increased the incidence of low birth weight by 3.2 percentage points. Babies born to poor and poorly educated mothers are particularly vulnerable to the adverse effects of armed conflict. Given the long-term consequences of poor infant health throughout the life cycle, our findings call for global conflict prevention and mitigation efforts. Extra attention should be paid to children and women from disadvantaged backgrounds. (Le & Nguyen, 2020)

When it comes to global mental health research, research prioritizes women's voices and examines the mental health outcomes of marginalized women. 30% of the sample met the threshold for possible depression. Women exposed to IPV and armed conflict had significantly higher rates of depression than all other groups. (Mootz et al., 2019) More than 1 to 10 children worldwide are affected by armed conflict, and the effects can be immediate and long-term. The direct effects of armed conflict are death and psychological and physical trauma, and the indirect effects are related to a large number of factors, including inadequate and unsafe living conditions, environmental hazards, the mental health of caregivers,

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separation from family, health risks associated with displacement, and the destruction of health, education, and economic infrastructure. (Raman et al., 2021)

Children from areas are more easily affected by the conflict before experiencing a significant decline in health compared to children from less affected areas. When examined further examines the possible impact of war on survey data on household war experiences. The results show that household victimization related to development conflicts also hurts children's health. (Djimeu, 2014) Much mental health, psychosocial, and peace support is also needed to support children affected by war in various countries. In order to meet the scale of need in an accountable manner, it is essential to have a broad vision of systematic support for the war-affected child population. (Wessells, 2017)

3. METHODOLOGY

This study uses a qualitative content analysis method with an SLR approach and article analysis using Vosviewer. The data source of this study uses scientific articles indexed in the Scopus database. The reason for using this method is that it is the most suitable method used in this study. This study aims to analyze more deeply related articles related to the "Impact of Armed Conflict on Children's Health." which have been published in accredited national journals. Data collection is sourced from the Scopus database by taking data from journal articles in the last ten years by entering the keyword "Impact of Armed Conflict on Children Health." and resulted in 600 articles that were successfully filtered into 113 articles that were found and resulted in 5 clusters in it with three dominant themes. Data retrieval from Scopus is considered to be proven to be valid and valid and the journal articles discussed are also of high quality. The use of filters for the last ten years for data collection is enabled so that this research is fresh and does not refer to research that spans too long

This research aims to analyze more deeply the articles related to the impacts of armed conflict on young children related to accredited national journals. The articles published in the journal form will later become the primary data source in this research. The articles published in the journal form will later become the primary data source in this research. The articles reviewed in this study went through the stages of article search, topic mapping, topic analysis, and conceptualization

Figure 1. Table of Research Stages Sequence

The discussion that will be reviewed in this study is based on several problem formulations in the form of the following questions: (1) What is the government's strategy to help affected children? (2) What needs to be considered in assisting these children in dealing with the physical and mental impacts after being exposed to conflict? Research findings, frameworks, and main topics of discussion from previous articles indexed in the Scopus database will be the basis for describing these questions.

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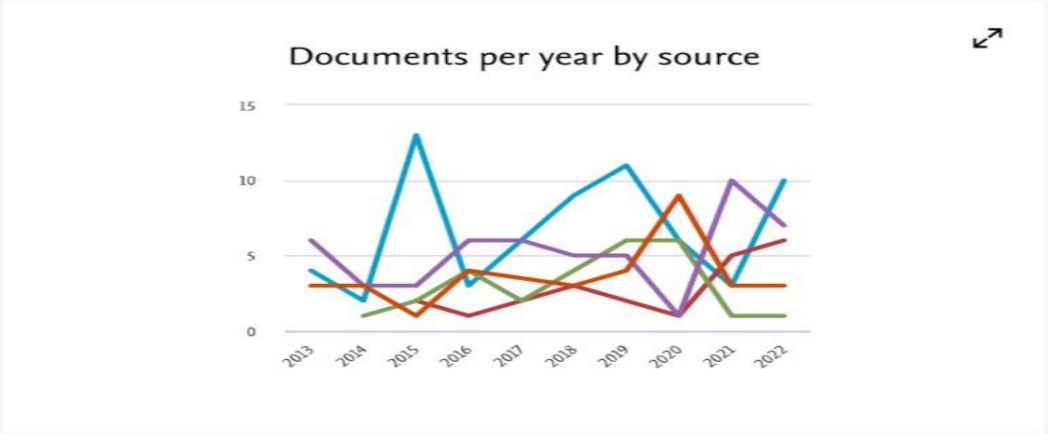
4. RESULTS AND DISCUSSION

This explanation discusses the following directive after the lever stage is obtained based on the previously selected journal articles. Furthermore, the results of the resulting reviews are then processed using the VOSViewers application with concepts based on groups.

