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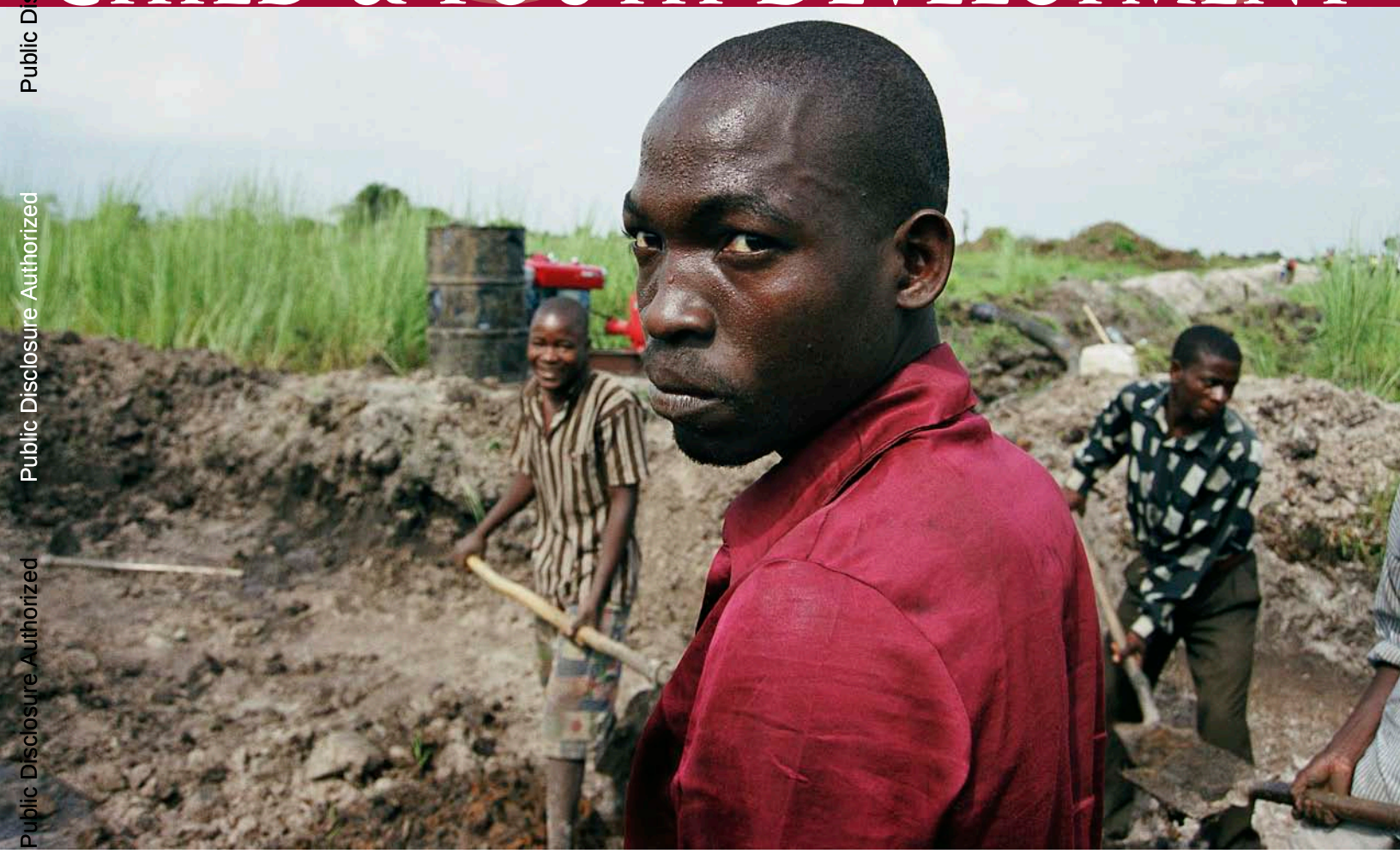
NOTES
Child & Youth Development



Youth and employment in post-conflict countries: The psycho-social dimension

Youth in at-conflict countries have often been involved both as victims and perpetrators of violence, responding to war and its effects in different ways. Not all individuals directly affected by conflict will develop long-term stress-related symptoms. However, those who do may be greatly and possibly even permanently affected, which limits the ability to find and keep a job. In turn, productive employment may contribute to the recovery of affected individuals and reduce the likelihood of their being drawn into future violence, thereby contributing to stability and peace building. Post-conflict development policy must address not only the reconstruction of physical capital, but also the reconstruction of psychological and social (*psychosocial*) capacities of those who have lived through violent conflict.

