Developmental Vulnerability of Children Born to Traumatized Mothers in Mount Elgon Region, Bungoma County, Kenya

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ABSTRACT
Psychological trauma is the minds reaction to an event and does not manifest in everyone in the same way,it affects people in different ways; for some the symptoms may take weeks, months and for others several years to surface. Regardless of the sources, an emotional trauma contains three very common elements namely; it was unexpected, the person was unprepared, and there was nothing the victim could do to prevent it from happening. The Mount Elgon Region expectant mothers found themselves in the generic as the result of the atrocities of Sabaot Land Defence Force Group.The fundamental goal of parenting right from conception, zygote and embryo is to help the feotus, neonate, infant and later the child to grow and thrive to the best of its potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens the parents themselves leaving the children more vulnerable traumatic effects. The expectantmothers during the Sabaot Land Defence Force violent conflict exposed their foetus to devastating developmental risks which were visible through behavioral disorders and various types of disabilities as revealed by the study. Worse still, approaches to conflict management in Mount Elgon region relied on relief response by humanitarian agencies with a hope that affected families will attain recovery in due course. However, it is apparent that any assistance must go hand in hand with social economic development where social structures with specific indicators in normative cultural transformation are used in the transition to reduce conditions for which conflicts have arisen. This paper, therefore, exploreswhat trauma of the mother can do to unborn child's developmental milestones and suggests approaches for change that can minimize the traumatizing agents to expectant mothers.
KeyWords:- Traumatized Expectant Mothers, Pre-School Learners,Foetus, Developmental Vulnerability.

INTRODUCTION

Violent conflict and exposure to societal risks continue to make devastating trauma effect on the world population. Gender based violence is one of the most widespread human rights abuse and public health problem in the world today, affecting mostly women and children. Perhaps because of their social status hence rendering them highly vulnerable to traumatic episodes' The physical health and mental well being of the mothers and their unborn children are steadily vulnerable to trauma if interventional strategies are not put in place. To unborn children (foetus), the effect may be realized when they are about to start schooling (Preston, 2003). The traumatic effect may comprise the social, emotional, sensory and physical development of the foetus which can be visible in the early stages of the child's life after birth.

In the post war era, the situation of women, expectant mothers and their foetus and later children seem to be at a greater risk of physical, social and psychological distortion and hence being highly vulnerable to traumatic effect which will not only haunt the mothers but also their unborn children. Many women were raped, forced into marriage with the enemies or suffered from other forms of violence. This kind of scenario was experienced in Kosovo where women experienced a series of major traumatic events including massive displacement violence and loss of relatives or friends (Spencer,2004).

After the violence, several people especially the mothers and children remainedtraumatized throughout their life. Mount Elgon and Chepatis sub-counties experienced conflicts revolving around the local communities (Sichari, 2014). In 2007, the conflicted become complex due to the demarcation and allocation of Chebyuk Settlement Schemes in the then Mount Elgon District (Ndamwe,2013). This issue of land, distribution of resources and allocation gave rise to Sabaot Land Defence Force (SLDF) that terrorized Mount Elgon region rendering mothers and children helpless hence highly traumatized; amongst the women, some were raped and left pregnant and

traumatized. That is why this paper tries to explore the children who were foetus at the time suffered the effect of their mothers trauma during their post natal developmental stages.

TheoreticalBackground

These theories are based on a force or substance that produces an effect or change. They locate the causes of conflict at the level of individuals or collection of agents based on human behavior. An example of such theories argues that aggressive behavior is innate and biologically programmed in the human species. Another set of supporting theories add that early differentiation between "self and other" manifests itself in a deep psychological development and relates to group formation and differentiation, particularly in the areas of imaging perceptions, stereotype and dehumanization (Boeree,1997).

Another set of these theories is the basic needs theory which differentiates between positions, interest, values and basic needs. Basic needs become the major focus here. These are essential for identity, security and recognition. The satisfaction of these needs is essential for human development and social stability. Human beings will seek to satisfy these basic needs when social institutions fail to address them or violate them then this can give rise to protests, rebellion and violence (Robins, 1991). This was the case of Sabaot Land Defence Force of Mount Elgon region in Bungoma County.Their key basic needs were threatened through land deals.

When the Sabaot Land Defence Force Group decided to take up arms and decided to attack their own community they had reached a point ofno return (Ndamwe, 2013). To them life was beyond bearable, hopeless, and always intimidating. To avoid the miserable life facing them, they accepted to die or kill hence the wish to die theory (Sichari,2014).

