

Addressing Psychological Constraints and Early Childhood Development in Conflict-Affected Settings

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Motivation: conflict and forced displacement are on the rise

2 billion people live in conflict-affected settings (25% of the population)

115 million forcibly persons displaced worldwide

Long-lasting socioeconomic consequences

Chronic poverty (Blattman and Miguel 2010; Ibañez, Moya, and Velasquez 2022).

Mental Health (Shultz et al 2019).

Early Childhood Development (Akresh et al 2012; Singhai 2019; Akresh et al 2020).

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This talk: Mental health as a psychological constraint for ECD & evidence from a psychosocial intervention

Setting: conflict and forced displacement in Colombia

Figure: Displacement (1997-2018)

Protracted conflict: 1950's and ongoing

8.6m IDPs 19% of IDPs worldwide

2.9 million Venezuelan 'refugees'

IDPs + Refugees 20% of population

Setting: comprehensive legal and programming frameworks

Constitutional Court Ruling (2004) &
Victims' Law (2011)

Humanitarian assistance, social
protection, reparations

Yet, 60% of IDPs are poor

76% poor in 2022 as cash transfers were
put on hold

Figure: Poverty: Colombia & IDPs

Conflict and Mental Health

20 % of people in conflict areas have mental health problems

Figure: Anxiety: Dose-Response Relationship

In Colombia, 27 and 35% of IDPs are at risk of developing Anxiety and Depression

Trauma follows a dose-response relationship (Mollica 2007).

Conflict and Mental Health

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Figure: Anxiety: Dose-Response Relationship

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Effects of psychological constraints

Expectations of upward socioeconomic mobility (Moya and Carter 2019).

Employment and income trajectories (Moya et al 2022).

What does it mean to be
born and raised in
conflict-affected settings?

Early childhood is a unique stage in our life

Rapid brain development: one million new neuronal connections per second

Foundations for physical and mental health and skill acquisition

Lays the ground for life-long health and socioeconomic trajectories

Most important factor for ECD is the availability of nurturing relationships between the child and an adult (Almond and Currie 2011; Black et al. 2016)

Early childhood is also the most sensitive period to stress and advers

Toxic Stress: combination of adversities
and deficits in nurturing care

Leads to the overactivation of different
biological systems, including the
stress-response system

Affects brain architecture, skill
acquisition, and physical and mental
health

Life-altering effects

Source: Harvard Center for the Developing Child

A missing link: caregivers' mental health and ECD

Healthy and secure attachment between a caregiver and the child can buffer the physiological effects of stress) **Tolerable Stress**

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Healthy and secure attachment between a caregiver and the child can buffer the physiological effects of stress) **Tolerable Stress**

But the capacity to build nurturing relationships is endogenous to conflict and displacement

Trauma drains emotional resources, hindering caregivers' capacity to be emotionally available for children and lowering parental self-efficacy (Leberman et al 2005).

The mental health consequences of conflict binding **Psychological Constraint**

More severe con ict deteriorates caregiver's mental health

Caregiver's mental health problems associated with more stressful relationships and worse child outcomes

Caregiver's mental health mediates the effect of conflict on young children

And yet, parenting interventions have ignored caregiver's mental health

Most successful: Jamaica Home Visit Intervention and Reach Up (Gutham-McGregor et al 1991; Black et al. 2017; Attanasio et al 2019; Bernal et al 2020).

Address a different constraint: **cognitive constraints** on why and how to promote responsive care and stimulating environments as pathways to empower caregivers.

Only 12% of 478 ECD impact evaluations measure maternal mental health (Kaufman, Jakiela, and Knauer 2021).

Semillas de Apego

Psychosocial program for caregivers of young children in conflict-affected settings

Objective: Promote maternal mental health as outcome & vehicle to foster healthy child-parent relationships and early childhood development.

Structure: 15-weekly group-based sessions of 15/20 caregivers

Community model: Each group is led by 2 community facilitators (para-professionals and former participants)

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Structure

Stress-reduction practice: sensory awareness, mindfulness, sun salutations

Main activity: reflective practice w/ arts and crafts to ground information

Group discussion: how to incorporate lessons and strategies at home

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Detailed Objectives

Impact Evaluation 2018-2020

Setting: Tumaco, Colombia

Homicides: 101 vs 29 in Col (40 in DC)

Poverty: 45% vs 20% in Col.

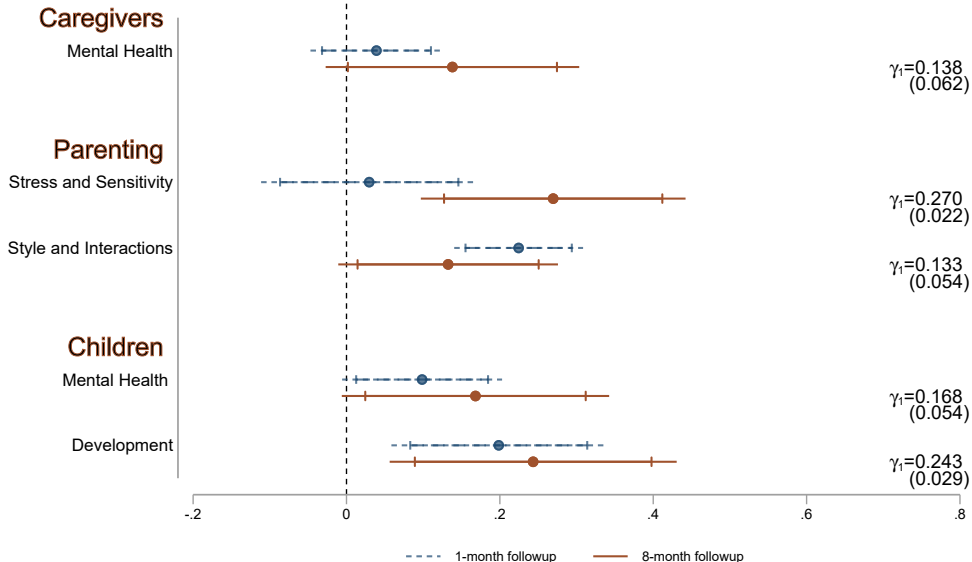
Sample: 1,376 caregivers of young children served by public Childcare Centers.

Treatment: Semillas de Apego + regular services provided by childcare centers.

Control: Regular services provided by childcare centers.

Results : 1-month followup

Results: 8-month followup



Discussion

Results speak to the urgency of considering mental health as a psychological constraint

Mental health underlies many dimensions and processes for human capital accumulation and socioeconomic trajectories

We also highlight the need and feasibility of implementing community-led psychosocial models in conflict and humanitarian settings

Semillas de Apego: cost-effectiveness and scalability:

Cost per participant: US\$435 vs US\$600 of similar govt program.

ROI:

Evidence of scalability from at-scale pilot (2022)

2023-2026: Scale-Up

15 municipalities - 15,000 participants.

Enhanced model with play-based activities (Sesame Workshop).