

Impact of Child Friendly Spaces on Psycho-Social Wellbeing of Children in District Baramulla

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Abstract:

Millions of children are caught up in conflicts in which they are not only bystanders, but targets also. Some fall victim to a general onslaught against civilians; others die as part of a calculated genocide. Still other children suffer the effects of sexual violence or the multiple deprivations of conflict that expose them to hunger or disease. Children are the most vulnerable group during conflict and in the aftermath of a disaster, both emotionally and physically. Conflict poses a serious and challenging environment in which there is frontal attack on the survival, protection, education and participation of children. Child friendly spaces (CFS) have become a widely used approach since 1999 and can be understood as places designed and operated in a participatory manner, where children affected by natural disasters or armed conflict can be provided with a safe environment, where integrated programs like play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports provided. CFS provides children with a safe place to play, participate in activities, learn about their rights to health and protection, and experience healing from trauma they've experienced. They also allow children to return to healthy routines and experience a sense of normalcy again. Thus, CFS paves the way towards the physical, educational and psycho-social development of children. In this paper an attempt is being made to understand the impact of CFS on the psycho-social well-being of participant children in district Baramulla in two different time periods. It was found that these CFS centers have a potential to improve children's psychosocial well-being by strengthening and nurturing children's cognitive, emotional, and social development. They can strengthen children's internal and external support systems by offering socializing and structured play activities with peers.

Keywords: *Children, Conflict, Child Friendly Spaces, Psycho-Social well-being.*

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Introduction:

Armed conflicts across and between communities result in massive levels of destruction- physical, human, moral and cultural. Not only are large numbers of children killed and injured, but countless others grow up deprived of their material and emotional needs, including the structures that give meaning to social and cultural life. The entire fabric of their societies - their homes, schools, health systems and religious institutions - are torn to pieces.

War violates every right of a child - the right to life, the right to be with family and community, the right to health, the right to the development of the personality and the right to be nurtured and protected. Many of today's conflicts last the length of a "childhood", meaning that from birth to early adulthood, children will experience multiple and accumulative assaults. Disrupting the social networks and primary relationships that support children's physical, emotional, moral, cognitive and social development in this way, and for this duration, can have profound physical and psychological implications.

In countless cases, the impact of armed conflict on children's lives remains invisible. The origin of the problems of many children who have been affected by conflicts is obscured. The children themselves may be removed from the public, living in institutions or, as is true of thousands of unaccompanied and orphaned children, exist as street children or become victims of prostitution. Children who have lost parents often experience humiliation, rejection and discrimination. For years, they may suffer in silence as their self-esteem crumbles away. Their insecurity and fear cannot be measured and its impact on them cannot expressed properly. In this context, Child Friendly Spaces (CFSs) have emerged as the tool of providing some relief to the affected children.

Child Friendly Spaces (CFSs) are a widely used tool to help support and protect children in the context of emergencies. They are referred by different names as Safe Spaces, Child Centered Spaces, child protection centers and Emergency Spaces for Children. CFSs are increasingly being used by a growing number of agencies at international and regional level, as a mechanism of protecting children from risk, as a means of promoting children's psychosocial well-being, and as a foundation for strengthening capacities for community child protection capacity.

These are widely used in emergencies as a first response to children's needs and an entry point for working with affected communities. Since CFSs can be established quickly and respond to children's rights to protection, psychosocial well- being, and non- formal education, CFSs are typically used as temporary supports that contribute to the care and protection of children in emergencies. In addition to this, they are also

used as transitional structures that serve as a bridge to early recovery and long-term supports for vulnerable children.

Universal guidelines, right now being created, characterize a CFS program as one that "underpins the flexibility and prosperity of youth and youngsters who have encountered fiascos through network sorted out, organized exercises directed in a sheltered, child inviting, and animating condition" (Child Protection Working Group, 2012). Since its utilization in the 1999 Kosovo emergency, CFS programming to help the security and psychosocial prosperity of youth is across the board (UNICEF, 2009).