Children & Youth
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THE WORLD BANK

Volume IV, Number 2
September 2010

There are over 3 billion people under the age of 24 in the world today, comprising 47% of the world's population. Nearly 90% live in developing countries and the challenges they face - poor health, low quality education, lack of marketable skills, high rates of unemployment, early pregnancy, social exclusion, and the highest rates of new HIV/AIDS infections - are costly to themselves and to society at large. Client demand for policy advice on how to tap the enormous potential of the world's children and youth is large and growing. This series aims to share research findings and lessons from the field to address these important cross-sectoral topics.

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Many of the factors exacerbating psychosocial distress – including economic deprivation, the rupture of social networks and lack of sense of belonging due to displacement – are mitigated when war-affected individuals are integrated into society through employment[1]. However, research in conflict-specific contexts finds that distress, depression, and Post-Traumatic Stress Disorder (PTSD) reduce the likelihood of working[2]. Hence, the need for well directed intervention to assist youth whose psychosocial health has been affected by conflict to prevent their further marginalization and exclusion.

This note discusses the under-explored phenomenon of the relationship among conflict and violence, psycho-social wellbeing and youth employment and the implications for policy and intervention.

How do conflict and violence affect the psychosocial well-being of youth?

The persistence of severe stress-related symptoms from both war itself and the daily stressors associated with post-conflict environments can impair the psychosocial well-being of conflictaffected youth, impacting their health, cognitive and social development and capacities to work and function socially.

A small literature documents traumatic symptoms and poor psychosocial outcomes among war-affected children and youth. For example, a comparative study found that war-exposed Sudanese children age 7-12 living in northern Uganda had a higher incidence of PTSD-like complains, behavioral problems, and depressive symptoms than did Ugandan children who were not affected by war. In addition to being exposed to a higher level of violent events, the refugee children were more exposed to daily stressors such as hunger, poor medical and sanitary conditions, lack of clothes, and shortage of school materials, increasing the children's anxiety for their own future and that of their siblings[3].

A more recent approach has stressed the resilience of youth, who, although suffering profound traumatic symptoms and exposure to substantial risk, can often attain "desirable social outcomes and emotional adjustment"[4]. The main lesson is that war does not inevitably destroy all that it touches, and that while war causes many to become extremely vulnerable, vulnerability does not in itself preclude ability[5].

The resilience paradigm calls for more nuanced and rigorous studies of youth in areas of conflict, including attention to the context and social meaning of violence and reintegration. Conflict does affect the psychosocial well-being of youth; however, the factors which determine the extent and nature of this impact are only now beginning to be explored.

How does psychosocial well-being affect employability and productivity?

The cognitive, emotional and behavioral effects of psychosocial impairment can severely undermine social functioning and productivity. Studies of mental health impacts in post-conflict and developing countries are very few, although a body of U.S. research has shown that those with depression and other mental illnesses show significantly higher rates of unemployment, absenteeism, poor job performance, and difficulties in performing mental and interpersonal tasks. Furthermore, studies in Europe and Central Asia describe not only individuals' limited ability to develop self-reliance after displacement due to violence, but also depression, demoralization, and feelings of worthlessness[6].

Unemployment has been found to be widespread among ex-combatants, especially youth. Post-conflict, former child soldiers have had higher levels of unemployment than demobilized adults, perhaps attributable to adults' education and work experience and stronger social and economic identities established before the onset of the war. One study found that the poor long-term economic prospects of many former child soldiers in Uganda were explained by their productivity loss due to missed education and work experience during the time they spent in armed groups. While formerly abducted youth were as likely to be employed as non-ex-combatants, they were half as likely to be engaged in skilled work and earned a third less[7].