The "wish to die theory can be seen in the form of life and death instincts as observed by (Freud, 2009). The instincts perpetuate the life of species by motivating the society to pleasurable opportunities called "libido", which means desire in Latin. Libido is the pleasure principle that keeps human being in constant motion, whose goal is to be at peace and have no more needs. Therefore, the ultimate goal to life is death. Hence, every person has unconscious wish to die (Freud& Marie, 2009).

For many people in the world, life is painful and exhausting, and death is a release from the struggle. Hence, the desire for peace, through the escape from stimulation by idolizing aggressive activities like penchant for escapist activities. Sometimes death presents itself openly as suicide and suicidal wishes (Boeree, 1997). Freud,(ed) (2009) theorized death as sometimes it is directed away from human beings in the form of aggression, cruelty, murder and distinctiveness. For many people in the world, Africa, Kenya, Bungoma County, Mount Elgon and Cheptais Sub-counties life is painful and exhausting; whereas death is a release from the struggle which is countered through inflicting pain to others leading to a traumatized life to the relatives, friends and the communities involved.

For the Sabaot Land Defence Force group, it was suicidal attempt. They were either to kill or to be killed (Kamoet,2011). The family members and the community were left seriously traumatized; hence the need to determine the developmental differences between children born to traumatized and non-traumatized mothers. The SLDF started the destruction of human life and property after seeing life as useless hence they were ready to die in the process of the perceived struggle for land.

According to interaction paths to depression models everyone is equal by vulnerable to depression given a certain experience, gene or biological disposition (Metalsky*et.al.,* 1993). These models try to specify which personality traits interact with which events to produce depression. For example, in one study, students who got worse grades than they expected reported feeling temporarily depressed. But depression persisted in those who also had a pessimistic explanatory style such as I' m stupid and always will be, and low self-esteem, resulting in hopelessness (Metalsky*et.al.,*1993)

In assessing these different approaches critically in readiness for appropriate mitigation, it's in order to keep in mind that depression comes in varying degrees of intensity and it may have different causes in different people. One person may have been abandoned in childhood and, therefore, feel insecurity attached in current relationships. A second person may have a pessimistic explanatory style that fosters depressive interpretations to even happy events. A third person may have a biological predisposition to respond to stress with depression. And a fourth person may have satisfying work or love or may have been subjected to violence or other trauma.

By understanding depression as an interaction among an individual's biology, personality and experiences we can see why the same precipitating event, such as a minor setback or even the loss of a loved one, might produce normal sadness in one person and extreme depression in another (Robins, 1991). This is why the victims of SLDF did not suffer in the same ways yet they were exposed to the same experiences.

POST TRAUMATIC STRESS DISORDER (PTSD)

This is an anxiety disorder in which a person who has experienced a traumatic or life-threatening event has symptoms such as psychic numbing (being unable to feel, think or react in a normal way, for example because of an emotional shock, we sat there in silence, numbed by the shock of her death), reliving of the trauma and increased physiological arousal.

Sometimes chronic anxiety occurs in the aftermath of traumatic experiences. People who survive uncontrollable and unpredictable dangers such as rape, torture or natural disasters may suffer from Post Traumatic Stress Disorder (PTSD). Typical anxiety symptoms in PTSD include reliving the trauma in recurrent, intrusive thoughts, dreams or psychic numbing-a state of detachment from others and inability to feel happy of living and increased physiological arousal, reflected in insomnia, irritability and impaired concentration. These symptoms can occur either immediately after a trauma or after a delay of many weeks or months. Episodes may recur for months, years or even for decades (Kessler *et.al.*, 2005).

War veterans suffer from PTSD for years. However, most of them experience symptoms for only a while and then recover; but others continue to suffer for a very long period. One possibility for the differences is that are released when a victim is coping with danger do not cease production when the danger is already subsidized. At chronically high levels, these hormones are literally toxic to some parts of the brain, such as hippocampus which is involved memory (Chorpita&Bourlow, 2008). These differences could be due to perhaps stress experienced by the individual or perhaps brain and memory impairments caused by stressors. Many victims of Sabaot Land Defence Force atrocities suffered from post traumatic stress disorder which may have extended to their offsprings. A satisfied victim of PTSD can easily generate in panic disorder which threaten the existence of an individual.

This is an anxiety disorder in which a person experiences recurring panic attacks, periods of intense fear and feelings of impending doom or death, accompanied by psychological symptoms such as rapid breathing, pulse and dizziness (McNally,2009). The panic attacks may last from a few minutes to more rarely several hours. The symptoms include trembling and shaking, dizziness, chest pain or discomfort, heart palpitation, feelings of unreality, hot and cold flashes sweating and as a result of all these physical reactions a fear of dying, going crazy or losing control is evident (McNally, 2009).

