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IMPACT OF GLOBAL ARMED CONFLICT ON EDUCATION AND HEALTH OF THE CITIZENRY IN THE 21ST CENTURY

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ABSTRACT

The paper examined the impact of global armed conflict on Education and Health of individuals in the 21st century. It explores the effects communal armed conflicts on education and health of the citizenry. The impact of conflict on education as raised in the paper are that it disrupts school attendance, educational attainment, destroys educational infrastructures and schools as well as places of learning are often explicit targets of attacks. The paper further looked at the impact of armed conflict on the health of the victims to include challenges to productive health, fragmenting of family and community, increased sexual exploitation and rape including poor antenatal care. Others are potentials for spread of sexually transmitted infections, Including HIV/AIDS, increase dramatically during armed conflicts, the breakdown of health services, and blood transfusion services, to mention a few. Furthermore, several studies across nations revealed among others that states in civil wars experience a decline in enrollment by between 1.6 to 3.2 percentage points meaning a decline of 64,000 students for a country with a 4million enrolled population. In World War II a study of Cambodia by Merrouche (2006) revealed that exposure to land mines result in similar average of loss of 0.4 years of education. Based on these and many others it was recommended among other that as soon as refuge camps are established, children and youths be brought together and be exposed to educational programmes as well as attractive for attendance be given to those that participate fully in the programme.

INTRODUCTION

Conflict in the world appears to be as old as the history of man. In all periods of human history, armed conflict has been an important issue of intellectual debate. Adeleye (2011) opines that conflict is and has been throughout history, a normal way of conducting disputes between families and political groups within human society. He further states that conflict is an inevitable outcome of human diversity and a world without human conflict is not desirable because it would mean a world without diversity. Africa is a diverse continent, diverse in ethnic, religious and socio-cultural terms. The diversities in religions, ethnicity and socio-cultural has made many African countries vulnerable to armed conflicts. Thus, while the conflicts in African countries are growing in number by the day with far reaching consequences, the mechanism for resolving them, let alone, nipping them in the bud remains

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elusive http://www.peacewomen.org/news/nigeria/aug04/role. httm. The incidents of armed conflict in Africa and the world at large in the 21st century seem to be on the increase. In line with this, Adeleye (2011) submits that there have been signs that the era of nation-states is fast fading but nowhere is this clearer than in Africa. The sort of conflicts that plagued African states are typical of those affecting states in Eastern Europe and Asia. Conflict refers to an ongoing state of hostility between two groups of people. Conflict is the result of opposing interests involving scarce resources, goal divergence and frustration (Niklas and Mickael, 2005). Conflict has generally been defined as a Situation in which two or more parties strive to acquire the same scarce resources at the same time (Peter, 2002). When conflict is not properly managed, it results in communal clashes and use of arms. The communal conflicts in African continents and the world over which have become more frequent, more widespread and more violently destructive, have had negative impact on the health and education of the citizenry. Conflict has negative effect on education. To this end, Buckland (2005) affirms that conflict represents a major impediment for the realization of the

Education for All (EFA) and Millennium Development Goals (MDGs), especially for the universal completion of primary and secondary education. Nicholas (2008) reports that over half of world's primary-age children who are out of school are estimated to live in conflict-affected fragile states. Apart from the effect that conflict has on education, it also exerts negative impact on health.

Statement of the Problem

In human existence, it is known that in a peaceful atmosphere, individuals and societies have high rate of school enrolment and attendance because of no threat to anybody's life when travelling to school and there will be less absenteeism of teachers. Again, educational attainment beyond the first two levels of any country's educational system will not suffer and the greater specialization needed for these levels will be achieved as well as the increased like-hood for youths involvement in tertiary education and at the end the rate of poverty is reduced, crimes are minimized and development is enhanced. However, for children who attend school in conflicting areas can have a negative effect on the educational attainment through increasing dropout rates and educational survival rate due to displacement, military recruitment or conscription and economic hardship. Apart from these, as pointed out by Women's Commission for Refugee Women and Children (2011) expressed that women in refugee camps suffer from gender-based violence and poor maternal health care. In addition, they explained that these are due to external factors that culturally-reinforced gender inequality, limited mobility, lack of access to health care facilities, high population density within the refugee camps, and low levels of Education.

