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

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Propositions

1. Short-term curative approaches in management of infectious diseases and emotional distress lead to a neglect of attention for addressing the core causes of suffering, the over-use of medicines, somatisation and other unintended effects in quests for therapy. (this thesis)
2. The context of armed conflict makes it impossible for children to engage in effective preventive measures for the common illnesses they suffer from. (this thesis)
3. Understanding suffering is only possible when there are shared experiences between the researcher and respondents. (this thesis)
4. The most effective ways of minimising high prevalence of infectious diseases and complaints symptomatic of emotional distress are through addressing social determinants of disease. (this thesis)
5. Micro-macro approaches in project design that take into account vulnerable people's needs, may minimise project failures but are difficult to implement.
6. School health care programmes in Uganda unjustly neglect children's health care priorities and needs.
7. There is no such thing as altruistic institutions ensuring well-being of wartime vulnerable people.
8. It is only through ethnographic methodologies that researchers can investigate children's points of view.
9. A narrative about suffering reminds one of one's own helplessness.
10. The provision of antiretrovirals is a therapeutic approach which contributes to an increased prevalence of the illness it is meant to manage.
11. Civil wars in Africa are not only about power struggle but also about the minerals and other resources.
12. For an African woman of my age, pursuing a PhD is an expensive sacrifice.