Figure 2. Scopus data by showing year of publication



Based on data taken from Scopus over the last ten years taken from Scopus, it can be seen that the ups and downs of news about children's health as a result of armed conflicts in various countries, cities, and regions cause many victims. It can be seen from the blue line that from 2013 to 2015, cases of stress and trauma felt by children when dealing with armed wars jumped up and down in 2016 and then jumped again from 2016 to 2021 because, in 2021, cases of armed war did not happen too much.

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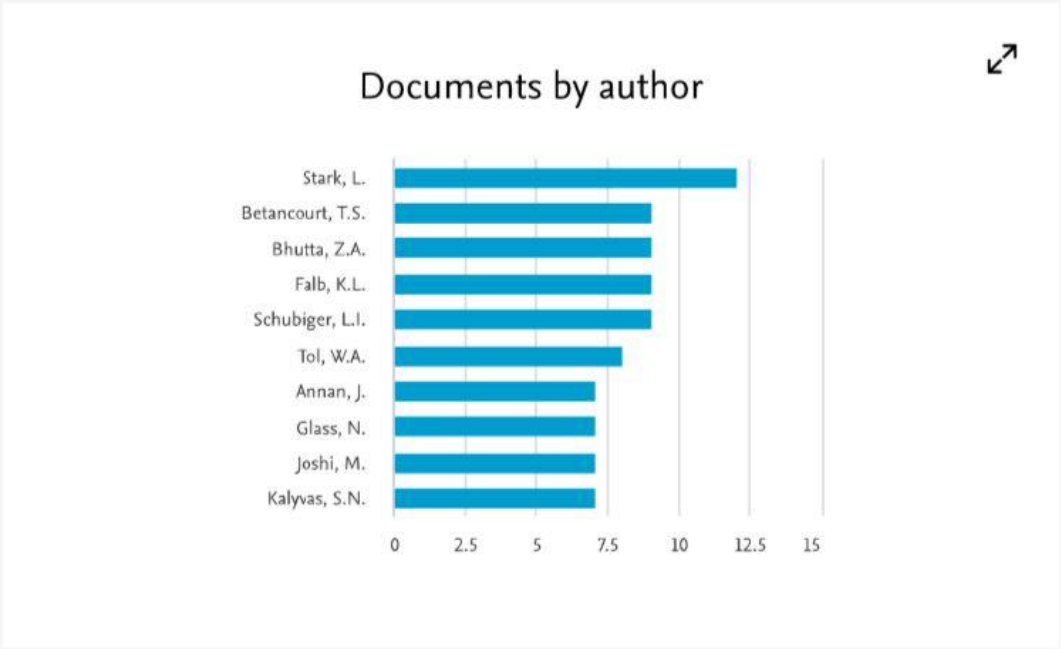
Figure 4. Article Writing Data from Author's Name



The data above can be analyzed if the contributions of the top 10 authors show a similarity in nature. The top 10 authors, of course, have different discussions but with the same topic. Based on data from authors taken from Scopus, it is known that Stark, L is the top author of the ten authors with the highest number of other publications, with several of his writings discussing this armed war conflict that has been published. Some examples are *Children and armed conflict: Interventions for supporting war-affected children, Armed conflict, HIV, and syndemic risk markers of mental distress, alcohol misuse, and intimate partner violence among couples in Uganda, Risk and protective factors for GBV among women and girls living in humanitarian setting: systematic review protocol. Patterns of Gender-Based Violence in Conflict-Affected Ukraine: A Descriptive Analysis of Internally Displaced and Local Women Receiving Psychosocial Services, Prevalence and associated risk factors of violence against conflict-affected female adolescents: A multi-country, cross-sectional study*, numerous other writings include authors whose names are not listed in the table, but the results of their writings can be published to various sources including the Scopus database. It has proven that the authors have written enough articles to help further researchers continue their research.