Worse still, most often, as it is well known, conflicts have taken place against a general background of poverty, fierce competition for limited resources and general frustration among youths at their lack of opportunity and poor prospects for better life. Unknown by the groups involve in a conflict, Murray, King, Lopez, Tomijima and Krug (2002) assert that conflict between warring states and groups within states have been major causes of ill health and mortality for most human history. They further stress that conflict obviously does not only caused deaths and injuries on the battle field, but also poses health consequences from the displacement of population as well as the breakdown of health and social services. These have negative impact on the health of those affected. Predicated upon the fore-going background therefore, the paper explores the nature of armed conflict,, the impact of armed conflict on education, and the impact of armed conflict on health. Furthermore, the paper recommends steps that can be employed so as to reduce the impact of armed conflicts.

The Nature of Armed Conflict in the 21ˢᵗ Century

Armed conflicts within states are political conflicts involving citizens fighting for internal change. Some are secessionist movements, generally spearheaded by a group of people more often than not a minority within a community, who take up arms to fight for establishment of either an autonomous entity within an existing state or an entirely new and independent state of their own.

http://www.un.org./esa/socdev/rwss/docs2001/15%20armed%Conflict.pdf. Such struggle had taken place in the past by the Ibos who wanted to secede and declare a sovereign state of Biafra. This move resulted in a bloody civil war in Nigeria which led to the destruction of human lives and other attendant consequences. Sparked by the bitter ethno-regional rivalries and inter-communal massacres, the Nigerian civil war lasted for almost three years, from May 1967 to January 1970, during which an estimated one million people mostly women and children lost their lives. The scenario of the civil war in Nigeria and its attendant consequences is a reflection of how struggles for independence had led to armed conflicts in African countries such as Liberia, sudan and Somalia among others. Wallesteen and Solenbergh (1998) report that Eritrea at one time declared independence from ethopia and several military actions leading to armed conflict on a large scale followed. They further stress that in Europe, between 1991 and 1992. Slovenia, Croatia, bosnia and hertzego seceded from Yugosslovia and the move resulted in prolonged armed conflict. Thus, the break-up of states as a result of successionist movements has been a source of armed conflict both in Africa and in the western countries.

Another form of armed conflicts within state often involves a group of people who are armed and ready to fight for the goal of seizing governmental power. In the opinion of Williams (2000), conflicts are sometimes matters of organized crime as opposed to politics. According to him, money is the motivator for these groups. Unlike members of successionist movements, such groups are generally prepared to live in the same territory with other groups, regardless of the outcome. Most of the armed conflicts in African countries are fought not only by regular armies, but also by militias and armed civilians with little discipline and with ill-defined chains of command. Such clashes are in fact often guerilla wars without clear front-lines. Example of guerilla wars are the types often experienced in Afghanistan, Irag, Somalia, Central African Republic, Rwanda and some northern parts of Nigeria. In Nigeria, such querella wars are co-ordinated and sponsored by Boko Haram sect. in some cases, not only are the functions of government suspended, but its assets are destroyed or looted and experienced officials are killed.

Home-grown weapons, such as machetes and spears, maim many in armed conflicts, but imported machine-guns, grenades, mortars and armoured vehicles kill many more. Armed Conflict Report (1998) testifies that weapons are acquired by warring parties, either through hard currency purchases or through what is known as parallel financing which involves the sale or barter of goals such as diamonds, oil, timber and coffee. There is usually some level of external involvement whether in form of arms supply to the warring factions, provision of military advisers or direct combat support for a particular side, as was noted in the case of the Democratic Republic of Congo, Liberia and Sierra Leone. A feature of the 21ˢᵗ century armed conflicts is that civilians have in many instances become the main combatants as well as the primary victims. While it is not possible to estimate civilian casualties in war with precision, Sivard (1996) agrees that the trend is upward. Corroborating the view of Sivard, the United Nation Security Council (2000) report that civilians represented about 50 per cent of war-related deaths in the first

