Early Childhood Before, During and After War and Displacement in Northern Uganda

AUTHOR: Teresa McElroy

Introduction

The rapidity and sensitivity of ~~early~~ brain development in the very young makes early childhood the most critical period in the human lifespan. Consequently, ~~T~~the conditions experienced in the earliest years of life ~~can~~ have a profound and enduring impact on future health and developmental trajectories (Center on the Developing Child at Harvard University 2010; ECDKN 2007a; ECDKN 2007b; Engle et al, 2007, 2011; Grantham-McGregor S, 2007; Hertzman et al, 2010; Margolin & Gordis 2000; Meaney 2010; National Scientific Council on the Developing Child 2007; Shonkoff, Boyce & McEwen 2009; Szyf 2009; Walker et al, 2007, 2011; Young & Mustard, 2008). When children do not experience nurturing environments there can be repercussions not only for the development of the individual but also for the development of sustainable, peaceful and equitable societies (ECDKN, 2007a). Yet all too often young children are exposed to conditions that do not meet their most basic needs for health and development. War is one such condition.

This thesis presents a case study of war and displacement as social determinants of health and development for young children in Northern Uganda. This first chapter will introduce the reader to the general context of children who live in conditions of war and displacement and highlight why early childhood is such a~~o~~ vital ~~a~~ phase in human development. Further, it will provide background information about the complex situation in Northern Uganda, outline the research objectives, and justify why the qualitative research methodology was the appropriate approach for the study.

1.1   War, displacement and children:

There are approximately 26 million internally displaced people globally. These are people who remain within their own countries but have been forced to leave their homes due to violent conflict, violations of human rights and/or generalized violence (UNHCR, 2008). The African continent, the region most impacted by internal displacement, has an estimated population of 11.6 million displaced people, approximately half of whom are

children (UNHCR, 2008). These children are away from their home environments and without the social supports that typically provide routine and nurturance during the most critical stages of their development.

Displacement often occurs as a result of conflict.   Throughout the world there are currently more than 1.5 billion people living in countries which are experiencing violent conflict (World Bank, 2011). While there is debate over the veracity of wide-sweeping claims that 90% of modern casualties of war are civilians, data suggests that there are indeed high rates of civilian casualty in modern wars on the African continent, including Northern Uganda (Roberts, 2010). The toll on life and well-being is great when both the direct and indirect consequences of war are taken into account: combat violence and landmines are examples of the former, while the latter include mass population displacements; lost property; lost livelihoods; poverty; high disease rates and poor weak health systems; food insecurity/ under-nutrition; social collapse; psychological wounds; strained governments and political dysfunction; and increased violence and criminality (Roberts, 2010; Wessells and Edgerton, 2008). Violent conflict therefore has a profound impact on the development of both people and countries (World Bank, 2011).

A growing body of literature and research is highlighting the experience of children and youth living in conditions of violent conflict and displacement. Thise knowledge put forth has illustrated how children are deeply and holistically affected by violence; the loss of or separation from family members; caregivers who are themselves overwhelmed; the breakdown of social networks; disease; economic devastation; the destruction of basic infrastructures; and the loss of opportunities considered necessary for healthy development and well-being, such as education and training in the skills needed to earn a livelihood (Boothby, Strang & Wessells, 2006; Chatty, 2005; Boyden and de Berry, 2004; Machel, 1996; Wessells and Edgerton, 2008; Wessells & Monteiro, 2008). The risk that accumulates in such situations seriously threatens developmental outcomes (Wessells and Edgerton, 2008). At the same timeHowever, this body of work is also highlights ing children's resilience. As Boyden and de Berry (2004) explain: "…while it is difficult to exaggerate the horrors of war, it is quite possible to overuse concepts such as trauma. Young people's responses to war are revealed as multifaceted and nuanced; age is not necessarily the critical determinant of vulnerability, and even when profoundly distressed or troubled, the young frequently exercise remarkable resilience" (p. xvii).

This focus on resilience leads to the identification of factors that contribute to positive outcomes, such as unification with family, provision of culturally appropriate interventions, and promotion/maintenance of healthy daily routines such as education (Boothby, Strang & Wessells, 2006). Furthermore, it guides future research and action by stressing the importance of a balanced consideration of both risk and protection.