There is developing interest and appropriation of CFSs as a prime intercession methodology as proven by its reference in various office and between office records managing philanthropic reaction (Kostelny, 2008; Madfis, Martyris, and Triplehorn, 2010). There are various elements that have added to the incessant appropriation of a CFS display in compassionate crises. These incorporate potential for quick arrangement, low relative costs, versatility and flexibility of exercises to differing settings (UNICEF, 2009). The characteristic adaptability of a CFS show, although initially proposed for children grown 7 to 13, possibly obliges offspring everything being equal (Global Protection Cluster et al., 2011; UNICEF, 2009).

There are a number of factors that have contributed to the frequent adoption of a CFS model in humanitarian emergencies. These include potential for rapid deployment, low relative costs, scalability and adaptability of activities to diverse contexts (UNICEF, 2009)

Guidance on CFSs generally suggests such interventions being of value with respect to three major objectives. Firstly, CFSs are seen to serve as a protective mechanism, protecting children from abuse, exploitation or violence. Second, CFSs are considered as a means to provide psychosocial support to children, strengthening their emotional well-being, social well-being, and/or skills and knowledge (Ager et al., 2011). Third, CFSs are seen as a key vehicle for mobilizing communities around the protection and well-being of children, and strengthening community protection mechanisms (Global Protection Cluster et al., 2011).

CFS centers organize diverse activities, appropriate for girls and boys, varying from place to place, including song, drama, dance, drawing, play, storytelling/reading, sports, and basic literacy and numeracy. Ensure that the toys and activities are culturally appropriate and relevant. Use of culturally inappropriate activities and toys may dissuade parents from sending their children to the CFS.

Since the initiation of armed conflict in Kashmir in 1989, many changes have been evident with unimaginable negative consequences on women and children. As shown by the studies globally that children are particularly vulnerable to multiple

deprivations in conflict situations, the evidence from the state of J&K also shows a similar trend. In addition to being direct victims of conflict, the studies have shown that children have also suffered in many indirect ways. In Kashmir, an entire generation has grown up in an atmosphere of conflict who were often exposed to the violence, therefore, they experienced multiple and accumulative assaults. As a result, the conflict has affected almost all aspects of their development, whether it was physical, mental or emotional.

The nature of the Kashmir conflict is such that although the exposure to actual armed conflict is limited, but its effect on the lives of children and their families are enormous in terms of repression, loss of security, income and service access, disrupted schooling, displacement, physical and psychological traumas among others. (Waheeda, 2016)

Understanding the potential role and impact of CFSs centers, many NGOs and voluntary organizations in Kashmir have organized CFSs centers in different parts of the valley with the aim of alleviating the sufferings and trauma of children.

CFS center is a UNICEF supported program, which is aimed at letting children vent out their expressions. The reason behind choosing Baramulla, as the area of intervention was that this district was worst affected due to conflict. Thus with the creation of Child Friendly Spaces (CFSs), the idea was to engage with children and provide opportunities for playing and learning in their own communities. In fact the main idea behind the project was to build a platform to bring their childhood back through play, games, art and craft, share their experiences and talk to their friends within their own localities or habitats. The main aims of CFS centres are as under:

1. Ensuring wellbeing and protection of children from difficult situations through CFSs in district Baramulla.
2. Enhance the understanding and engagement of parents and community leaders towards child rights and enabling spaces for children.
3. To create formal/informal case management systems and referral pathways to statutory child protection and welfare services, legal, medical aid etc.

Problem Statement:

1. To highlight the impact of Child Friend Space centers on the psychological and social well being of participant children.
2. To understand the role of CFS centres on the participation and education level of children.

3. To understand the role of CFS centres in developing linkages with formal/informal agencies.

Research Methodology

Baseline and end line (Pre- vs. Post-) Design:

Information was collected before children began attending CFS. This was done through visiting a sample of households or sampling from pre-registered children before CFS was available. Information was then collected with regard to the same children after the CFS had been operating for an extended period (varying between three and six months) in the Baramulla district of Kashmir.

Comparison between CFS attenders and non-attenders:

Comparisons were drawn between children who had attended CFS and those who had not done so in the time between baseline and endline. Analysis considered potential influence of factors such as vulnerability to ensure that differences in endline scores between attenders and non-attenders could reasonably be attributed to CFS attendance.