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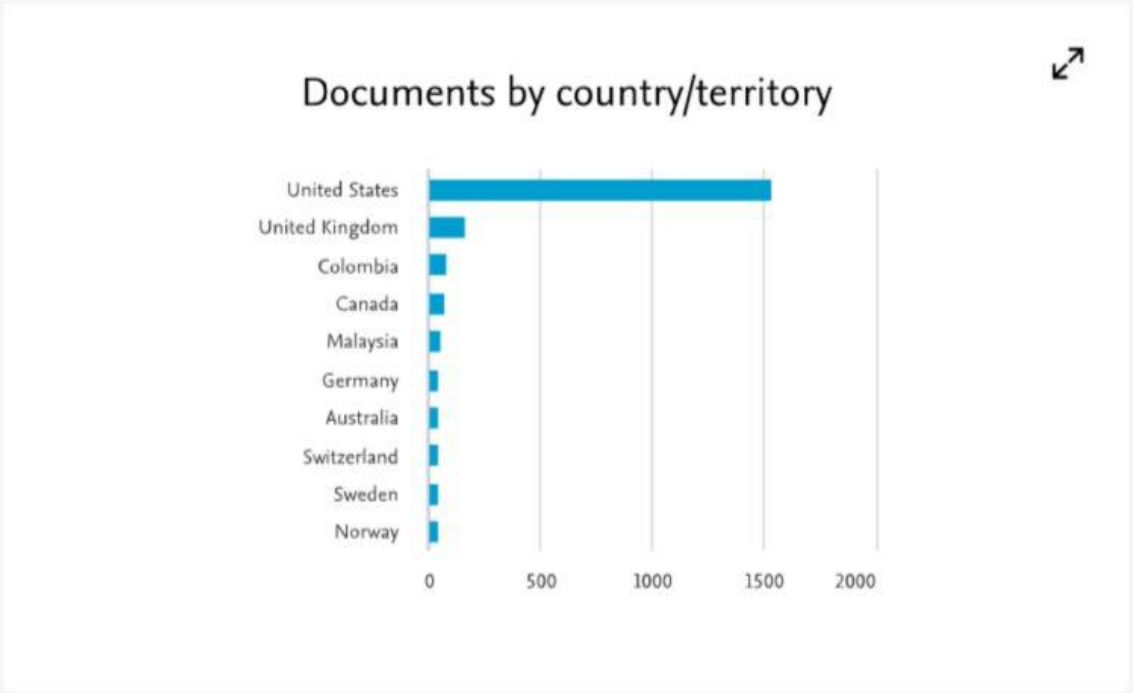
Figure 3. Country Data with Number of Published Topics



With the limits applied, data from Scopus shows several countries that frequently publish related topics discussed. The United States ranks first. Since the Middle Ages and during the Napoleonic Wars, many children who should have enjoyed childhood had to fight in the American Civil War. Children are also known to contribute to World War I and II Battles significantly. In the armed conflict, thousands of children were killed, and some became indirect victims of the war. In the 18th to 20th centuries, it is known that about half of the victims of war were civilians. Children make up a large part of the population who are victims and affected by war, citing data from the American Psychology Association showing that 95 percent of civilians have been killed in recent years by modern armed conflict, and about 50 percent of them are child victims.

In today's modern era, armed conflicts or wars also often occur in several countries, such as Syria, Palestine, and other African countries. It is known that the number of child victims is increasing along with the increasing proportion of civilian victims. The United Nations Children's Fund (UNICEF) estimates that the number of child victims in the war over the last decade has reached 2 million people killed. 4-5 million people are disabled, 12 million are left homeless, and more than 1 million are orphaned or orphaned. Separated from their parents, more than 10 million people are psychologically traumatized. More than two million child refugees fled Syria, and more than 870,000 refugees from Somalia. In fact, among the 100,000 people killed in Syria, at least 10,000 of them were children. The number of victims of children in armed conflict zones reaches 250 million, of whom face physical and mental danger from the experience of war. The most concerning condition of children in war zones can act as perpetrators in war and even become child soldiers. It is estimated that there are