However, most of the research in this field highlights the experiences of older children in war, not the experiences of the very young and highly dependent, who essentially have no voice (Fonseca, 2008; Walker et. al. 2007). Exceptions include surveys of mortality, health and nutrition, which specifically target children under five and acknowledge their physical vulnerability (i.e. O'Hare & Southall, 2007; The Republic of Uganda Ministry of Health, WHO et. al., 2005). Additionally, studies conducted for the implementation of aid and development programs (Jones 2007; Wessells & Monteiro 2008; Wessells & Kostelny 2008) provide valuable insights into local child rearing practices, elucidate the social-ecological contexts of early childhoods lived during war, outline such children's needs as well as the risks they face, and suggest interventions that promote well-being. Wessells & Monteiro's (2008) ethnographic research in Angola concludes that "a high priority for the early childhood development (ECD) field is to extend its concept and practice to war zones" (p.319). Wessels and Edgerton (2008) acknowledge that the very youngest are amongst the most vulnerable in war, especially when caregivers become overwhelmed or prevented from providing effective care.

These types of research emphasize the need to focus on ecological approaches that encompass the multiple levels of influence on children (i.e. family, peers, and community). At the same time – and in light of documented evidence regarding the key role which early childhood plays in shaping an individual's life course (see section 1.2) – there is a clear scarcity of research that seeks a holistic understanding of the factors that affect infants and very young children in such complex and potentially high-risk environments (Walker, 2007). This research aims to address that gap.

1.2   Early childhood: setting the stage for the life course.

Early childhood is a critical period of human development, which sets the stage for learning, behaviour, social relations, and mental and physical health throughout the

lifespan. The first three years of a child's life are particularly critical because they are a time of rapid brain growth, during which young brain cells differentiate/specialize and connect through the stimuli of seeing, hearing, touching, moving, exploring, and being cared for and responded to (Grantham-McGregor et al., 2007). As a child's development is based on their personal experiences, the physical and social-cultural environments sculpt the emerging structure and functions of the brain and body (ECDKN, 2007; Young & Mustard 2008). The positive stimulation received in responsive and nurturing relationships, exposure to safe, supportive environments, and having physical needs such as adequate nutrition met (Center on the Developing Child at Harvard University, 2010; ECDKN 2007), facilitate "the ordered emergence of interdependent skills of sensori-motor, cognitive-language, and social-emotional functioning" (Engle, 2007, p.229). If children fulfill develop to their potential, they are well positioned to become healthy adults with the many competencies in many areas necessary to contribute to their own well-being as well as that of their families and societies (Center on the Developing Child at Harvard University, 2010; ECDKN, 2007; Hertzman et al. 2010).

[NOTE: I would move 1.2.4 The biological basis of developmental outcomes here]

1.2.1   Risk and outcomes:

The literature conservatively estimates that worldwide, more than 200 million children who are under the age of five, and live in developing countries (such as Uganda) fail to reach their developmental potential (Grantham-McGregor et al., 2007). Research demonstrates that a number of significant risk factors can undermine these children's development, including poverty, malnutrition, poor health (infectious diseases such as malaria), and psychosocial factors (excessive stress, exposure to societal violence, maternal depression, a lack of stimulation, and inadequate social interaction in the home environment) (Grantham-McGregor et. al, 2007; Walker et al, 2007, Walker et al, 2011).

Poverty: The socioeconomic environment is a pervasive and fundamental determinant of early childhood development and an inequitable distribution of socioeconomic resources results in inequities in early child development both in and between societies (ECDKN, 2007a; ECDKN et al., 2007b; Hertzman et al., 2010). A ubiquitous gradient effect exists such that whereby with every degree of improvement in socioeconomic status translates into there is , there is a corresponding degree of ent prospect for improvement in a d child's development outcomes (ECDKN, 2007; Hertzman et al., 2010). This is due to the

fact that children ~~of families~~ of lower socioeconomic status are more likely to live in environments~~, and have experiences,~~ that ~~which~~ are less nurturing. ~~For instance, a~~ A number of studies have demonstrated that poor children living ~~in poverty~~ with conditions such as inadequate food and poor hygiene and sanitation have an increased risk of adverse experiences such as infection and stunting (reduced height for age) (ECDKN 2007; Grantham- McGregor et al., 2007). Mothers living in poverty~~,~~ have been found to have lower levels of education, higher levels of stress, and more ~~are at higher~~ risk of ~~for~~ depression (Shonkoff & Phillips, 2000 in ECDKN 2007). Poverty has also been associated with lower levels of stimulation for children. In an analysis of cross-sectional and longitudinal studies from developing countries, children living in poverty consistently demonstrated substantial development deficits when compared to children who lived in circumstances of greater affluence (Grantham- McGregor et al., 2007). However, poverty is not a life sentence. A study conducted by Willms (2002) showed that there were no socioeconomic gradient effects in cognition and behavioural outcomes when ~~of~~ children ~~if they~~ experienced quality interactions such as having good social support~~,~~ or being read to regularly ~~-~~(Young and Mustard, 2008).