Although panic attack seem to occur out of nowhere, they infact usually occur in the aftermath of stress, prolonged emotions, trauma, strenuous exercise, specific worries, frightening experiences etc (Beck, 2008). For example the Westgate terror attack which left 67 people dead and over 200 injured in Nairobi. Those who escaped or were rescued are likely in the long run to develop panic attack disorder if not exposed to appropriate therapeutic procedures. Delayed, such attacks after life threatening scares do occur especially to individual from unexpected background since in their life they never thought of any really threat to their life (Kessler, *et.al.* 2005). The victims of panic disorder regard their condition as a sign of illness or impending death, and begin to live their lives in restrictive ways, trying to avoid future attacks (Chorpita, 2008). If the condition is mismanaged the victims develop dangerous trauma leading to agoraphobia (a set of phobias, often set off by a panic attack, involving the basic fear of being away from a safe place or person.For an expectant mother, the disorder is likely to affect the growth foetus in the womb since it depends on the well being of the mothers for its proper development.

Prenatal Development

Prenatal development is divided into three stages: the germinal, the embryonic and the foetus. The germinal stage begins at conception, where the male sperm unites with female ovum (egg). A day or so after conception, the fertilized egg or zygote, begins to divide into two parts and in 10 to 14 days it attaches itself to the wall of the uterus. The outer portion of the zygote will form part of the placenta and umbilical cord, and the inner portion becomes the embryo, the placenta, connected to the embryo by the umbilical cord, serves as the growing embryo's link for food from the mother; it allows nutrients to enter and waste to exit and it screens out some not all substances (Bee, 1997).

Once implantation of the zygote is completed about two weeks after conception, the embryonic stage begins, lasting until the eighth week after conception. The embryo develops webbed fingers and toes, a tail, eyes, a nose, a mouth a heart and circulatory system, and a spinal cord. All these develops at the age of 8 weeks when the embryo is only 1 ½ inches of 3 ½ cm long. During the fourth to eight week , the male hormone testosterone is secreted by the rudimentary tests in embryos that are genetically male; without this hormone, the embryo will develop to be anatomically female (Streissguth*et. al.*, 1999).

The organism, now called a foetus, further develops the organs and systems that existed in rudimentary form in the embryonic stage. By 28 weeks, the nervous and respiratory systems are developed enough to allow most fetuses to live if born prematurely. The greatest gains in brain and nervous-system development occur during the last 12 weeks of full term pregnancy (Slorkin, 1998).

Although the womb is a fairly sturdy protector of the growing embryo or foetus, some harmful influences can cross the placental barrier. The influences, which are particularly damaging during the embryonic stages, include German measles (Rubella), X-rays, other radiation, or toxic chemicals, sexually transmitted diseases, cigarettes smoking, alcohol and drugs (Forrest *et.al.*,2001). The discussed harmful influences are quoted to belithol during the germinal and embryonic stages. So what happens during the foetus stage; that is what this paper is all about.

MATERIALS AND METHODS

The area of study was Cheptais and Mt. Elgon Districts (Figure 1.2). This was the epicentre of the 2007/2008 Sabaot Land defence Force atrocities which included raping women indiscriminately; many of them conceived in the process. The scenario left many of them traumatized and expectant (Sichari,2014). The area therefore provided readily available population for the study hence the selection of purposive study strategy. According to Mugenda, (2004) purposive sampling is a technique that allows a researcher to use cases that have the required information with respect to the objectives of his or her study. The area was Cheptais, Mount Elgon Region. It consisted of Cheptais, Chesikaki, Kapsiro, Kapkateny, Kogit, Kapsokwony and Kaptama County assemblies of Mt. Elgon Region, Bungoma County (Figure: 3.1). It has 42 sub-locations with a population of 64641 men and 107 736 women which totals to 172377 according to 2009 census .The area is endeared with rich agricultural products such as coffee, tea, maize, potatoes, beans just to mention but a few. Economically, it borders Mt. Elgon resort with plenty of rare animals, which are source of tourist income. It is a mountainous area with several valleys, which render the construction of roads difficult.