Random selection of participants:

Strategies of cluster randomised sampling (generally selecting relevant geographical clusters of a settlement and then, within those, selecting households at random) were adopted to ensure unbiased selection of participants.

Data Collection:

Case study method was employed for data collection. According to H. Odum (1929), “The case study method of data collection is a technique by which individual factor whether it be an institution or just an episode in the life of an individual or a group is analysed in its relationship to any other in the group.”

Pauline V. Young describes case study as “a comprehensive study of a social unit be that unit a person, a group, a social institution, a district or a community.” In brief, we can say that case study method is a form of qualitative analysis where in careful and complete observation of an individual or a situation or an institution is done; efforts are made to study each and every aspect of the concerning unit in minute details and then from case data generalizations and inferences are drawn.

Case study is a method of study in depth rather than breadth. The case study places more emphasis on the full analysis of a limited number of events or conditions and their interrelations. (Kothari, 2007).

Results:

Data was collected using Case study method of research. The Case studies were prepared before and after the registration of the children in CFSs centers. Some of the recorded case studies are narrated as below:

CASE STUDY:1

This case study is about a boy named as Zahir. He is 12 years old and studying in class 6th. His native town is Chinkipora, Sopore. He lives in a nuclear family, comprising of 5 members (Father, Mother, 2 Brothers and a Sisters). He is youngest one and belongs to a poor family with limited resources. His father is a labourer namely Showkat Ahmad Dar is and his mother is a house-wife namely Shahida Begum.

A counselor who manages children in the CFS center said, "it has been four months since he was registered in CFS center. He regularly attends the CFS center and is one among the punctual children here". Immediately after registration it was found that he is quite aggressive and is seen quarrelling with other children in the CFS center .A counselor/animator in the CFS center said, "he is sometimes difficult to manage and often throws tantrums and throws the items of the CFS center here and there". She added, "he has also torn the charts which were made by his fellow participants". His behavior with other children is also not friendly. He even hit, bit and kicked his batch mates and he often snatches drawing chart from them.

He comes from a poor family and his father is the only source of income. He earns his livelihood by working as a laborer. However due to frequent strikes, shutdowns and stone pelting incidents he often does not get work, hence has to return home empty handed. Thus, due to weak financial condition his education also gets affected.

During one of the interactive session with the parents, it was found that Zahir has some behavioral problems like lack of respect, lack of understanding the reality, his inadequate way of talking, failure to learn how to respect the elders, anxiety, mood swings etc. Whenever mother attempts to mend him, he screams and threatens her and would do the exact opposite of what she tells him to do.

Keeping these issues in mind, counselor/animator tried her best to engage the child in the activities of the CFS center. The activities of CFS center includes organizing diverse activities which are appropriate for girls and boys, including song, drama, dance, drawing, play, storytelling/reading, sports, and basic literacy and numeracy. It is also kept in mind that the toys and activities are culturally appropriate.

He was actively encouraged to participate in the group activities, which helped him in socializing and improvements in peer relations. He was encouraged to play games with other children, which helped him in developing the traits of friendship and co-operation. "There was a gradual positive change in the behavior of the child as a

result of his attendance in the CFS center”, said the counselor of the CFS center. The counselor while highlighting the positive change in the child said, “increased self-respect, friendly and co-operative behavior and joyful interaction with the fellow children are some of the traits which have developed in him as a result of his attendance in CFS center”.

“He actively participates in group activities and plays with them which was not the case earlier” she said. It seems that he has found himself and gives expression to his feelings through the beautiful paintings and drawings he has made.

The Parents also expressed that their son has shown improvements in mood and general changes following intervention in the CFS center. Anecdotal support for improved relationships between children and counselors was also seen.

Thus, overall CFS center had a positive impact on Zahir and improvement were seen in critical & analytical thinking, increased knowledge and skills, sense of happiness, loss of traumas, pride, creativity, self-confidence, and improved peer relations. Significant decrease in psychological problems observed, particularly Withdrawal and Anxiety and social problems. Some improvements were also seen in his studies and he began showing greater interest in his books,

CASE STUDY: 2

This case study is about a boy namely Ubaid. He is 9 years old and studying in class 4th. He lives in Chinkipora, Sopore. He lives in a nuclear family, comprising of 8 members (Father, Mother, 2 Sisters and 4 Brothers). His father is a daily wage laborer namely Mohammad Dilawar Mir is and his mother is a house wife namely Shakeela Begum both are illiterate.