Malnutrition: Research has consistently associated moderate or severe stunting due to malnutrition with lower cognitive and educational achievements (Grantham- McGregor et al., 2007; Walker et al., 2007, 2011). As noted by Alderman and Engle (2008), malnutrition impacts the development of cognition in two ways: firstly, children who are malnourished are less likely to interact with/seek out stimulation from caregivers and their environment, which limits their learning, ~~;~~ and~~;~~ secondly, malnourished children may have a diminished capacity to learn because of the impact of the lack of nutrients on the brain. Micro nutrient deficiency can also have long-term impacts. For instance, numerous studies on iron-deficiency anaemia in infants have shown short-term impacts on neurophysiologic, mental, motor, and social-emotional functioning and there is consistent evidence demonstrating that developmental risks may persist ~~despite~~ even when ~~deficient~~ the infants receive iron supplementation (Walker et al., 2007,2011).

Disease: Infectious diseases such as HIV/AIDS, diarrhoea and malaria can also impact child development and outcomes in different ways: Firstly, organisms that infect the brain can directly cause focalized or extensive damage leading to neurological impairment. Nutritional status and growth can be impacted through a loss of appetite

and/or alterations in the body's capacity to retain and absorb nutrients. Furthermore, infectious diseases, particularly when they occur repeatedly, can decrease the exploration or stimulation seeking behaviours needed for healthy development. In Sub Saharan Africa, malaria is responsible for up to 40% of the paediatric admissions to health facilities (Walker et al., 2007) and new studies are linking repeated malarial attacks to functional outcomes such as lower ~~poorer~~ scores on cognition tests ~~of cognition~~, grade repetition and lowered primary school completion rates (Walker et al, 2011). Lastly, when caregivers get infectious diseases~~,~~ such as HIV, children's risks for poverty, orphan hood, abandonment and disrupted care-~~-~~giving increases (Walker et al, 2011).

Lack of stimulation and interaction: Young children need positive interactions as well as age-appropriate sensory (i.e. object play) and social-emotional (e.g. attentive, responsive care giving) experiences to stimulate healthy brain development. These experiences affect particular circuits in the brain during developmental stages or "sensitive periods" and neurological processes build upon each other as they become more sophisticated (ECDKN, 2007; Glaser, 2000; National Scientific Council on the Developing Child, 2007). The sophistication of sensory and social emotional experiences therefore needs to increase as children mature in order for them to fulfill their developmental potential (ECDKN, 2007; National Scientific Council on the Developing Child, 2007).

Children who are deprived of age-appropriate experiences ~~or undergo adversity~~ are less likely to fulfill their potential. As documented in the literature, childrearing necessarily focuses on protection and survival in extremely stressful circumstances such as severe poverty, food/water insecurity, disease epidemics, and wars/conflict. In these circumstances ~~C~~caregivers are under great pressure from a lack of resources, too many responsibilities, or their own compromised mental and/or physical health. As a result, they can be rendered unable to ~~be~~ fully respond ~~sive~~ to their children's needs and provide them with adequate stimulation behaviour (Evans et al., 2008).

Studies of children raised in developing country orphanages who were later adopted into nurturing families dramatically demonstrate the neural damage~~d~~ caused by stimulatory deprivation. The damage increases in relation to the length of the deprivation,

concurrently increasing the likelihood of long-term impacts. This occurs even when the children are adopted into nurturing families. The earlier the age of adoption, the better the long-term outcomes in terms of intelligence, school performance and behavioural measures (Engle et al., 2007; Noble et al., 2005; Young & Mustard, 2008, Walker et. al; 2011).

Although the brain remains flexible (or plastic) to new learning and/or remediation throughout the life course, neural processes which are easily acquired through appropriate stimulation in the early years are much more difficult to develop or correct later in life. In other words, it takes considerably more effort, resources, and time for an adult to develop neural processes, which come naturally to a child in typical, nurturing conditions (National Scientific Council on the Developing Child, 2007).

Exposure to violence: According to UNICEF, children aged 0 to 4 are the most at risk for experiencing violence. (Bissell, Heissler, Keane and Ulkuer, 2011). High levels of stress can escalate violence within families (Fonseca, 2008) and have profound impacts on children. In the most severe cases, violence can lead to the young child's physical impairment and even death. Evidence is also mounting which demonstrates that childhood exposure to violence is associated with: altered mental and physical health; delays or regressions in developmental attainment; impaired social relations; limitations to learning and academic achievements; behavioural disorders (i.e. aggression, delinquency); emotional disorders (i.e. depression, anxiety, post-traumatic stress); altered worldviews, and; impeded moral development. Essentially e

Exposure to serious violence at a very young age has long-term repercussions and can inhibit children's future development into healthy, peaceful adults (Fox and Shonkoff, 2011; Glaser, 2000; Margolin & Gordis, 2000; UNICEF, 2006). A new study of violence conducted in six countries around the world, (one being Rwanda, Uganda's neighboring country) has shown that when male children witness violence, they are significantly more likely to become men who commit violent acts (Contreras, 2011). Research that aims to explain such associations has begun to demonstrate that the experience of fear and chronic stress can adversely alter the growth and functioning of the brain, particularly in the amygdala, the hippocampus and the prefrontal cortex (Fox and Shonkoff, 2011).