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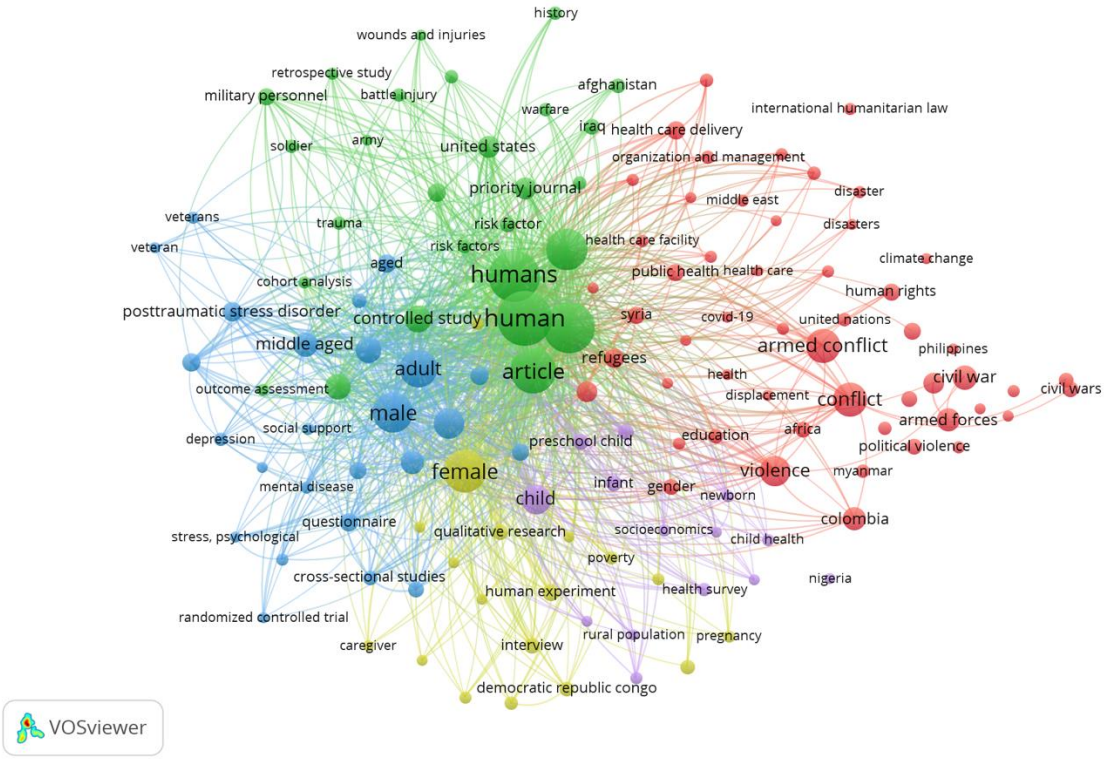
about 300,000 child soldiers worldwide, and 40 percent of them are women. Globally, armed conflict or war's direct impacts on children include death, injury, and sexual violence.

Figure 5. Mapping Networking by Vosviewer



The figure above shows some concept names derived from the cluster density display. The color difference indicates the difference between one group and another. In this section, bibliometric analysis is performed by visualizing the network overlay and density using VOSviewer. to find the bibliometric network between articles from the downloaded metadata. This bibliometric network consists of nodes and edges. Nodes are represented by circles whose contents are publications, journals, study. It can be concluded that the relationship between the topics above has different meanings but are still interrelated.

The identification results, as depicted in the figure, will help researchers study the themes discussed in the study. This method is optimal because it allows researchers to explore more themes that correlate with the themes discussed in this study. In cluster 1, the related concept is Armed Conflict; then cluster 2 focuses on war which is the main topic of armed war in society. Cluster 3 is dominant in mental health, stress disorder, and depression, a problem for children affected by conflict. Cluster 4 emphasizes health services, caregivers, pregnancy, and sexual violence, which the government should do. Moreover, cluster 5 focuses on child health, health survey, child. The table that classifies related existing clusters is as follows :

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Table 1. Grouping of Themes in the Impact of Armed Conflict on Child Health Study.