It has been four months since the child has been registered in CFS center. He was shy and did not talk to anyone in the CFS center. Whenever he was asked to participate in any activities of CFS center, he refused because he was scared of gathering. He was not able to understand things quickly. He is physically weak. He was introvert and did not interact with others. He did not attend the CFS center regularly.

During interaction with his parents, it was found out that he is weak in studies. “He does not finish his home work nor gets good grades,” said his parents. He remains alone in the corner of the room and does not interact with his siblings. He gets easily frightened on hearing a loud sound. He gets terrified on seeing security personnel and runs away for a safe place. He often cries and screams in his sleep.

His father works as a daily wage labourer and is barely able to fulfill the basic needs of the family. However, due to frequent closure of normal life as a result of conflict he is not able to spend on education, development and medical needs of his children due to which his children are badly affected. Due to low economic earning and lack of

proper support to their children, parents are also not able to handle things at times and often quarrel with each other. This has a negative impact on the development of all children in general and Ubaid in particular, as he is more vulnerable. He can't understand the situation and is unable to take right decisions because of mental stress.

However the intervention at the CFS center served as an antidote to the problems of Ubaid. He gradually began interacting with the fellow children and engaged with them in group activities. He was carefully handled by the counselor at the CFS center and slowly made to participate in activities. It helped him in socializing with other children at the same time relieved his mental stress. It enhanced his self-esteem and infused confidence in him. "He is a completely changed person now", said his counselor. "He has become lively and sociable", she added while narrating the changes in him.

CFS center has linked the family with the Integrated Child Protection Scheme as a result of which the income of the family has increased. It has reduced the stress of the parents thus there are no quarrels between them hence the environment in the family has become supportive and child-friendly. The counselor has also counseled the parents about their responsibilities towards the children and care and caution they should take while dealing with them.

Thus, the CFS center provide psychosocial support for all children by treating them with kindness, respecting their dignity, enabling social integration, and avoiding completely verbal humiliation or corporalpunishment.

The counselor also arranged an appointment with the Clinical Psychologist to make a detailed assessment of his psychological problems. The doctor gave him some medicines and counseled him about the risks and protective factors. He also gave detailed information to his parents regarding their responsibilities towards him.

"There are clear signs of improvements in his behavior", said his mother affirming what his counselor of the CFS center has also observed.

Ubaid himself said, "in the CFS center I play and share things with other children which helps in relieving my stress. We have a safe and friendly atmosphere here".

"It is not only that I remain happy but my education has also improved", he said in delighted tone. Counselor and parents have also observed marked changes in his behavior and attitude since he began attending CFS center.

CASE STUDY: 3

This case study is about a boy namely Muzaffar. He is 12 years old and studying in class 5th. His native town is Raipora, Palhallan. He lives in a nuclear family, comprising of 5 members (Father, Mother and 3 Brothers) .He is the youngest among all the siblings. His father is a labourer namely Abdul Satar Dar and his mother is a house-wife namely Tasleema Begum. Both of them are illiterate.

He was registered in CFS Center four months ago. He is punctual and loves to participate in all activities. During regular interactions with all the children it came to light that he is a dropout from school. Since his father is a daily wager and has three children to sustain, it becomes difficult for him to pay the school fees. Earlier his father was a shopkeeper but due to frequent shutdowns, curfews and stone pelting incidents, he suffered huge losses and eventually had to shut his business. Afterwards, he had no option but work as a daily wager. He has developed various health issues over the period of time. Now he hardly manages the household expenses and the education of the children is also affected.

During the home visit, it was found out that Muzaffar along with his family lives in a rented room. His father is not able to do work, as he often remains ill. Thus the responsibility of earning fell on his elder brother. He is labourer and with great difficult he is able to manage the household expenses. They are not able to build a house. Due to poverty Muzaffar's education is suffering.

During the course of interaction it also come to light that he wants to rejoin the school. Thus the counselor of the CFS center communicated with the school education department to help him rejoin the mainstream education.

