

Psycho-Social Factors Effecting Refugee Children

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Abstract

Refugee or asylum seeker; thus, people who are persecuted because of their faith, ethnicity, association with a certain social group or political ideas wish to return, unwilling or unable, because of the fear of leaving their country, and their fears are justified by the asylum country. Children are the ones who suffer the most from this bad experience and have the most difficulty in adapting to the new countries they go to. The events they witnessed, the humiliations they were subjected to, and the kinds of psychological and physical violence caused great damage to their mental health. There are so many variables that impact children's mental health. These key factors are: Exposure to abuse, physical, psychological, or developmental disabilities, age and sex, education, family functioning and parental health, parental education, socioeconomic circumstances of households, social support and group integration, ideological and religious backgrounds, ethnic origin. In this study, the problems experienced by refugees in general (education, unemployment, economic problems and mental health), the sensitivity of children about mental health, studies on this issue and their ideas about improving this problem are discussed.

Key Words: *Refugee children, Stress of displacement, Psychological Well-being, Mental Health*

Introduction

Refugee or asylum seeker; thus, people who are persecuted because of their faith, ethnicity, association with a certain social group or political ideas wish to return, unwilling or unable, because of the fear of leaving their country, and their fears are justified by the asylum country [1]. It may be optional or compulsory to migrate, which is defined as the movement of the population to leave their permanent living areas individually or as families, groups or crowds, and move to another place to live temporarily or permanently [25]. Wars, unemployment, disparities in development between countries, natural disasters and epidemics are all factors that cause forced migration [6]. Regardless of the reason, the impact of migration on individuals is not limited to geographical change, but also leaves deep traces on the lives of individuals and societies [23]. Situations such as social non-acceptance, language problems, economic problems, education problems, cultural differences and unemployment in the new settlement can cause irreparable damages on individuals [3]. The 1951 Geneva Convention on the Legal Status of Refugees provides the most detailed definition of the term refugee. In conjunction with this; "A person who is outside of his country of origin, who is justly afraid of being persecuted because of his race, religious nationality, affiliation with a certain social group or political opinion, and who cannot or does not want to benefit from the protection of his country or does not want to return here because of fear of persecution" is defined as a refugee [24]. In this study, the problems experienced by refugees in general (education, unemployment, economic problems and mental health), the sensitivity of children about mental health, studies on this issue and their ideas about improving this problem are discussed.

Review of Literature

The course of migration can be split into three components: pre-migration, migration and resettlement after migration [2]. Unique risks and exposures are associated with each process. In terms of depression before, during and after relocation, the occurrence of such mental health conditions is affected by the essence of the migration experience [10]. Specific problems in migrant mental health include communication difficulties due to language and cultural differences; the effects on diagnosis, coping and treatment of the cultural shaping of symptoms and disease behavior [11]; Differences in family structure and process affecting adaptation, acculturation and intergenerational conflict [15]; and aspects affecting jobs, social status and absorption of acceptance by the receiving community[7]. Through specific studies, the use of qualified interpreters and culture brokers, family gatherings, and consultation with community groups, these problems can be solved [12]. Extensive research on the nature, prevalence and mechanisms that contribute to a variety of mental health issues among the young refugee community has been conducted in recent years. Post-traumatic stress disorder (PTSD) has been documented mainly in minor refugees, accompanied by anxiety, depression, and behavioral issues to a lesser degree[5]. A research conducted in a refugee camp in Turkey found that 45% of Syrian refugee children reported PTSD, 44% showed serious signs of depression and about 33% reported somatic complaints. [9]. PTSD, with a cumulative risk impact, has been shown to be correlated with the type, severity, and period of war trauma endured. Such traumatic war-related incidents include fear of death, persecution, atrocities, threats or injuries, and loss of family members or associates, and may predict symptoms of PTSD several years after migration. PTSD, with a cumulative risk impact, has been shown to be correlated with the type, severity, and period of war trauma endured[13]. Such traumatic war-related incidents include fear of death, persecution, atrocities, threats or injuries, and loss of family members or associates, and may predict symptoms of PTSD several years after migration. (Lustig et al., 2004).

Methodology

The present investigation tried to analyze the psycho- social problems of faced by the refugee children. The study has been discussed about factors influencing mental health of children and emotional issues between adults and children [14]. Both quantitative and qualitative data were used with exploratory sequential design. The usage of resources was measured using a questionnaire developed for the Child and Adolescent Portion of the National Mental Health and Wellbeing Survey over a period of 2 months [21]. Participants were asked about their use of programs in three sectors: (a) education-based services (school advisors, teachers, special classes), (b) community-based health and social services (GPs), private pediatricians, private therapists, private psychologists, private social workers, mental health service, community health service, general community service, drug and alcohol services, telephone counseling service, church-based counseling service, and (c) medical services [22]. SPSS version 24 was used for statistical analysis.