Former combatants who are given the chance to integrate into the labor force seem to have greater difficulties than those who had less traumatic war experiences. Odenwald et al.[8] find that ex-combatants in Somalia suffering from high levels of distress or from substance abuse problems were less likely to reintegrate successfully through employment and vocational training programs than other former soldiers. Preliminary results of a post-war survey in Burundi show that trauma symptoms such as experiencing headaches or pains when thinking about war experiences were associated with lower levels of income[9]. In Uganda, however, evidence suggested that loss of education, rather than trauma, influenced economic outcomes[10].

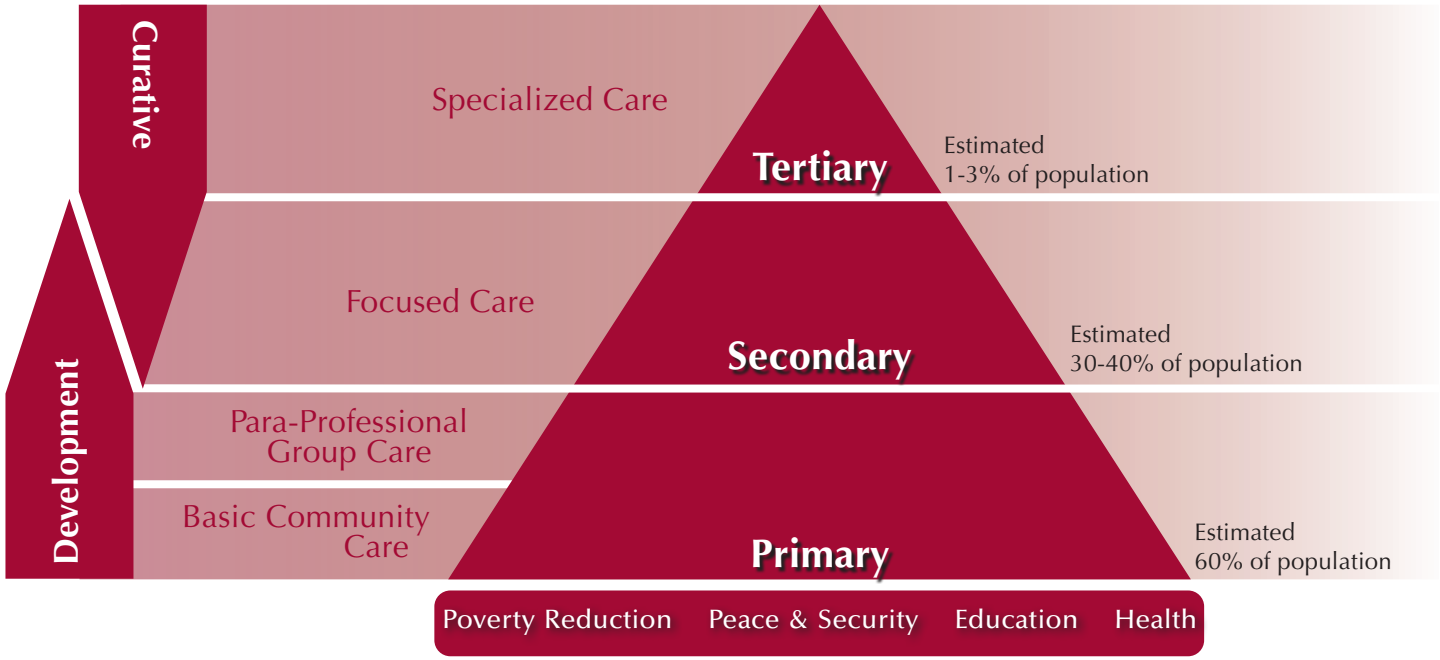
How does employment affect psychosocial well-being?

The relationship between psychosocial well-being and employment is a complex and reciprocal one: poor psychosocial health may inhibit the ability to seek out and maintain employment, and meaningful work may be an important aspect of psychological recovery from conflict-induced trauma.