half of the twentieth century. Armed Conflict Report (1998) further states that in the 1960s civilians accounted for 63 per cent of recorded war deaths, in the 1980s 74 per cent and in the 1990s to date, the figure appears to have risen. The massive killings of civilian populations are due in large parts, to the fact that present day wars in Africa are fought largely within and not between countries. Villages and streets have become battlefields. Traditional sanctuaries, such as hospitals and churches, have become targets. Armed conflict in the 21st century destroys crops, places of worship and schools. Easy availability of small arms and light weapons, which are also inexpensive, reliable and simple to operate has perpetuate the occurrence of armed conflicts. United Nations Integrated Regional Information Network (1999) reports that an estimated 500 million light weapons are in circulation in the world. It further states that at least seven million small arms are in west Africa, where they have killed more than two million people since 1990, more than 70 percent of them are women and children. Most often, conflicts have taken place against a general background of poverty, fierce competition for limited resources and general frustration among youths at their lack of opportunity and poor prospects for a better life. Some conflicts in the 21st century have led to closure of schools, destruction of school building and properties. These have attendant consequences on education.

Impact of Armed Conflict on Education

Conflict has adverse effect on education. Situation analysis points to the significant negative impact of conflict on the proportion of the population with formal education, the average years of education attained and the literacy rate. The trends for most countries demonstrate that cohorts that were of school-going age during a time of armed conflict have lower educational attainment that persists over time, indicating that these children generally do not resume their education, after each conflict, to attain levels of education similar to the non-exposed cohorts. These lost years of schooling reflect the legacy of conflict and its repercussions on education (UNESCO, 2010). Schools and places of learning are often explicit targets during periods of armed conflict in most parts of the world, including Nigeria. In line with this submission, UNESCO (2010) again reports that education has been attacked in at least 31 countries in Africa, Asia, Europe and Latin America over the past 6 years.

UNESCO further reports that one of the most afflicted countries is Afghanistan, which witnessed a dramatic increase in attacks in schools from 242 in 2007 to 670 in 2008. These incessant attacks often result in the closure of schools; absenteeism and school drop out for fear of attacks. In Nigeria too, some attacks have been launched on secondary schools and some tertiary institutions by Boko Haram sects. This corroborates Oche's and Dauda's report that in Nigeria, Boko Haram sect sacked the college of Agriculture, Gujba in Yobe state, where over fifty students were killed and many others wounded. The students were murdered by the armed Boko Haram sect who invaded the students' hostel in the dead of the night while the students were still asleep. In addition to the tragic lost of lives, Patrick, Udueme-Omona and Emmanuel (2013) report that school children in some parts of northern Nigeria are being prevented from accessing education as the

incessant attacks appear to have become more targeted and brutal happening when schools are in session. Consequently, both teachers and students are now being directly targeted and killed by the Boko Haram sect. Since 2012 to date, Nigeria has witnessed and is still witnessing an escalation of lethal attacks against students and schools. This has negative impact on the educational system of Nigeria and other countries in world that are facing similar challenges of armed conflict. Armed conflict results in decreased access to school preventing the opening of schools, threatening children's security while travelling; it has also given rise to to increased teachers' absenteeism. Access issues are also critical for refugee or internally displaced children, who may lack the appropriate documentation or language skills to participate in new schools (Shemyakina, 2006). For children who attend school, conflict can have a negative effect on educational attainment through increasing drop-out rates and reducing educational survival rates due to displacement, military recruitment or conscription and economic hardship.

Educational attainment beyond the primary school level suffers the most during armed conflict, perhaps due to the greater specialization needed for these levels, as well as the increased likelihood for youth involvement in the tertiary (Swee, 2009). The quality of education also suffers in armed conflict areas due to shortage of basic necessities, such as food, water and school materials, especially in areas bordering the conflict that may experience an influx of refugee or internally displaced students. As is often the case, the academic year may be interrupted or shortened due to conflict. This negatively affects students' education. Several studies of lai and Thyne (2007) and UNESCO (2010) have examined the quantitative impact of armed conflict on education. Cross country quantitative analysis shows that states in civil war experience a decline in enrollment by between 1.6 to 3.2 percentage points, which means a decline of 64,000 students for a country with a normally enrolled population of 4 million. In a study on the hard-hit cities in Germany in world war II, Akbulul Yuksei (2009) finds that children who were school-aged during this period attained 0.4 fewer average years of schooling and those in the most bombed cities completed 1.2 fewer years.