Result and discussion

Present investigation discussed about the various issues related to the refugee children. People who have been subjected to forced migration may inevitably experience a psychological disturbance as a result of what happened[16]. Especially the disadvantaged segments of these disorders are encountered more clearly. Children are separated from the bad situations they experienced compared to their parents with more damage [8]. The events that they witness to their not yet fully developed brains are heavy and as a result of this, they have various disorders. More than one factor influences the mental health of kids. The age and gender of the children, the number of members in the family, the financial status of the family, the family's attitude towards the child, the length of the child's exposure to the event, the nature of the event the child was exposed to, the child's past experiences, the material

well-being of the country where the child is going, the geographical condition of the new place where the child will live, environment, language, and many other factors such as the marital status of the parents of the child. Factors impacting refugee Children's Mental Health [18] are discussed here with.

Exposure To Violence

1. The degree of post-traumatic stress disorder has been related to personal experiences of traumatic events, especially those that occur away from home.
2. In refugee communities exposed to violence during conflict, combined exposure to traumatic events is associated with a large range of psychological problems.

Physical, Psychological, Or Developmental Disorders

1. An increased risk of post-traumatic stress disorder was associated with personal injury during potentially traumatic pre-migration occurrences. In particular, head injury has been associated with a doubling in risk. In other research, these potentially significant factors have not been studied.

Age And Sex

1. Children faced with a brief duration of exposure to the violent conflict in their late adolescence are likely to have benefited from a long period of stable psychosocial growth, whereas children growing up in long-standing confluence circumstances are likely to have had greater cumulative adversity. In these children, this greater adversity may increase the risk of psychological problems or, conversely, improve their potential for resilience.
2. The prevalence of mental health disorders, particularly difficulties with depression and internalization, was greater in girls than in boys.

The study further analysed emotional issues between refugee children and adults. 4.9 percent of children and 9.7 percent of adolescents had irregular (psychiatric illness likely) emotional issues, according to parent surveys, and 7.9 percent of children and 12.3 percent of adolescents had an abnormal range effect score. Another 4.9% of children and 3.8% of adolescents had emotional and behavioral issues that were borderline (psychiatric condition possible), and 3.2% of children and 1.8% of adolescents had an effect score in the borderline range. 11.2% of children and teenagers have mental and behavioral issues after the breakdown of the two age groups, with 6.7% having irregular problems and 4.5% having borderline problems. In the age group of 4-12, 90.1 percent of children scored for total difficulties beyond the normal range and over 80 percent scored for all subscales except peer issues within the normal range (74.3 percent). In the 13-17 age group, 86.6 percent of adolescents scored for total difficulties beyond the normal range and over 80 percent scored for all subscales except peer issues beyond the normal range (70.4 percent).

Conclusion

The problems experienced by children deeply affect their mental health. For this reason, we must find solutions to the problems that children experience in order to protect and improve their mental health [19]. By drawing a general framework for the problems experienced by children, we must find solutions to every problem that occurs. If we group the main problems that children experience, "communication problem, violence prevention, adaptation and orientation, acceptance, grouping prevention and trauma studies" first come to our attention.

Communication Problem: By distributing students to different classes, language education can be made compulsory. Instructors who speak the same language can be supplied. Additional language lessons can be offered at the weekend.

Preventing Violence: By emphasizing friendship and love for students at school, problems such as peer bullying and exclusion can be prevented.

Harmony And Orientation: The adaptation process can be accelerated by enrolling the children in various clubs such as arts and sports at school.

Acceptance: Seminars on acceptance of refugee students can be organized and projects that enable them to take part together can be given.

Preventing Grouping: Studies can be done to provide environments where they can play games together and to find common aspects.

Towards Trauma: Children can be given painting and play therapy, activities that will make them jump comfortably can be discovered and addressed.

It has been observed that families with financial difficulties employ their children. Faced with the difficulties of life at an early age, the child's having to make a living can carry his / her worn psychology to a further level [20]. Therefore, financial support should be provided until the child can read and stand on his feet. The psychological assistance provided generally continues for several years. However, the process should continue until the child becomes an adult. Cooperation should be made with translators in every institution where children are contacted. Children who migrate without their families should be cared for by expert people [26]. The disadvantages of children and their families should be reduced or even eliminated. Children should be given the rights and freedoms that citizens of the country have. Each refugee child should be observed for a long time after admission to the country. Whether the family employs it, the problems faced, the events it has been exposed to should be monitored.

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