Pathways to Peace and Public Health Equity Among Women and Children in Conflict Zones: The Case of Northern Uganda

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ABOUT THE AUTHOR

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Peace is one of the major prerequisites for the preservation of health. Without it, basic needs of life such as food, water, and shelter cannot be assured. Historical evidence has linked disease outbreaks to war conditions. In 430 BC, the Plague of Athens was exacerbated by overcrowding during the Peloponnesian War,[1] and poor nutrition in cramped military camps worsened the deadly Spanish flu of 1918.[2]

Although the mortality burden is mostly borne by men, women and children are a soft target in armed conflict because they are more vulnerable to poverty, discrimination, and sexual violence.[3] In countries like Yemen and Syria, persistent conflicts amid deeply ingrained patriarchal ideologies reinforce structural violence, culminating in the torture, rape, and murder of women and girls. Moreover, strict conservatism and attitudes about gender roles restrict them from working, which makes it extremely difficult to afford health care. In Nigeria, the Boko Haram target and enslave schoolgirls as a weapon to wage war against communities. A similar tactic against women and children was used by the Lord's Resistance Army (LRA), as witnessed by the author in her own home area of northern Uganda.

Joseph Kony led the LRA movement in 1986 after Yoweri Museveni's government overthrew the former regime run by an ethnic Acholi from northern Uganda. Kony's self-described motive was the establishment of a theocratic state for the redemption of his people, but he instead victimized them. The author's extended family had a beautiful traditional homestead in Otuke-Lango, bordering the Acholi subregion. Women participated in domestic roles such as cooking, child nurturing, fetching water, planting, and harvesting, while men traded in animal hides and skins. Children enjoyed all forms of creative play, sport, and performing arts. But a village that was relatively peaceful would soon become the target of the LRA. In the late 1990s, surprise attacks began in Lango and went on for more than a decade. Rape, massacres, arson, and mutilation were the order of the day, with women and children abducted as sex slaves and soldiers. One fateful day in June 2000, while digging in Omoro, the author's brother, who was only 11 years old at the time, received a tip-off about a possible rebel invasion. He abandoned his hoe and dared to run but was abducted at the Okuru River, across which he could not swim. The rebels flogged him ruthlessly, then handed him ammunition to join them in carrying out killings. For years he was both a victim and a perpetrator, inflicting grave atrocities against civilians by order of the LRA for his own survival. In December 2004, he escaped captivity during an ambush as the rebels crossed the Ugandan border into South Sudan. He sought safety in an internally displaced people's camp, where he received amnesty; despite rehabilitation, however, the horrors of the LRA war that left thousands of people killed are forever etched in his mind. To this day, he suffers some physical disability and partial hearing loss. The author's broader community grappled with an increased burden of care for orphans, early adolescent pregnancies, incident HIV infections, and loss of livelihood opportunities. Mental health and psychosocial support were neglected and, as of now, many victims have still not healed.

United Nations (UN) Security Council Resolution 1325 on Women, Peace, and Security,[4] adopted in October 2000, proposed a framework to deal with several challenges women face in situations of conflict. Despite their adoption by several countries, there is limited evidence to show that the objectives of such frameworks have

been significantly achieved. The author acknowledges the tremendous efforts by the UN, global development actors, and governments championing key interventions toward securing peace and health equity in regions confronted with conflict. In the author's opinion, more effort could be directed toward examining risk factors and harmonizing multilevel approaches to improve mental well-being and prevent recurrence of conflict.

In their article,[5] Link and Phelan invite us to contextualize social conditions as fundamental causes of disease if we are to craft effective interventions to promote population health. In most conflict situations, the intersectionality of gender and low socioeconomic status translates into discrimination and differential access to resources, which serve as upstream factors that place people and communities at risk. By identifying how vulnerable groups become marginalized, and working in partnership with them, stakeholders can establish multilevel interventions to counter the consequences of conflict.

The social-ecological model helps us to better understand drivers of conflict and identify opportunities to intervene at different levels. In the author's community, traditional strategies—such as "*mato oput*,"[6] which involves ritual cleansing—are routinely performed as a symbol of reconciliation when a former LRA member returns home. Such community-level interventions are great platforms for psychosocial healing, building trust, and strengthening solidarity, but the exclusion of women and girls in what is considered a male domain breeds inequity. Even then, women rise up and demonstrate their commitment to community rebuilding. Where there is breakdown of the family unit, they come together and share experiences through storytelling and

entertainment as a way to seek and give support to each other. Through government-aided programs, many engage in skills training for self-reliance, and girls attend school. Policy-level interventions that focus on attracting broader stakeholder support in key areas such as psychosocial health, education, employment, and training of community health workers have also been key to improving the quality of life. However, some challenges still persist because of limited resource allocation and the lack of political will. In 2009, the Lango war claimants took the Government of Uganda to court for failing to pay reparations for livestock and property that were looted by the Government Army and the LRA during the prolonged conflict. The defendant retaliated by claiming that funds had been diverted to prioritize development of industrial parks, durable roads, and wealth creation. A decade later, funds were released, but most claimants missed out on compensation because of a deliberately frustrating bureaucratic process.

The people of northern Uganda have embraced the spirit of forgiveness, shown resilience, and moved toward development in the 10 years since peace returned to the region. According to the World Health Organization, the health of all people is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and states. In this regard, the Government of Uganda, the perpetrators of the LRA conflict, local stakeholders, and victims have made progress toward peace-building for reconciliation and recovery. *AJPH*

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CONFLICTS OF INTEREST

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