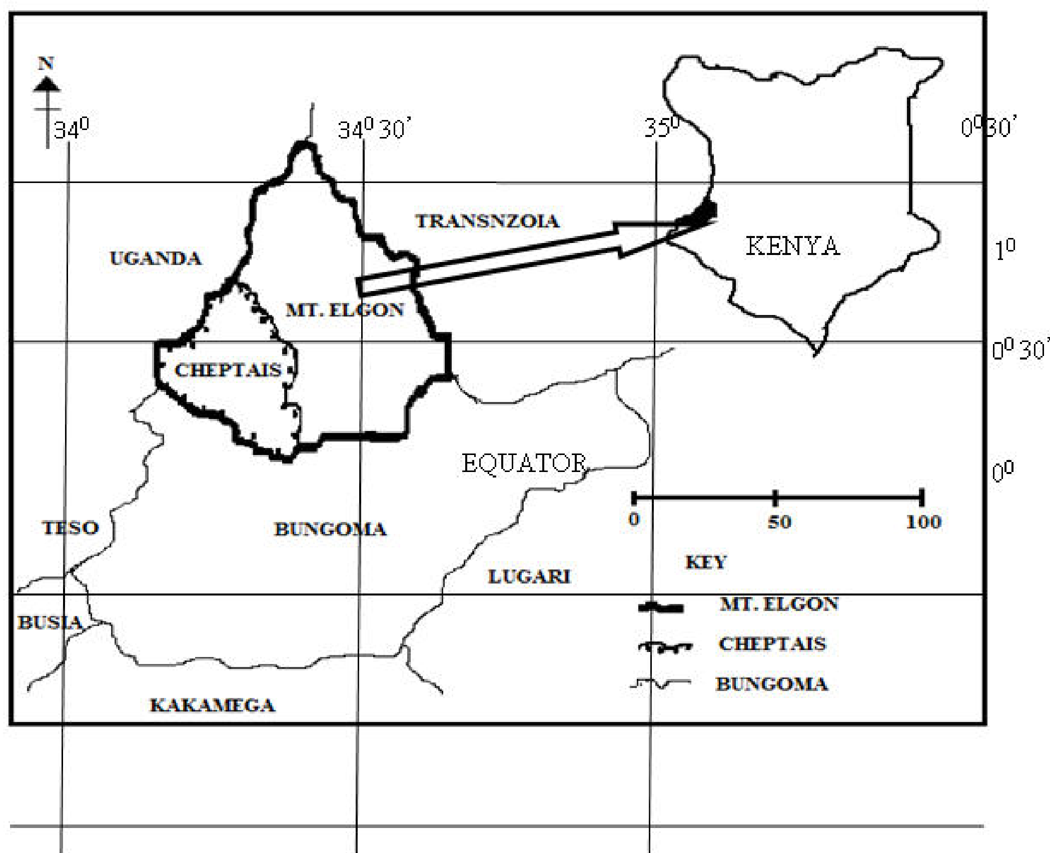

Fig. 1.2: Map of Mt. Kenya and Cheptais Districts, where most mothers were traumatized during the S.D.L.F atrocities in 2007/ 2008 violence episodes. Source: *Researcher*, (2013).

SamplingStrategy

The sampling strategy involved the non probability sampling of purposive or deliberate in nature. The sampling fitted well with the population since it had been exposed to trauma most recently. The study also embraced the application of snowball sampling where the entry point of the study was through pre-school children; who later guided the researcher to their mothers at home.

In order to obtain a multi-stage sample cluster, Fisher's Formula, mostly used in social science research to determine the sample size required was applied. The equation 3.1 (Mugenda, 2004) was use to determine the sample size;

$$n = \frac{z^2pq}{d^2} \qquad \textbf{Equation 3.1}$$

Where n = the desired minimum sample size

Z = the standard normal deviate at the required confidence level = 1.96 at 95% confidence level
p = the proportion in the target population estimated to have characteristics being measured = 0.5
q = the proportion in the target population estimated not to have characteristics being measured. = 1-p = q = 0.5
d = the margin of error required = 0.05 at 5% statistical level.

$$n = \frac{z^2pq}{d^2} = \frac{(1.96)^2(0.5)(0.5)}{0.05^2}$$

$$\frac{(3.8416)(0.25)}{0.0025}$$

$$= 384.26 = 384 \text{ households}$$

Sample was increased to 400 to avoid losses in terms of non-respondence or spoiled questionnaire.Traumatized mothers and their children = 200. Non-Traumatized mothers and their children= 200 or those who were found on the site. The division among the various groups was arrived at by obtaining the percentage of each group in the total population. The whole population was categorized into two groups; traumatized and non-traumatized plus their pre-school children and stakeholders. To ensure fair representation of these groups into the sample, their ratio to the whole population was multiplied by the sample.

Data Collection

Data collected included primary and secondary data. Primary data was collected through questionnaire, interview guide, observation and Focus Group Discussion (FGD). Secondary data was mainly from the local hospitals targeting Maternal Child Health (MCH) records during 2007-2008 periods. Data providers included pre-school children, pre-school teachers, traumatized mothers, non-traumatized mothers, and stakeholders in the community.