Group	Concept Name	TotaL
Cluster 1	Armed conflict, Armed forces, civil conflict, civil war, conflict, decision making, delivery of health care , developing country, disaster, displacement, education, epidemic, gender, global health, government, health care delivery, health care facility, health care personnel, health services accessibility, human rights, insurgency, internal armed conflict, international humanitarian law, middle east, migration, military intervention, organization and management, political conflict , politics, public health, refugees, social conflict, terrorism, violence.	53
Cluster 2	Afghanistan, armed conflicts, army, article, battle injury, cohort analysis, controlled study, history, human, humans, injury, Iraq, major clinical study, military personnel, mortality, outcome assessment, priority journal, procedures, retrospective study, risk factor, risk factors, soldier, trauma, united states, war, warfare, wounds and injuries	27
Cluster 3	Adult, aged, cross-sectional studies, cross-sectional study, depression, epidemiology, male, mental disease, mental health, mental stress, middle aged, posttraumatic stress disorder, prevalence, psychology, questionnaire, randomized controlled trial, social support, statistical model, statistics and numerical data, stress disorders, post-traumatic, stress, psychological, surveys and questionnaires, veteran, veterans, young adult.	25
Cluster 4	Caregiver, clinical article, democratic republic congo, democratic republic of the congo, ethnology, exposure to violence, female, health service, human experiment, information processing, interview, partner violence, poverty, pregnancy, qualitative research, sexual violence, survivor, Uganda.	18

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Cluster 5	Child, child health, child, preschool, demography, health survey, household, infant, infant, newborn, Nigeria, preschool child, rural population, socioeconomic factors, socioeconomics.	14

Cluster one related to the Impact of Armed Conflict on Child Health. Then articles with relevance can be used as references; for example, as written by (Shenoda et al., 2018), the impact of armed conflict on children is direct and indirect. Direct impacts include physical injury, developmental delays, disability, mental and behavioral health sequelae, and death. Then the following clusters are related to the first cluster, which discusses the main topic, armed conflict. The next cluster will discuss military actions, violence related to drug trafficking, indiscriminate air strikes, and other forms of armed conflict that have intentional consequences. And unintentional killing and wounding of children.

Then it will also discuss the physical and mental health of children affected by the conflict, indirect effects related to the destruction of the infrastructure needed by children for their optimal survival and development, environmental exposures, and other downstream effects on social determinants of health, such as deteriorating living conditions and poor health of caregivers. Children are increasingly exposed to armed conflict and targeted by governmental and non-governmental combatants. Armed conflict, directly and indirectly, affects children's physical, mental and behavioral health. It can affect every organ system, and its effects can last throughout life. In addition, children are disproportionately affected by the morbidity and mortality associated with armed conflict. The children's rights-based approach provides a framework for collaboration by the American Academy of Pediatrics, child health professionals, and national and international partners to respond in clinical care, systems development, and policy formulation. The American Academy of Pediatrics and child health professionals have a critical and synergistic role to play in the global response to the impact of armed conflict on children.

As a result, children bear a significant burden of conflict-related morbidity and mortality. 3–5 The effects on children's physical, mental, developmental, and behavioral health are profound, with all organ systems in the developing child being affected due to direct injury. Children are also affected indirectly through deprivation and toxic stress, which can have long-lasting effects on health throughout life. For example, children affected by armed conflict have an increased prevalence of posttraumatic stress disorder, depression, anxiety, and behavioral and psychosomatic complaints, which persist long after the cessation of hostilities. Many children affected by armed conflict have been forced to flee their homes. Of the 68.5 million people forcibly displaced worldwide in 2017, more than 25 million were refugees living outside their home countries; more than half of these refugees are children, many of whom have spent their entire childhood as refugees. The number of unaccompanied immigrant children has also reached record numbers, and this group is at high risk for exploitation, human trafficking, and psychological problems.

