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Wartime children's suffering and quests for therapy in northern Uganda

Akello-Ayebare, G.

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Part I

Research problem, theoretical approach, and research methods

The two chapters which constitute Part I of this thesis present the study's research problem, theoretical approach, and research methods. In Chapter One, I provide an analysis of the prolonged civil war in northern Uganda, and the statement of the problem for this study. I will first shed light on the complexities of the civil war in northern Uganda, and will follow by making explicit issues related to the provision of healthcare services in wartime.

The phenomenon of armed conflict is linked to the suffering and healthcare issues confronted by wartime children. For clarity in this study, 'suffering' is used to indicate an illness experience, and 'healthcare issues' are those which are pertinent to the prevention, diagnosis, and management (including self-diagnosis and self-medication) of forms of suffering – whether caused by infectious diseases or emotional distress – in the context of an adult centered, market oriented and pluralistic healthcare system. I attempt to give a proximal account of the civil war by privileging the voices of people who have known the direct and indirect effects of war in northern Uganda. A proximal account implies an experience-near viewpoint about the thematic issues addressed in this study. The macro-context provided leads to the statement of the problem, addressing issues in the provision of healthcare services to wartime children of primary school age.

This study draws from different disciplines such as biomedicine, development economics, medical anthropology, phenomenology, psychiatry, and psychology, in order to explain children's suffering. Some of these disciplines approach their field of study primarily from *etic* perspectives since they are concepts and categories developed from *outside*; indeed, children frequently refer to their illness experiences in different ways, sometimes using biomedical terms including malaria. It is believed that *etic* perspectives have meaning for scientific observers while *emic* views have meaning for *insiders*. In this anthropological study, therefore, *etic* perspectives will be acknowledged, though *emic* or insider points of view will be privileged, so that when children regard their experiences as forms of suffering – but they are not recognised as such in existing healthcare disciplines – this thesis will still discuss them as forms of suffering.

The content of Chapter Two is organised into four sections: 1) the theoretical approach; 2) research methods; 3) ethical considerations; and 4) my personal involvement in this study, signifying the underlying rationale in knowledge production. Concerning this study's theoretical approach, it draws from the perspectives of child vulnerability in healthcare, child agency, political economy of healthcare, and health seeking behaviour in the context of medical pluralism. In the main, this study will critique some of the major assumptions in the health seeking behaviour model. This is because one of the findings from my assessment of suffering suggests that the underlying rationalities which this model proposes are less existent. Instead, it appears that wartime children are guided by a need to alleviate suffering much as there are various factors which influenced their choices in quests for therapy. However, whereas this study proposes that short term curative approaches are essential in guiding the reduction of suffering caused by infectious diseases, the model of pragmatism will be critiqued in relation to emotional suffering; because while curative approaches may lead to unintended cure, in the main short term curative approaches of dealing with emotional distress blur the core issues and reinforce the over-use of medicines or *pharmaceuticalisation* of suffering.

The second section of Chapter Two supplies the research methods. Not only are the research techniques addressed, but also the criteria for case selection, the rationale for employing particular techniques, and the analysis of data. Ethical considerations and my personal involvement in this study are presented in the third and fourth sections of Chapter Two.