Validity of the instruments

Content validity of the instruments was determined through piloting, where the responses of the participants were checked against the research objectives; where the contents of the questionnaire was relevant to the variables being compared i.e. traumatized and non-traumatized mothers and their pre-school children.

Reliability of the Instruments

The reliability of the instruments was based on the estimates of the variability of the respondents responding to the items. The reliability coefficient was determined by test-retest technique. The instruments were administered to the same participants after an intervalperiod of two weeks. The technique was used because it determined the suitability of the research instruments. From the test-retest scoresof Pearson's Product Moments' correlation was used to determine the reliability co-efficient. A coefficient of (0.86) was obtained and was considered high enough thus rendering the instruments highly reliable.

Data analysis and presentation

The raw data was collected, coded and analyzed by the use of Statistical Package for Social Sciences (SPSS) Version 12.0 Software. Statistical techniques used to analyze were, charts, frequencies, and percentages, cross tabulation and correlation analysis. The analysis took quantitative and qualitative form. Descriptive statistics was done to check on the relationship between trauma and the unborn children. It gathered data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing ones were compared or determine the relationship that exists between specific events or conditions. The data interpretation and report writing came from the statistical software and recommendations were drawn basing on the findings.The raw data collected was coded and analysis was done by the (SPSS) software.

The analysis involved the use of Pearson product moment correlation, which was a dichotomous dummy variable with only two categories of traumatized and non-traumatized mothers and their children. The choice of Pearson correlation was based on the variables that were categorical and dichotomous in nature. Chi-square test was used to bring out a good comparison and the level of significance of the traumatized and non-traumatized mothers and their pre-school children.

Ethical Consideration

Being a study involving traumatised mothers and thier children,in case, in the course of data collection the mother is reminded of what triggered trauma or the child happens to learn that she/ he is a product of rape episodes and were instantly affected,they were referred to the Kenya Association of Professional Counsellors

Bungoma Branch or Kenya Red Cross Mount Elgon Branch. For those whoneeded immediate medical attention, they were referred to Cheptais and Kapsokwony District hospital. Throughout data collection process, confidentiality was observed. The participants were allowed to participate or refuse or stop along the way incase they were not conformtable with the exercise.

RESULTS AND DISCUSSION

The study aimed at establishing whether there were any developmental differences between children born to traumatized mothers and those born from non traumatized expectant mothers before 2007, during 2007-2008 and after 2008.

Growth of children born before 2007 in Cheptais , Mt. Elgon Region

Respondents were asked to comment on the growth of their children who were born before 2007. Their responses are summarized in Figure 1.3