Impairments associated with risk factors: If children experience the previously described such adverse circumstancesity as thus far described, it can cause a broad range of deficits (physical, social-emotional and cognitive) to appear in early childhood, impeding the capacity for developmental processes to build on each other. Consequently, the deficits can increase in severity across the life span (Grantham-McGregor et al. 2007).

Furthermore, "developmental and biological disruptions during the prenatal period and earliest years of life may result in weakened physiological responses (e.g., in the immune system), vulnerabilities to later impairments in health (e.g., elevated blood pressure), and altered brain architecture (e.g., impaired neural circuits)" (Center on the Developing Child at Harvard University, 2010, p.2). These disruptions are strongly associated with Attention Deficit Disorder and other psychiatric conditions (i.e. depression, and anxiety disorders) as well as physical diseases (i.e. such as diabetes and heart disease) (ECDKN 2007; Young & Mustard, 2008; Shonkoff et al, 2009).

When children do not reach their developmental potential, they are less likely to stay in school and their academic performance and retention rates drop. This diminishes their capacity to fulfill their potential and commonly reduces wage-earning prospects later in life (Irwin et al., 2007; Young & Mustard, 2008; Grantham- McGregor et al., 2007; Fonseca, 2008). Children of poverty who remain poor throughout their lifespan are likely to have more children than they would otherwise and have a reduced capacity (time, education, resources, skills and knowledge) to promote their children's health and well-being (i.e. provide good nutrition, access to health care, educational opportunities and experiences which stimulate appropriate cognitive development) (Garcia, 2008; Grantham- McGregor et al., 2007). This serves to perpetuate the cycle of disadvantage and poverty. When the lives of a large percentage of a country's population are bound by this cycle, it impacts that country's development as collective society (ECDKN, 2007, Jaramillo et al, 2008).

1.2.2   The impact of context and culture on development:

From the moment they begin to develop as a fetus, humans are biologically programmed to adapt to the conditions of their environments. Traits that can be protective in one context or in the short term, can pose a risk for adverse outcomes in other contexts or in the long term. Research therefore does not – and should not – suggest that there is one

single correct approach to protecting or nurturing~~e~~ children. Rather, it acknowledges that context must be considered (Meaney, 2010) and that the conceptualizations and contextual realities of early childhood are diverse and influenced by culture**.**

All children share the biological basis for development. There are universal survival needs that have to be met such as the need for food and protection from physical harms. At the same time, there is a high degree of variability in the beliefs, morals and~~,~~ practices which ~~, who~~ guides various aspects of childrearing~~,~~ as well as the knowledge sets and holistic environments that mould young children —and in turn determine what life outcomes are desirable and actualized (Lee & Johnson 2007; Kostelny 2006; Nsamenang 2008). The field of cultural psychology highlights culture as being the most important system in ~~side~~ which development occurs and describes development as a process of growth into a culture or into the social role of group member- (Lee and Walsh, 2001 in Lee & Johnson 2007). However, culture is also necessarily fluid and responsive to changing contexts (Lee & Johnson 2007).

Research and programming on early childhood must recognize divergent cultural ideologies that impact childrearing practices (Cabanero-Vervosa & Elaheebocua, 2008; Levine, 2004; Nsamenang, 2008). For instance, research conducted in non-Western cultures has disputed the commonly held view that the child-mother relationship is supreme in terms of providing a blueprint for children's social emotional development. The singular child-mother relationship is less fundamental in cultures which routinely employ ~~practice~~ communal care-giving practices, such as having older-children care for infants and the very young (Harkness and Super, 1992; Mann, 2004; Weisner, 1977). There is evidence that young children form strong and healthy attachments with sibling caregivers. In addition, research indicates that older children who care for the younger display nurturing, responsible and pro-social behaviours at an earlier age than children who do not have this opportunity (Aptekar, 1988; Harkness and Super 1992; Gegeo 1991; Weisner 1984, 1987, 1989; Whiting and Edwards 1988; Whiting and Whiting 1963 in Mann 2004).

In aiming to understand the why, what, how and whom of the child's earliest life experiences it is therefore critical to explore local perspectives on care-giving through a broad ecological lens.

1.2.3   Positive Adaptation and Resilience:

'Children who recover from a period of adversity or maladaptation have either a solid foundation on which they can rely, increased supports and decreased challenges, or, more often, both' (Sroufe, 2005, p. 364).