This finding is echoed by Ichino and Winter –Ed-mer (1998) in their researches in Germany and Australia during the world War II. In his case study of combodia, Merouche (2006) found that exposure to landmines resulted in a similar average loss of 0.4 years of education. Given that educational attainment for the Combodia sample was 4.5 years. This represents a highly significant effect. To put this in perspective, the author provides the example of Indonesia, which constructed 61000 primary schools as one of the largest school constructed programme on record resulting in an estimated education gain of 0.38 years for the cohort of children most exposed to the programme (Merrouche, 2006). The impact of the Rwandan genocide was similar, decreasing the average level of educational attainment by 0.5 years or 18.8 percentage points (Akresh and De. Walque, 2008). On the other hand, Lopez and Wadon (2005) study reveals that within five years after the genocide, enrolment rates in Rwanda returned to their pre-conflict levels. This demonstrates the impact that conflict exerts on education. Data from a study conducted in Tajikistan

shed light on a gendered effect of conflict on education, wherein Shemyakina (2006) finds no significant effect on male education; girls on the other hand were 12.3 percentage points less likely to complete the mandatory secondary schooling than those who completed their education before the outbreak of the war. Armed conflict does not only have impact on education alone, but it also poses challenge to public health.

Impact of Armed Conflict on Health

Impact of armed conflict between warring states and groups within states have been major causes of ill health and mortality for most of human history. Conflict as Murray, King, Lopez, Tomijima and Krug (2002), observe obviously causes death and injuries on the battle field. It also causes health consequences from the displacement of populations, the breakdown of health and social services, and the heightened risk of disease transmission. The impact of war on populations arises both from the direct effects of combat namely battle deaths and from the indirect consequences of war, which may occur for several years after a conflict ends (Gbobarah, Huth and Rusett, 2001). Indirect effect of conflict on mortality is define by Murray, King, Lopez, Tomijima and krug (2002) as the number of deaths following a war minus the number of deaths that would have occurred in the same period if the war had not occurred. Sometimes there is increased mortality for several years after the start of war.

The reported ratio of people injured to those killed in modern conflicts ranges from 1.9 to 13.0 (Coupland and Meddlings, 1999). In 1990, the Global Burden of Disease study estimated that non-fatal outcomes of war resulted in 4.8 million disabilities adjusted life years world-wide, about the same as fires, and more than half that caused by road traffic injuries (Murray and Lopez, 1996). Globally, conflict is estimated to have caused 310,000 deaths in the year 2000, with more than half taking place in sub-Saharan Africa. About a fifth of deaths from global conflict were in south East Asia. The remaining conflict deaths were largely distributed in the Balkans, central Asia and Middle East. Thus, armed conflict undermines the health of those affected.

Ten most deadly Conflict Originating in the 1990s, range of values for death

	Country	Years	Estimated no. of death (range)
1.	Rwanda	1994	500,000-1000,000
2.	Angola	1992-4	100,000-500,000
3.	Somalia	1991-9	48,000-300,000
4.	Bosnia	1992-5	35,000-250,000
5.	Liberia	1991-6	25,000-200,000
6.	Burundi	1993	30,000-200,000
7.	Chechimya	1994-6	30,000-90,000
8.	Tajikstan	1992-9	20,000-120,000
9.	Algeria	1992-9	30,000-100,000
10.	Gulf war	1990-1	4300-100,000

Source: Murray, King, Lopez Tomijima and Krug, 2002)

The wounds inflicted by armed conflict on children-physical injury, gender-based violence, physical-social distress, have serious impact on health. Armed conflict affects all aspects of child development –physical, mental and emotional http://www.uis.unesco.org/library/documents/quantImp.pdf.

The effect of armed conflict on the mental, physical and emotional development of children directly or indirectly has impact on their health. Such effects accumulate and interact with each other. Thousands of children are killed every year as a direct result of fighting from knife wounds, bullets, bombs and landmines, but many more die from malnutrition and disease caused by prolonged armed conflict. In Mozambique alone, between 1981 and 1988, armed conflict was the cause underlying 454,000 child deaths. Many of today's armed conflicts take place in some of the world's poorest countries including Nigeria, where children are already vulnerable. http://www.uis.unesco.org/literary/documents/QuantImp.pdf. Children are the most vulnerable to collective assaults on health and well being during armed conflict. At the height of the conflict in Somalia, more than half of the deaths of children in some places were caused by measles, diarrhea and tuberculosis. In most armed conflict situations, health facilities often come under attack, in direct violation of international humanitarian law. Those health facilities that remain open during armed conflict are often looted or forced to close down, and the remainder are sometimes difficult to reach because of curfew. This undermines the health of the victims of war. Restrictions on travelling also hamper the distribution of drugs and other medical supplies, thus causing health systems referral services and logistics support to breakdown.