Unemployment has well-documented negative effects on psychosocial well-being,[11] particularly apparent in situations of post-traumatic stress. In a study conducted after the attacks of September 11th, in the U.S., Nandi et al. 2004, found that unemployment predicted the persistence of PTSD in the sample a year after the event. Similarly, in studies of refugees and asylum seekers, unemployment was also associated with the occurrence of PTSD.[12] As observed by Wessells (2006), "Uncertainties about identity, jobs, and role are among the greatest life stresses for many former child soldiers, who want above all to be normal and like other children."[13]

Employment plays a vital role in promoting psychological wellbeing: the economic autonomy which it provides is central to defining social status. Especially for young males, their social recognition as men may entail the ability to establish and support a family.[14] In its absence, youth may remain marginalized from economic, social, cultural and institutional systems.[15] More attention needs to be paid to the effects of employment on their identity and psychological well-being of both men and women.

Figure 1: Psychosocial Health Intervention Applied to Post-Conflict Environments



Source: Jordans et al. 2008; Baingana et al. 2005; Kalksma-Van Lith2007[17].

Interventions to Support the Psychosocial Wellbeing of Conflict Affected Children and Youth

Psychosocial health approaches may be classified into three levels (see Figure 1). The tertiary level targets the 1 – 3 percent of the population with the most severe mental health problems. The secondary level targets the 30-40 percent of the conflict affected population that may be at risk of developing mental health problems, while the primary level is directed at the general population to promote adaptation and normalization in the post-conflict environment, through developing and restoring livelihoods and access to services.[16]

We can think of a continuum of interventions ranging from developmental (primary level) to curative (tertiary level). ***Curative*** approaches are largely trauma-oriented and entail psychological treatment of small groups. They include:

- Psychotherapy. The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth.
- Narrative Exposure Therapy. A form of therapy for clients with PTSD which encourages them to tell their detailed life history chronologically to someone who helps them integrate fragmented traumatic memories into a coherent narrative.
- Individual Therapy. This involves working on a one-to-one basis with a therapist to prepare a plan to create positive changes in one's life.
- Small Group Therapy. This is a form of psychotherapy in which one or more therapists treat a small group of clients together as a group.
- Creative Therapy. A type of group therapy that uses expressive and creative techniques.

These interventions are necessarily very individualized – requiring focused care or, in the worst cases, specialized care (Figure 1) - since they aim to "rewire" the young person's attitudes, outlook, and decision-making strategies. Thus, they are quite costly. However, evidence from the US suggests that, if done correctly, the high benefits greatly outweigh the costs of these interventions.

For the general population of children and youth or those who are at a low-risk of developing mental health problems, ***developmental*** approaches are most appropriate. These interventions are preventative and focus on post-conflict social contexts and challenges rather than past experiences. Interventions include:

- Reintegration into Society. These interventions aim to normalize systems and structures, such as returning to education, re-establishing cultural ceremonies, restoring social networks, re-establishing livelihoods, providing material and psychosocial support for parents, reuniting families.[18]
- Child-Centered Group Interventions. These interventions restore normality and offer youth opportunities to come together through community-based events, like sports, cultural programs, and clubs

These interventions are less expensive on a per unit basis than the curative approaches, but they cover a larger share of the population. Again, though, the benefits outweigh the costs.

The overall package of programming for any population, therefore, needs to involve comprehensive, culturally sensitive, multi-level interventions, providing services both to children and youth who need social support and those who need curative care. Engaging youth themselves in the planning and implementation of programs will improve their design and relevance.

Conclusions

While addressing the psychosocial impact of trauma is clearly critical in general, the effects of psychosocial interventions on employment (and vice versa) are vital, especially in postconflict developing countries. In addition, employment is a key element in psychosocial wellbeing. Thus, employment preparation of conflict-affected youth, particularly those who have been traumatized, must not only include the provision of skills and employment but also the counseling to help them manage their past trauma. This intervention is central to both short- and longterm employment growth and responses to conflict.

Our evidence base needs to grow, though. While poverty has been shown to be an important factor in determining psychosocial well-being, the implications for employment, employability and productivity, especially among youth, have yet to be well examined. Given the limited documentation of experience to date, there is a need to test, cost, and evaluate the range of current intervention approaches.