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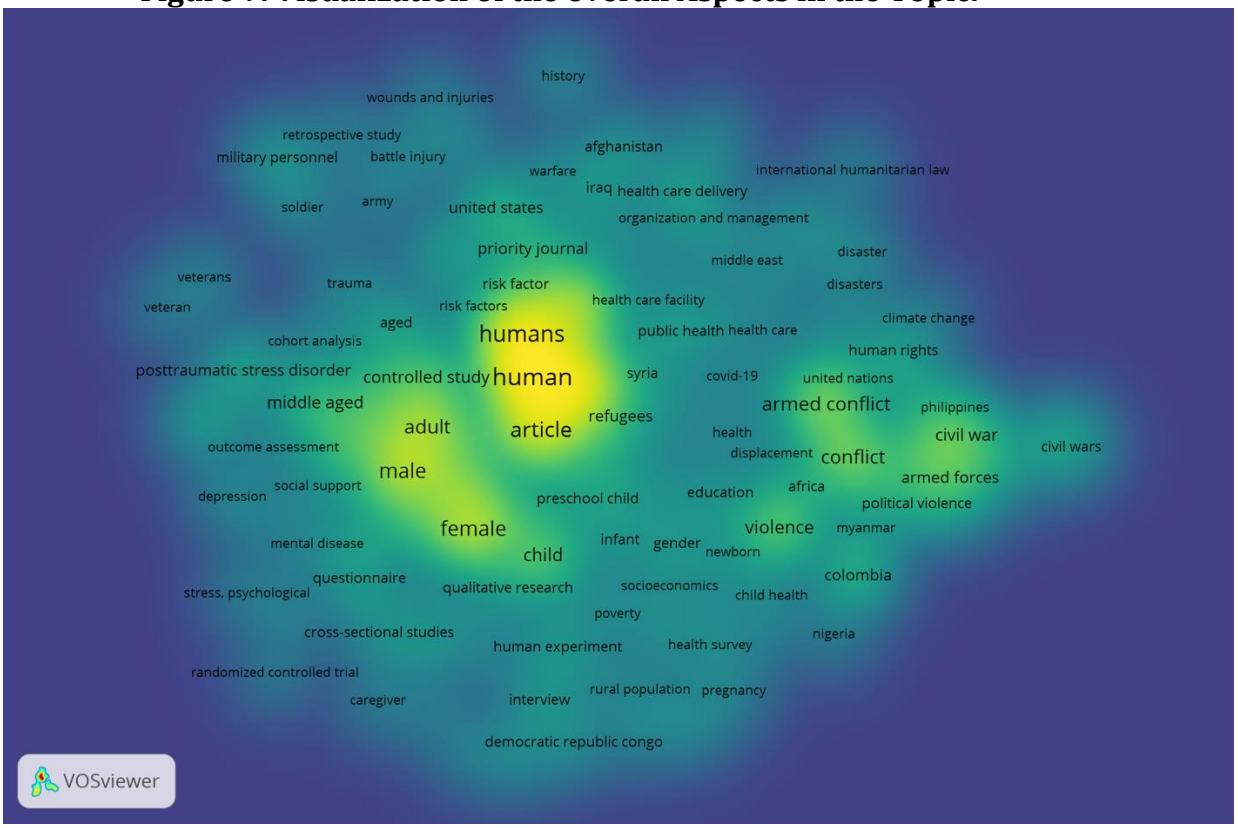
Therefore, it is essential to pay attention to the needs of the community, especially young children, which will be discussed in the Third Cluster, which discusses children's mental health, and depression. As discussed by (Jordans et al., 2013), a review recently demonstrated that mental health problems are the leading cause of health-related disability in children and adolescents worldwide. Although children and adolescents comprise about 50% of the population in low- and middle-income countries (LMICs), their mental health needs are generally neglected. This is especially the case in an environment where children are surrounded by violence, and persistent poverty and violence can impact mental health and broader psychological and social well-being.

Figure 7. Visualization of the overall Aspects in the Topic.



The data below is the focus of the study often discussed in this article and supports this writing. Visualization of the Vosviewer application on Density Visualization helps the author review any topics that previous researchers have discussed. The data above has a topic from 113 articles from Scopus that were obtained and helped the author complete the research. It is undoubtedly related to the armed conflict affecting the mental and physical health of the affected children. The topics raised in this study have an extensive scope. Furthermore, the discussion is also diverse but still on the same topic.