There is increasing recognition that it is not only important to study the factors that put children at risk for development impediments – it is also important to examine the factors that facilitate positive adaptation under adverse circumstances; a process referred to as "resilience" (Cinccetti, 2010). Current research has associated a number of factors with positive adaptation. One is the~~se is~~ ~~presence of~~ close, attentive, and responsive relationships with caregivers and family members (Cinccetti, 2010; Boothby et al, 2006). These relationships enable infants and young children to form healthy emotional and physical bonds with their caregivers, which is known as secure attachment. The presence of the bond allows the child to rely on the caregiver as a safe base from which to explore the environment and over time the child comfortably moves further away from the base in attaining self-sufficiency. In a 30-year study conducted among a vulnerable population in the USA, it was found that children who were resilient consistently had histories of secure attachment as infants (Sroufe, 2005).

A functional, supportive social network can mediate a young and dependent child's experience of war and displacement and mitigate the often extreme challenges of those experiences by soothing the child~~,~~ as well as offering the child protection and normalization. Furthermore, the network supports a child by ~~through~~ meeting basic needs; providing structure, ~~and reliable routines of~~ regular stimulation, guidance and instruction (which fosters skills and competencies), and; ~~and~~ serving as an access point ~~for~~ to resources in the broader environment, including healthcare, education, and social connections within the community (Boothby et al. 2006, Ager, 2006). It is for these reasons that family reunification has been prioritized for children in war zones as a key means to decrease young children's vulnerability and promote resilience (Boothby et al. 2006).

1.2.4   The biological basis of developmental outcomes:

Fields such as developmental psychobiology, neuroscience, genomics and epigenomics, have revolutionized our understanding of the mechanisms by which early experiences affect life-long development. Researchers have proposed two means (at least) by which risk alters outcomes: the cumulative harm of experienced adversity across time, and biological mechanisms that embed adverse experiences in the brain at sensitive developmental points (Kuh & Ben-Shiomo, 2004 and Keating and Hertzman, 1999 in Shonkoff et al, 2009).

Current research reveals that the contexts in which children live and the experiences they have interact with their genes through a chemical process called (epigenetics) to chemically imprint the child's genome structure (Meaney, 2010; National Scientific Council on the Developing Child, 2010). Regardless of whether the chemical imprints are transient or permanent, they alter the ease with which genes can be turned off or on. This in turn impacts genes' the short or long-term expression and the genomic alternations can be passed on to future generations (National Scientific Council on the Developing Child, 2010). For example, if a child has recurring adverse experiences of high stress and/or malnutrition, it can leave epigenetic markings on particular gene sets which change the functioning of the brain and other critical organ systems, thereby altering how the child responds to adversity in the long term (Szyf, 2009; National Scientific Council on the Developing Child, 2010). This can increase the risk of poor physical, cognitive, and/or social-emotional outcomes for that individual as well as his or her future offspring.

The same epigenetic mechanisms act when a child has positive experiences. If a child has exposure to nurturing, stimulating environments it can lead to epigenetic changes that provide a basis for successful learning and interaction in the future (National Scientific Council on the Developing Child, 2010). Certain genes can only be altered during specific periods of early development, while other epigenetic changes can occur across the lifespan (National Council on the Developing Child, 2010). This plasticity suggests that even though epigenetic changes can last across the lifetime, they have the potential for reversibility through intervention therapies or drug treatment. However, the investigation of which interventions would achieve such reversibility is an area of research requiring further study (Szyf, 2009).

1.3   Northern Uganda: war, displacement and its aftermath…

1.3.1   The experience of war and displacement:

Uganda has been impacted by cycles of repeating violent conflict since before colonial rule (Dolan, 2009). This research focuses on the war fought in the north between 1986 and 2006. The Acholi were the primary Ugandan ethnic group involved in and impacted by ~~in~~ the war. It began when the current government, the National Resistance Movement (NRM), first seized power in 1986 from the Acholi-dominated government and northern Acholi insurgent groups rose up in opposition (Refugee Law Project, 2004). These insurgents had a number of incarnations in the early years but the last and most enduring was the rebel group called the Lord's Resistance Army (LRA), which was led by Joseph Kony. The LRA, which was composed of both conscripts and volunteers, brought forth agendas that were political, religious and spiritual to motivate continued conflict and violence for more than 20 years (Dolan, 2009). The prolonged war was politically complex and vicious. In referencing the numerous authors who have written detailed accounts of the history, politics and nuances of the two-decade war in Uganda, this thesis focuses on those aspects most pertinent to care-giving and the environment of early childhood (Allen, 2006; Dolan 2009; Finnstrom, 2008; Gersony 1997; Refugee Law Project, 2004)