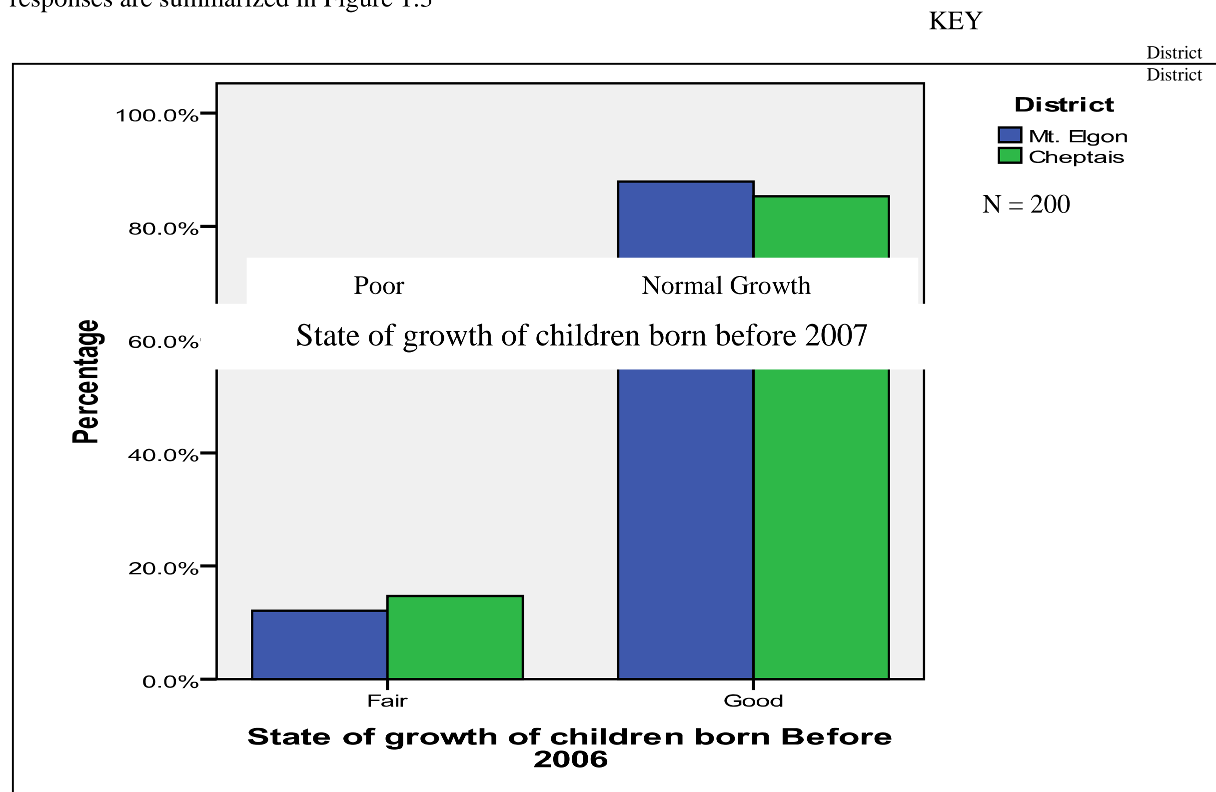

Figure 1.3:Children born before 2007 to traumatized and non- traummatized antenatal mothers in Chepatis, Mt. Elgon districts of Bungoma County, Kenya.

A Chi- Square test of independence conducted on the respondents indicated that there was a significant ($p<0.05$) relationship between district and growth of children born before 2007 ($x^2_{1,0.05}=4.02$). The results indicate that the growth of majority of children born before 2007 was good. In Mt Elgon, 87.9% had good growth while 12.1% were poor. For Cheptais district, 85.3% had good growth while 14.7% had a poor growth. The results indicates that generally before 2007, there were few developmetal problems among the children born in both Cheptais and Mt. Elgon Districts. The minimal number could be attributed to genetical fectors or physical conditions in the uterus and other events during pregnancy like Alcoholism, x-rays etc. (Sincliar,1995). However, children born to traumatised mothers were exepected to having more developmental problems. This justifies that trauma could have contributed to thier problems as an added factor. Where children of traumatized mothers had more developmental problems while the children of non-traumatised mothers had fewer developmental problems. The FGD meetings also confrims the same by very few mothers of affected children attending the meetings which implied they motherd the children through other means and not trauma. Those interviewed revealed , they had no problem yet they gave birth to children with problems. Most of them were not in the medical records since they did not visit hospitals when they were expectant. This is jusified by Metalsky, (1993) who says that according to interactional paths to deprerssion, everybody is equally vulnerable ro depression given a certain experience, gene, or biological disposition.

Growth of children born between 2007 and 2008 period

The chapter intended to establish the state of growth of children born to traumatized and non-traumatized antenatal mothers who asked to comment on the growth of thier children born between 2007 and 2008.The results are given in Figure 1.4