DISCUSSION

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Based on 113 articles sourced from Scopus that have been used to help write articles to help answer the question "How does armed conflict impact children's health, and how does UNICEF help in dealing with it?" Human rights are rights inherent in every individual they have received after they were born in the world regardless of nation, gender, language, religion, ethnic origin, or another status. A child, of course, already has human rights. Childhood is a happy time when a child plays and learns and gets demands and good from parents. (Tougas & Droege, 2013) During this time, they can be a good duplication because he can immediately give an example of what He saw, good or bad, will be duplicated; at this time, a child should receive special attention from parents and the environment.

Armed conflicts in various parts of the world have been exploited and have a terrible impact on children. These violations in armed conflict bring many victims to the civilian population, especially children, who will experience serious consequences. Since World War II, children have actively participated by enlisting in the regular armed forces. (Jordans et al., 2013) Recruitment of children as soldiers is a form of exploitation of modern slavery by the world community. Those who are used as child soldiers will not get the right to education, health, and proper food, even though they need much nutrition to grow and enjoy their childhood. However, they get violent actions while participating in military training, which will cause them to experience depression and commit suicide. Longing for the family is also one of the causes of children experiencing depression. The United Nations, handling cases of child recruitment as soldiers represented by UNICEF, took action to eliminate the recruitment of child soldiers. UNICEF makes special programs to help children get out of the military and help them and their families live everyday lives enjoying the rights they were born with. (Staniland, 2015)

According to the United Nations (UN), which oversees the issue of children both in terms of rights and obligations under international law, the United Nations Children's Fund (UNICEF) estimates the number of child victims in a war over the past decade has reached 2 million people, 4 -5 million people are disabled, 12 million people are left homeless. More than 1 million people are orphaned or separated from their parents, and more than 10 million are psychologically traumatized. (Barber et al., 2016) More than two million child refugees fled Syria, and more than 870,000 refugees from Somalia. In fact, among the 100,000 people killed in Syria, at least 10,000 of them were children.

The United Nations (UN) through UNESCO noted that the large number of children affected by war, in addition to experiencing physical and mental disabilities, also experienced "conflict-related sexual violence." Among the sexual violence experienced are rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, forced sterilization, forced marriage, and all other forms of sexual violence. Violence, harassment, and sexual exploitation are rampant today. Cases of violence, abuse, and exploitation are not only experienced by adult women. (Garber et al., 2020)

Each ILO member country is obliged to pay attention to and implement the decisions and policies of the ILO in its role of protecting working children from the worst conditions whatsoever and however. It is undeniable that the existence of working children should be known and realized in every country. From conflict countries to even independent countries,

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from developing countries to developed countries, it is inseparable from the problems that include child labor around the world. (Al-Ashwal et al., 2020) Therefore, this complex problem of children is not only handled by the international organization UNICEF (The United Nations Children's Fund) but also gets the attention and reach of the role of the ILO, which was established to deal with labor problems in Indonesia. The whole world. (Gammino et al., 2020)

5. CONCLUSION

War or armed conflict is an activity that has a tremendous impact on both parties to the conflict. Many losses that can be caused are not only in the form of material, energy, and thoughts, and the worst is the loss of life. These losses are not only felt and experienced by adults but also by children in a country or region experiencing war. There are many impacts of war or armed conflict on the rights that children are born with, Effect of Armed Conflict on Children's mental and psychosocial health.

Exposure to armed conflict has long-lasting social and psychological repercussions after the end of hostilities. 103 Like physical health, post-conflict mental health depends on many factors, including mental health status before the conflict, the nature of the conflict, exposure to stressors, and the cultural and community context. War-affected children have an increased prevalence of post-traumatic stress disorder (PTSD), depression, anxiety, and behavioral and psychosomatic complaints. 104 Estimates compiled from a systematic review of nearly 8000 children exposed to war reveal that the prevalence of PTSD and anxiety is 27%. However, rates are lower among 105 children with more distant exposure.

Children aged 0 to 6 years show increased anxiety, fear, surprise, attention seeking, anger, sadness, crying, difficulty sleeping alone, and frequently waking up. 106 They are more likely to suffer from psychosomatic symptoms, such as abdominal pain and irregular bowel movements, and they show changes in their play, which can become more aggressive or withdrawn. 106 The mental health of parents has an important influence on the mental health of children affected by conflict, especially young children. 106 Adolescents with cumulative exposure to wartime events and those with wartime PTSD were also found to have significantly higher rates of substance abuse.

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