From the earliest days of the war, civilians were subjected to the destruction and looting of ~~their~~ life-sustaining familial resources such as crops, cattle, and livestock. ~~Community resources such as health and educational infrastructure were destroyed, but initially~~, ~~g~~Government forces were initially the primary focus ~~targets of most~~ of ~~the~~ LRA violence, but it soon began to target community resources such as health and educational infrastructures. ~~direct human violence committed by the LRA. However, i~~In the early 1990s, the rebels intensified their targeting of civilians by ~~by resorting~~ to mutilating many ~~on~~ to warn them ~~as a warning~~ not to ~~against~~ speaking out against the LRA~~,~~ or ~~taking~~ side with the government (Dolan, 2009). The violence decreased briefly between 1992 and 1994, but intensified again in 1995 with massacres and mass abductions initiated from LRA bases in Sudan that were supported by the Sudanese government (Gersony 1997; Finnstrom, 2006; Refugee Law Project, 2004). The LRA terrorized the Acholi people, looting or destroying community infrastructures and ~~Using~~ waging unpredictable and brutal attacks on unprotected people going about their daily lives in villages, schools, camps, roads, and health centers.~~, the LRA terrorized the Acholi people and stole or~~

~~destroyed community infrastructure.~~ Violence against personhood was also rampant and included ~~ing~~ rapes, beatings, and murder. As the LRA had few human resources to fuel the lengthy conflict, it built and maintained ~~an army~~ its numbers through abducting Acholi people, many of who were children and youth.

In 1996, the Ugandan government formally established 'protected villages' or internal displacement camps in urban or central rural gathering areas throughout the north. In the years to follow, many fled to such camps in search of safety. However, even more were forcibly displaced into them as the government gave many Acholi civilians only days to collect their lives and move themselves and their families to the camps before the military violently enforced relocation (Dolan, 2009). As camp numbers grew, relief agency involvement in the Ugandan conflict escalated from five at its start to more than 60 by the end of 2000 (UNOCHA, 2001).

The government's stated objective for the camps was to maintain military detachments that would protect the northern civilian population. Unfortunately, that protection frequently did not materialize because ~~the~~ its military forces were too few in number; were under-motivated and under-trained; and were too slow to respond, if they did respond at all. Camp occupants were not only victim to ~~LRA rebels waged~~ continuing LRA attacks, but to attacks ~~on the camps that involved raiding, looting, destroying property, vicious personal attacks, and abductions. P~~perpetrated ~~ors of attacks on~~ by ~~civilians were not only rebels, but also the~~ members of trained government units tasked to protect them, as well as fellow civilians (Dolan 2009; FEMRITE 2008; Finnstrom 2006; Refugee Law Project 2004; Spittal et al. 2008). Insecurity persisted to ~~The insecurity experienced by people in camps drove many to~~ cause multiple displacements as people were driven to ~~they~~ moved from camp to camp and/or to towns in search of safety (Falk, Lenz, Okuma, 2004).

In 2002 the Ugandan and Sudanese governments established an agreement that allowed the Ugandan military to enter southern Sudan in order to attack LRA bases. The operation, termed "Operation Iron Fist", drove ~~the~~ LRA forces which had moved south back into northern Uganda and spurred retaliation ~~and deeply intensified civilians' suffering~~ (Dolan, 2009). ~~In retaliation, t~~The LRA expanded the war in 2003, moving into previously unaffected northern regions and substantively increasing the violence and

abductions of civilians. It has been estimated that 66,000 Acholi between the ages of 14 and 30 were abducted during the war (Annan et al., 2008). As ~~With~~ suffering and insecurity in the camps became more severe~~heightened~~, ~~even further,~~ displacement ~~there was~~ **intensified [again intensified]**~~cation of displacement~~. At night, thousands of unaccompanied children would flee their homes in search of safe places to sleep - becoming known as the "night commuters". Walking for kilometers to populated areas, they crowded into stadiums, hospitals, churches, under private verandahs and later on, into established shelters – any place they could find where they could sleep and hopefully evade abduction and survive (Falk, Lenz, Okuma, 2004).