KEY

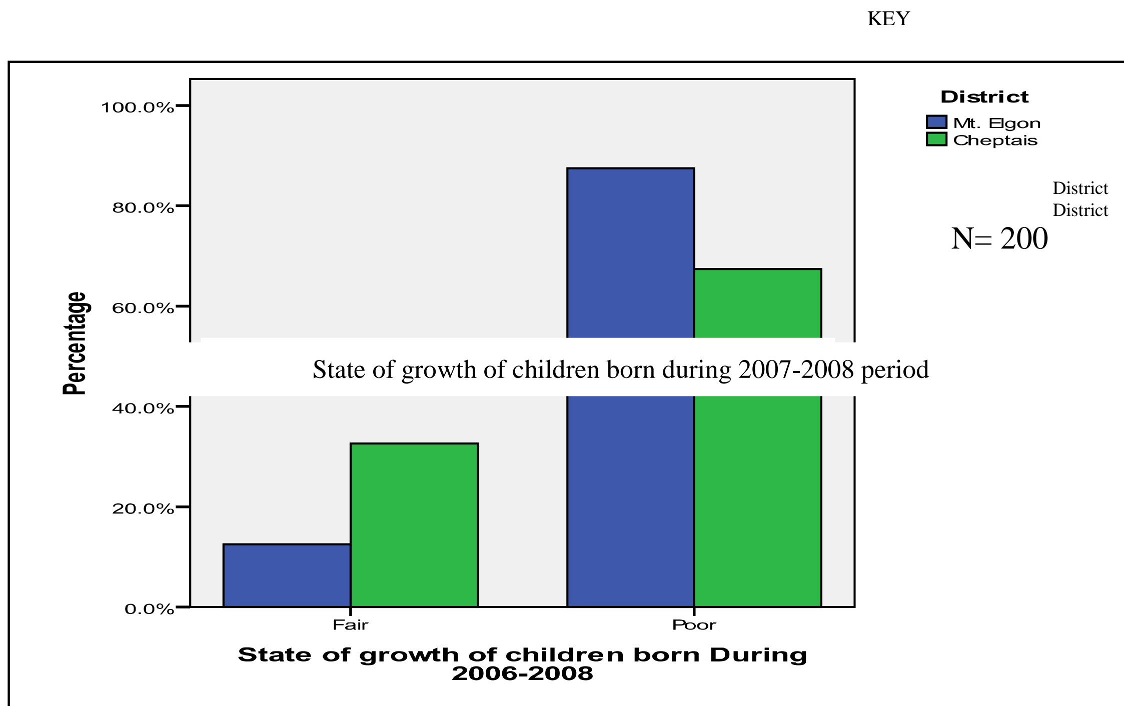

Figure 1.4: Growth of children born between 2007 and 2008 in Cheptais,Mt. Elgon region of Bungoma County,Kenya

A Chi-Square test of independence conducted on the respondents indicated that there was significant ($p<0.05$) relationship between district and growth of children born between 2007 and 2008($x^2_{1,0.05}$ =4.02). The results indicate that the growth of majority of children born between 2007 and 2008 was poor. In Mt. Elgon, 87.5% had poor growth while 12.5% had naromal growth. For Cheptais District, 67.4% had poor growth while 32.6% had normal growth. This is a likely indicator that conflicts in Mt. Elgon and Cheptais Districts had negatively affected the normal growth of children. This is supported by the findings of the secondary data of medical records of the traumatised expectant mothers who visited Cheptais and Kapsokwony district hospitals during the months of March, August, December 2007 and also the FGD which justifies that indeed there were traumatised antenatal mothers in Chepatsis, Mt. Elgon Region during 2007-2008 period. Hence relating their under-developement to the skirmishes that were experienced in the Mt. Elgon region. Since the secure growth of the embryo and the foetus depend on their mother who were already traumatised, the children poor growth is likely to be due to trauma (Bayer 1999). Children from non-traumatized mothers grew up well hence justifying the argument. Therefore any problem that is experienced by the expectant mother is likely to intefere with the well being of the growing foetus (Sichari,2014). Hansen(2000) confirms the same by saying that antenatal maternal mood can have lasting effect on the psycholigical development of a child. Many psychologists believe that the first one to three years of life are crucial to healthy child developmnet,largely because of the rapid growth of the brain during this time (Cohen, 2009). infants therefore need maximum stimulation in order to develop maximumly health wise. If a baby does not start out well or get enough mental stimulation due to traumatized condition of the mother, the baby's whole life may be influnced for the worse (Cohen,2009). This is true in the sad cases of infants attention, or whose developing brains were damaged.For Mount Elgon Sub-Counties. The effect was not only realised during the foestus stage but also during neonate, infant and early childhood development.

Developmental state of pre-school children of traumatized and non-traumatized mothers

This section tries to reveal the developmental state of the children born to traumatised and non-traumatised mothers in MountElgon Region before 2007, during 2007-2008 period and after 2008.