In this kind of situations, many of the health services of a country are diverted to the needs of military casualties leaving out the wounded civilians that may be in dire need of health services. http://www.uis.unesco.org/library/documentsz/QuantImp.pdf. Hospitals are forced to neglect the regular care of patients or to shift them to health centers. A concentration on military needs also means that children, women and civilians injured in the conflict may not get effective care, treatment or rehabilitation. Children and civilians living with disabilities get little, if any support. For children, a dangerous implication of the breakdown of the country's health facilities during conflicts is the disruption of vaccination programmes. Disruption of vaccination programmes gives rise to the occurrence of the six killer diseases which hamper the health of children. Armed conflict also takes its toll on livestock which creates particular problems for young children who rely on milk as part of their basic diet. In the Kongor area of Sudan, the massacre of cattle reduced livestock from around 1.5million to 50,0000.http://www.unesco.org /library/ documents/QuantImp.pdf.

Armed conflict causes malnutrition especially among children. During conflicts, mothers may experience hunger, exhaustion and distress that can make them less able to care for their children. Breastfeeding may be endangered by the mother's loss of confidence in her ability to produce milk. The general disruption in routine can separate mothers from their children for long periods. As conflicts proceed, social structures and networks breakdown. Knowledge about breastfeeding that is passed from generation to generation can be lost when people flee and families are broken up. Artificial feeding which is risky and more dangerous in unsettled circumstances is often given to children. Armed conflict poses challenge to reproductive health. The effects of armed conflict on fragmenting of family and community, increased sexual exploitation and rape including poor antenatal care make it

imperative that reproductive health care be given high priority http://www.uis.unesco.org/library/Documents/QuantImp.pdf. The potential for the spread of sexually transmitted infections, including HIV/AIDS, increases dramatically during armed conflicts. The breakdown of health services, and blood transfusion services lacking the ability to screen for HIV/AIDS, contribute to the increase in transmission. In war-affected populations, gynecological and pediatric health services are often unavailable. An obstacle to the full use of health services in emergencies is that they are often dominated by men, whether expatriate or from the host country. As a result, many women and girls, for cultural or religious reasons, underutilize gynecological health services despite risk to their health. Prolonged armed conflict often forced women and children out of their homes into living in a refugee camp. Life in refugee camp has its attendant health problems. The life of a refugee is one of uncertainty, boredom, and fear. Women are subjected to all these problems in addition to gender specific issues they also must face.

The concerns of women in refugee camps are limitless in scope but include such issues as discrimination, sexual violence, human trafficking, and maternal and reproductive health problems (The United Nations Refugee Agency, 2010). Rape is often used as a weapon towards women in order to demoralize and terrorize communities and families. Apart from rape, women in refugee camps are very vulnerable to sexual violence. Sexual violence stigmatizes women and leaves them emotionally and physically destroyed (International Rescue Communities, 2010). These are the issues that women face on top of their responsibilities as mother, head of household, teacher and so on. The situation in the refugee camp such as rape and sexual exploitation predisposes rape victims to the health challenge of sexually transmitted infections, including HIV/AIDS. Frequently, especially in low income countries, the health issues facing refugee women are not unique to refugees who are displaced as a result of armed conflict, but are common to the entire female and children populations. These range from dehydration, diarrhea, measles, cholera, tuberculosis, malaria and acute respiratory diseases. Children are the most vulnerable to collective assaults on health and well-being in the refugee camps. At the height of the conflict in Somalia, more than half the deaths of children in some places were caused by measles.