CASE STUDY: 4

This case study is about a girl named Saima, who is 10 years old and studying in 6th class. She is resident of Patipora, Palhalan. Her family comprises of 10 members (Father, Mother, 6 Sisters and a Brother). She belongs to a very poor family. In her family, her brother is the only earning member, as their father often remains ill. His father was injured in a stone-pelting incident. Since then he could not move properly and has developed several ailments lending him bedridden. Although his brother is studying in Undergraduate Final year, but he has work in order to feed his parents and siblings. He works as a laborer and digs bore wells. This has also adversely affected his education and he has lost interest in it. Saima's mother is a heart patient thus could not perform the household chores properly, so her elder sister had to leave her studies to focus on household activities. However the remaining four sisters are studying.

It has been two months since the child has been registered in CFS center Patipora, Palhalan. Initially it was seen that the child remained silent and was not interested to participate in activities of CFS center. She remained disturbed and lost in her own

thoughts. It was found that the child has some financial issue at home, due to which her overall development is suffered. On making a home visit, it was found that the condition of the house is very bad. They have a shed type of house with no furniture and essential eatables. Due to poverty the school fee of the children is pending from the last 1 year. They don't have sufficient food to eat and clothes to wear.

CFSs center linked them to the ICPS department, which assisted them in financial terms. As far as she is concerned, she was actively engaged in the activities of the CFS center so that her stress and family worries could be minimized. Gradually it was seen that she began responding well and loved to play with other children. "She is showing signs of improvement", said the counselor. Her educational performance has also improved. CFS center has given her a free space whereby she could interact, play and share her feelings, thoughts and wishes. "I love to come to CFS center and try my best to participate in group activities", she said.

"It has also expanded her friend circle and she is often seen talking and playing them which was not the case earlier", said her counselor. It has improved her decision making capability, communication skills and leadership qualities.

CONCLUSION:

It was found that CFSs center has a positive impact on the overall development of the participant children. Clear and visible improvement was observed among the children. It provided them a space and environment where they interact, meet, play and share and express with each other. It helped them to alleviate their pain and trauma caused due to conflict. It improved their social, psychological, personal and educational parameters and helped them to better equip themselves to deal with life challenges.

The data suggests that across a wide range of contexts CFS provide a base for positive impact on lives of children. Those impacts can be significant, but often they are small. Attention needs to be paid to what characterizes more effective interventions and differing approaches to programme design. CFS should not involve only providing a safe space for children with supervising adults and facilitated activities. The nature and intensity of the activities and the relationships established between facilitators and children appear crucial in determining impact.

Across all studies, greater attendance and stronger impacts were noted for younger children. Revising the current programming curricula and engagement approach appears necessary to address more effectively the needs of older children affected by crises. Additionally, planning in collaboration with education practitioners may help support CFS in successfully linking all children to formal education systems and addressing the gap in provision that often exists following the onset of crises.

Way Forward:

1. A holistic approach is important. In order to increase reach and impact, it is has been important to not restrict activities only to the child friendly spaces but rather also to interact and find solutions in collaboration with youth and adults in the communities.
2. Establishing CFS centers in remaining parts of the district Baramulla and other districts of the Kashmir valley so that the benefits of these centers reach large number of children.
3. Regular training for volunteers/counselors is crucial. To improve quality and capacity, it would benefit volunteers/counselors to have regular training on a variety of psychosocial and protection topics.
4. CFS can be used for many interventions to complement protection and psychosocial needs. CFS can provide opportunities to not only share psychosocial and protection messages but also health, education and hygiene messages to girls, boys and their parents and other family members.
5. Working with partners and other stakeholders- formal and informal, for joint training, sharing resources, or establishing referral services can more beneficial for the children.
6. Internal organizational protection systems are essential. Having a child protection policy would improve the understanding among volunteers about their responsibilities to keep children safe and provide some basic guidance on how to interact safely with children in the child friendly spaces.
7. Specific efforts and methodology is needed to engage girls. In some locations, the participation of girls between the ages of 13-18 years in social events was generally low compared to boys. This is attributed to the lack of security and risk of violence against girls and also parents being protective because girls of this age group are considered ready for marriage according to the local cultural beliefs.

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