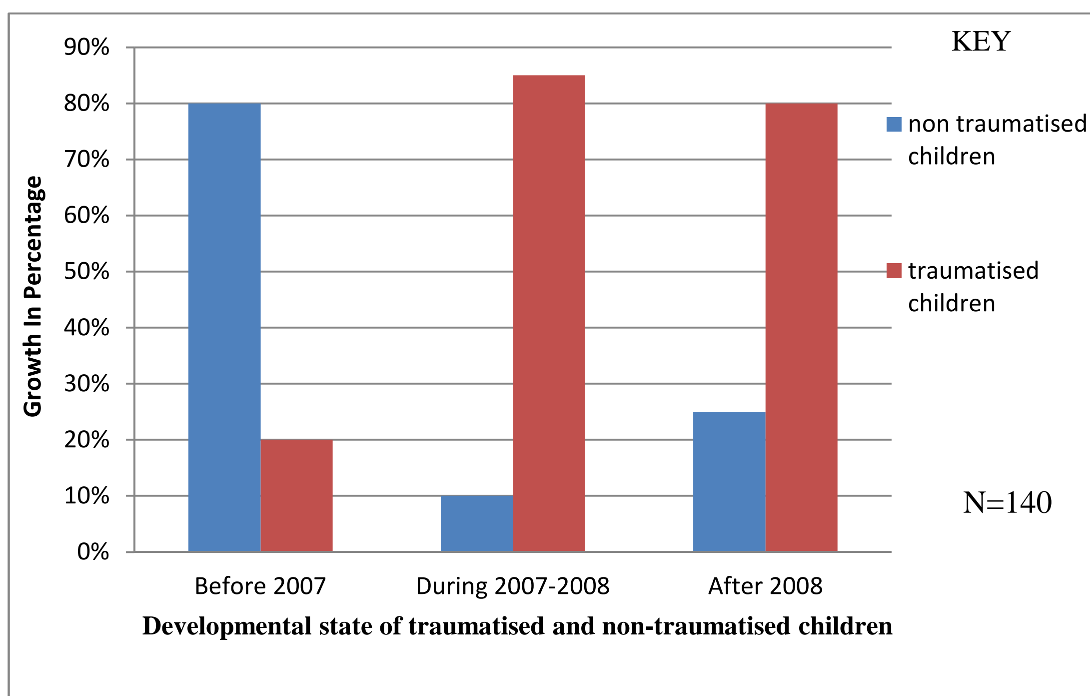

Figure 1.5: Traumatised and Non-Traumatised mothers of pre-school Children

A Chi-square test of independence done on the respodents indicated that there was highly significant ($p<0.01$) relationship between developmetal status of traumatised and non-traumatised children and the period they were foetus ($x^2_{2,0.01}=36.75$). the result indicate that traumatised children born before 2007 were 20%, between 2007-2008 were 85%, after 2008 were 80% and non-traumatised children born before 2007 were 80%, during 2007-2008 were 10%, after 2008 were 25%. This results concures with the secondary data of the medical records which indicated many traumatised mothers during 2007-2008 period. The findings from FGD also reveals the same results and mainly from Cheptais District. The results are also supported by the data on displaced antenatal mothers who were spread all over Mt. Elgon region with the majority being from Cheptais District. This confirms that there were expectant mothers who were traumatised in Cheptais, Mt.Elgon Region of Bungoma County. Accoridng to Lou (2004), trauma affects women's and girls physical health and mental health 85% of the children born to traumatized exepectant mothers failed to show some motor reflexes and automatic behaviours that are usually exhibited by all new born children such as sucking, swallowing, grasping, startling and rooting (turning towards the touch on the cheek or forer of the mouth) as explained by thier mothers during the interview and Focus Group Dissicusion (FGD) sessions. This non–traumatized mothers did not experience the same with thier children. Carole, (2000) quips that some of these reflexes eventally allow the child to find the the breast or bottle, turn the head towards the stimulus, grasp tightly finger pressed on thier tiny palms. With the absence of these behaviours during neonate and infanty stages of the babies, it was an indication of under-developement of the children born to traumatized mothers. Carol, (2000) also reinforces the same by suggesting that babies are also equipped with a set of inborn perceptual abilities. They can see, hear, touch, smell and taste whichever or whatever comes thier way. In case they are not able to do thta as was the children born to traumatized mothers as was revealed during interview as opposed to children who were born to non-traumatized. The revelation justified the compromised social , emotional and cognitive development of the infants born to traumatised mothers (Sichari,2014).

Interventional Strategies

The public should be made aware of the need for social, psychological, health, metal, economical and physical care of the expectant mothers. They are delicate human beings by virtue of being expectant. Retrogressive cultural practices and attitudes amongst the communities and families should be controlled or managed well during the nine months gestation period. The population should be sensitized on disaster preparedness. During the family or community conflicts, the traditional or modern protection mechanism should be employed to safe guard the antenatal mothers.

CONCLUSION

The outcome of the study on developmental differences between children born to traumatized and non-traumatized mothers and their pre-school children, who were foetues during trauma period in Cheptais and Mount Elgon sub-counties, indicates negative normal growth of the children. The results indicated that the growth of majority of the children born before 2007 to both traumatized and non-traumatized mothers was good. Majority of the children indicated normal developmental milestones. However, the results of the children born during the early (April),2007 and by may 2008 had numerous varied developmental problems such as mood swings, hypoactive, hyperactive, temper tantrum, aggressive, withdrawal, irritability, depressed, anxiety, scared and always angry. This suggests that the growth of majority of children born between 2007 and 2008 during the Sabaot Land Defence Force atrocities was improper due to the negative conditions favouring traumatization of their mothers while expecting them. The children rarely displayed happiness and friendliness.

From the evidence of the study, the effect of the mothers' trauma interfered with the normal growth of the children they were expecting.

RECOMMENDATIONS

- The county or national governments should come up with policies that will minimize the exposure of expectant mothers to any kind of traumatizing agents.
- The training of pre-school teachers should incorporate early identification of poor developmental milestones and early intervention strategies.
- Guidance and counseling should be made mandatory subject in all tertiary and higher learning institutions.

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