Displacement continued to escalate and by the end of 2005 it was estimated that up to 2 million, or approximately 90% of the northern population, were living in camps (The Republic of Uganda Ministry of Health, WHO et. al., 2005). The raids on property and forced internal displacement had combined to render many of the northern Acholi economically destitute (Gersony, 1997, Dolan 2009). Reports on the camps frequently stated that they were seriously overcrowded (with little more than foot paths running between shelters), unhygienic (lacking clean water and adequate latrines), and without essential infrastructures. The occupants ~~displaced people in the camps~~ were frequently hungry, abjectly poor, and forced into dependence ~~up~~on international organizations and agencies that distributed ~~handing out~~ basic provisions (Dolan, 2009; FEMRITE, 2008; OXFAM International, 2008; Refugee Law Project, 2004; The Republic of Uganda Ministry of Health, WHO et. al., 2005, UNHCR, 2007a). The consequent high incidence of malnutrition, infectious diseases (including serious outbreaks of Ebola and meningitis), violence and mental health issues in the north were documented as being higher than national averages (Republic of Uganda, 2007). But while many reports and studies highlighted the disabling impact of war and displacement on the population (Accorsi et al, 2005, Bayer et al, 2007; Bolton et al 2007; De Jong et al. 2003; Jamal 2003; Neuner et al 2004; Olekea, Blystadb, Bjørn Rekdala, 2005, World Health Organization, 2006; UNDPCSD, 1996; UNHCR, 2004; UNHCR, 2007; Vinck, 2007), there were also reports of tremendous resilience (i.e. Blattman, 2008) which deserve acknowledgement.

Furthermore, the people living in camps largely lacked access to their lands and homes

due to distance, curfews, total bans on movement, and the risk of landmines or being attacked by fighting forces should they attempt to go back home.   People were thus struggling or unable to assume traditional productive roles such as farmers, ~~agriculture,~~ livestock managers, ~~ment,~~ hunters, ~~ing~~ and gatherers ~~ing~~ (Dolan, 2009; McElroy et al 2011; UNHCR 2007a). Under such circumstances social and cultural breakdown was rampant. Parents were understandably challenged in terms of their ability to nurture their children ~~on~~ at the most basic level as well as their ability to teach their children the traditional values and practices, that had ~~which~~ sustained their people for generations (McElroy et al. 2010; Refugee Law Project 2004; Spittal et al. 2008). At home in their villages they were surrounded by kin, but displacement brought untenable living environments populated by strangers. For example, in 1998 the population of Pabo camp included people from 28 clans and 121 villages (Dolan 2009).

~~Between the raids on property and forced internal displacement, many of the northern Acholi became economically destitute and unable to successfully meet the needs of their families (Gersony, 1997, Dolan 2009). While many reports and studies highlighted the disabling impact of war and displacement on the population (Accorsi et al, 2005, Bayer et al, 2007; Bolton et al 2007; De Jong et al. 2003; Jamal 2003; Neuner et al 2004; Olekea, Blystadb, Bjørn Rekdala, 2005, World Health Organization, 2006; UNDPCSD, 1996; UNHCR, 2004; UNHCR, 2007; Vinck, 2007), there are also reports of tremendous resilience (i.e. Blattman, 2008) which deserve acknowledgement.~~

The violent conflict in northern Uganda finally ceased in 2006 with the signing and renewal of a cessation of hostilities agreement between the government and the LRA rebels (Dolan, 2009). The final peace agreement was ~~ultimately~~ not complete until it was signed by the rebel leader Joseph Kony **in GIVE YEAR** (Machar, 2008). However, t~~T~~he Lord's Resistance Army remains active today and continues to inflict terror in other African countries.

1.3.2   The aftermath of war and displacement.

When conflict ceased in the north, the Acholi people were skeptical about the success of the peace process. ~~Numerous p~~ Previous efforts ~~for~~ at peace had failed and fighting had always resumed after lulls, usually with an escalation of civilian casualties. There was no immediate mass movement back to homes in the northern Acholi districts, because

people feared that if they went on their own, they could be accused of rebel collaboration or pushed back by military forces. So, they waited for a clear message from the government that returning home was allowed (Dolan, 2009). Some of the population moved to decongestion camps, that ~~which~~ had ~~were~~ finally been established in late 2006 after being called for numerous times.

Post-conflict transitions are often reported to be as difficult as living through active conflict (Machel, 2001; Wessells and Monteiro, 2008). The impacts of violence – such as profound loss, or ~~as well as~~ emotional and mental health scars – persist. ~~ensue.~~ At the same time, returning home and/or rebuilding presents new stresses such as land disputes and unexploded **ordinances regarding ~~in~~ return sites [land ordinances]**. There can be a loss or diminishment of livelihood skills due to prolonged dependency in camp settings. Return sites can also lack infrastructures such as health centers and schools; if such infrastructures existed in the past, they were likely to have , been destroyed during ~~in~~ war or to have fallen into disrepair. In addition, the p~~P~~ersonnel responsible for their upkeep ~~for such facilities~~ may have perished or relocated. As a result, the G~~g~~overnance of communities can be strained and rates of poverty and unemployment can be high (Machel, 2001; Wessells and Edgerton, 2008).

As previously mentioned, by the end of the twenty- year~~s~~ Northern Uganda conflict, up to 90% of the population had been displaced into "protected villages" or camps. Many had lived in these camps for prolonged periods of time, most for more than a decade. Transitioning back to rural agricultural subsistence living after ~~following~~ such a prolonged period of displacement was neither simple nor straightforward ~~linear~~ (Oxfam, 2008). Rather~~Not surprisingly~~, the process of repatriation and reconstruction, which was still ongoing in 2009-10 when this research was conducted, was complex, arduous and protracted.