References and Recommended Reading

(1) Evans, J. and J. Repper. 2000. "Employment, social inclusion and mental health." *Journal of Psychiatric & Mental Health Nursing,* 7(1): 15-24; Hamilton, V. H., et al. 1997. "Down and out: estimating the relationship between mental health and unemployment." *Health Economics* 6(4): 397-406

(2) According to the American Psychiatric Association, post-traumatic stress disorder (PTSD) "is a psychiatric disorder that can occur in people who have experienced or witnessed life-threatening events such as natural disasters, serious accidents, terrorist incidents, war, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through flashbacks or nightmares, have difficulty sleeping, and feel detached or estranged." See http://www.healthyminds.org/multimedia/ptsd.pdf

(3) Paardekiiper, B., J. T. V. M. de Jong, and J. M. A. Hermanns. 1999. "The Psychological Impact of War and Refugee Situation on South Sudanese Children in Refugee Camps in Northern Uganda: An Exploratory Study" *Journal of Child Psychology and Psychiatry* 40(4): 529:536.

(4) Betancourt, T. S., & Khan, K. T. 2008. "The mental health of children affected by armed conflict: Protective processes and pathways to resilience." *International Review of Psychiatry,* 20(3): 317-328.

(5) Boyden, J. and J. de Berry, Eds. 2004. *Children and Youth on the Front Line: Ethnography, Armed Conflict and Displacement. Studies in Forced Migration.* New York, Berghahn Books.

(6) Holtzman S. B. and T Nezam. 2004. *Living in Limbo: Conflict-Induced Displacement in Europe and Central Asia*. Washington, DC : World Bank

(7) Blattman, C. and J. Annan. 2007. "Child combatants in northern Uganda: Reintegration myths and realities." Published in Robert Muggah, ed. 2008. *Security and Post-Conflict Reconstruction: Dealing with Fighters in the Aftermath of War.* New York, Rutledge. 103–126.

(8) Odenwald, M., et al, 2007. "The consumption of khat and other drugs in Somali combatants: A cross-sectional study." *PLoS Med* 4: 341.

(9) Mvukiyehe, E., et al, 2006. "Wartime and Post-conflict Experiences in Burundi." Columbia University, paper presented at the APSA Conference, September 2006.

(10) Blattman, C. and J. Annan. 2007

(11) Much of the research on the negative mental health consequences of unemployment are based on studies carried out as a result of the decline in the heavy manufacturing industry that occurred in the 1970s and 1980s in North American and Europe. Unfortunately, no specific literature on the issue in Sub-Saharan Africa exists, although research on youth highlights the frustration that this population experiences due to poor access to jobs.

(12) Nandi, A., et al, 2004. Post traumatic stress disorder in Manhattan, New York city after September 11 terrorist attacks. *Journal of Urban Health* 79:340-353.

(13) Wessells M. 2006 *Child soldiers: from violence to protection.* Cambridge, MA: Harvard University Press

(14) Bannon, I. and Correia, M., eds. 2006. *The Other Half of Gender: Men's Issues in Development.* Washington, DC: The World Bank.

(15) Ibid

(16) See, for example, Inter-Agency Standing Committee (IASC). 2007. *IASC guidelines on mental health and psychosocial support in emergency settings.* Geneva: Inter-Agency Standing Committee.

(17) Jordans, M. J. D., et al. 2008. "Development and validation of the child psychosocial distress screener in Burundi." *American Journal of Orthopsychiatry*, 78(3), 290–299. ; Baingana, F., et al. (2005). "Mental health and conflicts: Conceptual framework and approaches." Washington, D.C: The World Bank

(18) Kalksma-Van Lith, B. (2007). "Psychosocial interventions for children in war-affected areas: the state of the art." *Intervention,* 5(1): 3-17

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This note draws on the fuller report by Paula A.Rossiasco, Fionnuala O'Neil, Amy Richardson and Paul Francis: 'Youth, Conflict, Psychosocial Well-being and Employment: Evidence and Implications' (Draft). World Bank, 2009. The authors are grateful for the comments of Mattias Lundberg, Chris Blattman, Jeannie Annan, and Atieno Fisher. Photo credit: Scott Wallace. The views expressed in this note are those of authors only and do not necessarily reflect the view of the World Bank.