The world Health Organization estimates that half of the world's refugee may be infected with tuberculosis, as crowded conditions in the refugee camps provide a breeding ground for infections. Malaria and acute respiratory infections, including pneumonia, also claim many lives. http//www.uis.unesco.org/ library/documents/QuanttImp.pdf. Women in refugee camps suffer from gender-based violence and poor maternal health care. All these ailments, however, are multiplied for refugee women because of the external factors which include: culturally-reinforced gender inequality, limited mobility, lack of access to health care facilities, high population density within the refugee camps, and low levels of education Poureslami (2003) and Women's Commission for Refugee Women and Children, (2011). Another key health concern is that of gender-based violence within the refugee camps. It is generally recognized that displacement, up rootedness, the loss of community structures, the need to exchange sex for material goods or protection all lead to distinct forms of violence, particularly sexual violence against women (Interagency Field Manuals, 2011). Violence and sexual exploitation of women in refugee camps make women particularly vulnerable to ill health. Additionally, sexual violence is considered a taboo subject in many cultures and therefore gender-based violence often goes unreported. Even if women did have the courage to report violence, often there is no where within the refugee camp for them to turn to (Sterling, 2009). Violence and sexual exploitation of women in refugee camps often predispose them to reproductive health problems. One of the biggest challenges regarding female refugees' health is their reproductive health. In refugee situations, reproductive health often falls to the bottom of the list of priorities, primarily because in situations where health care is already scarce, life-saving measures are often of prime concern. Much of reproductive health problems are not perceived as life or death issue, although it clearly is. Because of the lack of health care infrastructure in refugee dense areas, women often give birth without any trained medical staff present.

Complications during birth can often result from lack of health care assistance or medical facilities (Interagency Health Manual, 2011). Child birth in refugee camps where there are no health care assistants or medical facilities subjects women to reproductive health challenges and sometimes maternal mortality. Armed conflict resulting in living in refugee camps also has negative health impact on children who are separated from their parents. Separation of children from their families is a common issue that has negative consequences for the children who are separated (United Nations Refugee Agency, 2005). If separation occurs, it is important to document the separation to reunite the child with his/her family (if this is in the best interest of child. Separation of children from their parents often predisposes them to stress and depression which undermine their health. Sexual exploitation and abuse of children is one of the health problems that occur in the refugee camps. There are many associated dangers that come with sexual exploitation and abuse including teen pregnancy, infection with sexually transmitted diseases such as HIV/AIDS, and traditional practices that are often harmful such as genital mutilation (United Nations Refugee Agency, 2005).

Conclusion

The effects of armed conflict represent significant challenges for national educational system. It is clear that armed conflict retards school and educational attainment, destroys school and educational infrastructures. Armed conflict often forces schools to close down. Schools and places of learning are often explicit target of attacks during period of armed conflict. As well, conflicts results in decreased access to school, preventing the opening of schools, threatening children's security while traveling to school and attending class, and increasing teachers' absenteeism. These have negative impact on education. Armed conflict has negative impact on health. Armed conflicts often cause death and injuries on battle field. It causes malnutrition especially among children. During conflicts, mothers may experience hunger, exhaustion and distress that can make them less able to care for their children.

Prolonged armed conflicts often forced displaced women and their children to live in refugee camps. Life in the refugee camps makes children and women vulnerable to health problems, ranging from dehydration, diarrhea, measles, cholera, tuberculosis, malaria, acute respiratory diseases, sexual exploitation and rape leading to the transmission of sexually transmitted infections and HIV/AIDS. These pose health challenges to the health of war victims in the refugee camps.

Recommendations

Based on the issues raised on the impact of armed conflict on education and health, the following recommendations are proffered:

1. Strategies should be adopted by warring countries for measuring and reporting to the public the health consequences associated with armed conflict. This would go a long way in sensitizing and creating awareness to the public on the adverse effects of armed conflict on the health of war victims.

2. Parties involved in conflict should refrain from targeting and destroying health care or hospital facilities or infrastructures. Government and international community should ensure that in the event of armed conflict they should protect hospital facilities, infrastructures and health services. This to a large extent, may minimize the disruption of health care services that are supposed to be rendered to the victims of war as well as those that may be in dire need of health care in the refugee camps.

3. All possible efforts should be made by international communities to maintain and protect the education system of warring countries during armed conflicts. The international community must insist that government or non-state entities involved in conflicts do not target educational facilities or infrastructures, and indeed promote active protection of such school facilities and service. This may minimize the disruption of school attendance as well as teachers' and students' rate of absenteeisms in schools during conflict.

4. As soon as refugee camps are established for internal displaced persons, children and youths should be brought out together and be exposed to educational programme. Attractive incentives for attendance should also be given to those who participate fully in the programme.

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