A conceptualization of population mobility advocated by a~~A~~ study of HIV/AIDS in mobile populations is relevant to the post-conflict movement of Northern Uganda's population. This ~~advocated a~~ conceptualization views ~~of~~ population mobility as a dynamic process with diverse manifestations that impact ~~the~~ a populations' vulnerability (Bronfman et. al. 2002). ~~This conceptualization is relevant to the post-conflict movement of Northern Uganda's population.~~ — When the war in Uganda ended, L~~l~~ife circumstances had

changed for many. Some found themselves with nowhere to return to~~,~~ or physically unable to return to their community on their own. The majority who decided to return to their villages had to rebuilt or repair ~~found that~~ resources and infrastructures. ~~had been lost or destroyed. Rebuilding required~~ This required considerable time and a great effort, but it had to be done before they could relocate their children. Consequently, during transition, many Northern Ugandans were moving back and forth between the camps (which provided them with ~~with their~~ services and infrastructures) and the fallow regions that had to be rebuilt in order to become liveable (AVSI 2010, Oxfam, 2008).

1.4   Conceptual model guiding the research

~~The conceptual model used to guide the thesis's direction of inquiry was t~~The Total Environment Assessment Model for Early Childhood Development (TEAM-ECD) **used [OR created]** by ~~from~~ the World Health Organization Commission on Social Determinants of Health Report on Early Childhood Development was the conceptual model that guided this thesis's inquiry into the multiple levels of influence affecting the children of northern Uganda (ECDKN 2007b). This model, which is ~~(~~based on an ecological paradigm, ~~)~~ posits that early childhood development is influenced by ~~results from~~ interactions between ~~among~~ the child's biology and the multiple environments that surround or embed the child (ECDKN, 2007b). Conceptual models such as TEAM-ECD that ~~Conceptual models tha~~t recognize environmental factors~~, such as TEAM-ECD,~~ are fortunately gaining recognition for the ~~ir advancement of~~ knowledge and understanding they advance regarding ~~of~~ the holistic needs of children affected by conflict (Boothby et al, 2006; Wessells and Monteniro, 2008). ~~The model informed this doctoral study by guiding the investigation of the multiple levels of influence acting on children in northern Uganda.~~

1.5   Study Objectives

1.5.1   General Objective:

To explore the knowledge, attitudes, beliefs, practices and observable behaviours pertinent to ~~of~~ early childhood (0-36 months) in a population impacted by conflict and displacement in northern Uganda.

1.5.2   Specific Objectives:

- To explore Acholi caregivers' and leaders' perceptions of young children's

health and development in terms of: 1) holistic needs (physical, social, emotional, cognitive) and protective factors, ~~,~~ 2) threats, barriers or risks to development, and; 3) short- and long- term outcomes when needs were not met or there was exposure to risks.

- To understand the cultural and traditional beliefs, knowledge and common practices that impacted ~~in~~ the care of young children. To this end, a ~~P~~particular emphasis was ~~to be~~ placed on daily care routines, nutritional practices, and techniques for promoting child health and development.
- To present ~~reveal~~ retrospections ~~and perceptions~~ on the impact that ~~of~~ war and displacement had on young children and caregivers.
- To examine ~~describe~~ the post-conflict, post-displacement transition in a manner that ~~,~~ focuses ~~ing~~ on young children, ~~and~~ caregivers and the factors that promote or ~~and~~ hinder ~~early childhood~~ health and development in early childhood.
- To formulate recommendations for policy and practice guidelines that focus on protecting hard to reach, vulnerable, children during war and recovery.

1.6   Justifying the research approach:

Qualitative research methods were employed as they allow researchers to capture complexity. As noted by Colson (2007), an anthropologist and ~~scholar~~academic expert on ~~of~~ forced migration, complexity is a defining feature of internal displacement. Furthermore, such methods allow for the in-depth exploration of themes as they emerge, as opposed to testing and measuring pre-conceived concepts and standards. This is important for researchers who aim to explain ~~in situations where explanations fo~~complex and changing ~~r~~ behaviours ~~are complex and changing, or are not well understood at the start of a study~~. Done well, qualitative research reveals the issues that are most vital and relevant to study participants and facilitates the ~~allows for~~ expression of dominant perceptions (Boyden & de Berry, 2004). As there is currently a dearth of research on the factors that affect very young children in the complex and potentially high-risk environment of war and displacement, a qualitative approache~~s~~ was seen as suitable for this research project. ~~were most appropriate to begin to contribute to this understanding.~~