



ENUGU STATE UNIVERSITY OF SCIENCE & TECHNOLOGY

JOURNAL OF SOCIAL SCIENCES & HUMANITIES

**Volume 10
Number 1,
2025**

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PUBLISHED BY

**Faculty of Social Sciences,
Enugu State University of Science And Technology**

ARMED CONFLICT AS A FATAL THREAT TO CHILD HEALTH AND SOCIAL DEVELOPMENT: ASSESSMENT OF NIGERIAN CIVIL WAR

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Abstract

Armed conflict is obstacle to good health and peaceful co-existence in many countries. It is an enemy against children. During Nigeria Civil War (1967-1970), millions of children on the defunct Biafra side died from adverse health conditions. In spite of these, the health/social consequences of that war on children have not been adequately addressed. The study therefore assessed disruption of family lives of the children and diseases that affect them during that war. The study utilized in-depth interviews and complemented it with narrative review of literature on the civil war. It was found that there is a strong relationship between armed conflict and adverse health conditions of children before, during and after war. Therefore, war affects children's health and social development. The study recommends that serious effort should be made to prevent war or where it is impossible, adequate relief support and medical infrastructures should be in place by national and international governments/agencies.

Keywords: *Armed Conflict, Child Health, Health Consequences of War, Nigerian Civil War, Social Consequences of Conflict.*

INTRODUCTION

In most parts of the world, both developed and the developing, war/armed conflict is a frequent challenge to the health and general well-being of humans particularly children and women. Armed conflict does not only take away scarce resources as well as fund from healthcare and disease prevention, it also develops fresh and more serious health problems (Eban, 2002). Internal armed conflicts have become rampant, quite devastating and very destructive by the middle of 20th century. This is accompanied by severe consequences on children's healthcare and survival (Kreif et al, 2022).

Most reports about war do show the military competing among themselves while the civil population (including children) are caught up on the sidelines. In other words, most of the civil population never participate directly in war, but many especially children are directly affected by the war. Therefore, in every war, the main victims are civilians. As such, better explanation of any war is shown by portraying the humanitarian situations of the civilian population who are the real victims of the war, particularly the children (Doebbler, 2015). As a result, one in every ten children in the world has been affected by war. Truly, over 50% of all the children in the world today are living in nations which are having major armed conflicts. Similarly, over 10 million children below the age of five years have been killed during armed conflicts. Furthermore, the health of over 630 children is negatively affected by armed conflicts in various places. For instance, in 2017, one child in every 6 children globally was either displaced forcefully by conflict or are living dangerously near conflict areas. In

actual fact, one third of those children affected are living in countries like Nigeria, Pakistan and India. This is why researchers and the international community can no longer ignore the plight of these children (Kadir et al, 2018; Berman, 2021; Bendavid et al, 2021; Duff-Brown, 2021 & Munanya, 2021).

Today, more than half of the children in the world are resident in nations who are facing active conflicts. This calls for radical rethinking towards measures for handling armed conflicts (Health Europa, 2021). According to Garfield and Neugut (2000), for every 1000 persons, 44 of them have died either directly or indirectly from war or war-related problems during the 20th century. This may have been as a result of the current tactics of warfare because wars are no longer between nations but within nations (War Child International, 2014). As such, fighting soldiers attack civilians whom they murder, sexually molest and traumatized. These inhuman treatment and war strategy have been noticed in different parts of the world, especially in the various wars fought in Sudan, Congo, Sierra Leone, Liberia and even Rwanda. This is why Kadir et al (2018) posited that the main consequences of war include displacement, physical/psychological trauma and death. The effects of war according to them may also include health-related risks as well as destruction of health, educational, religious and economic structures/facilities.

Most of these children do not die as a result of bullets or bombs but they died from preventable and treatable diseases. This is as a result of the destruction of healthcare systems and supporting infrastructure. It has been pointed out that about 550,000 babies are believed to have died due to the wars fought between 2013 and 2017 in the ten of the most affected nations. Consequently, an average of 100,000 children dies every year from armed conflict. These children usually die from indirect effects of the war such as hunger/malnutrition, destroyed infrastructure and hospitals, inability to access to healthcare services and good sanitation as well as non-availability relief materials (Reliefweb, 2019; Dark, 2020; Nwaubani, 2020).

In the same vein, children who are injured during armed conflict are usually excluded from schooling. The consequence of this most times is irreversible. In actual fact, the injured children may not be able to attend school because of their disability. Stigmatization may also prevent them from attending school or participating in school activities especially when it involves facial deformation or lack of sight/hearing (INARA, 2020).

Similarly, conflicts create a situation that persists, but is not adequately suited for peacetime and it usually imposes a situation that breeds violence. Number of light weapons remains for years, examples includes the 1967-1970 Nigerian Civil War and the 1996 Civil War in Guatemala, where rate of armed violence escalated after the wars (International Action Network on Small Arms, 2008). In actual fact, death of children during conflicts is predominantly connected to conditions that do not relate directly to violence such as infectious diseases, malnutrition and environmental complications (Southall, 2011). There is usually higher rate of contagious diseases like cholera, measles and tuberculosis in the war areas. This came as a result of migration of people, infrastructural decay and breakdown of people's immune system; all these escalated the problems of infectious diseases and expose the unimmunized people to fresh and dangerous germs. This is why Howell et al. (2020) posited that deaths resulting directly from wars have reduced worldwide but death of civilians related to the wars has gone up with children at the centre of its victimization space. In actual fact, children's nutritional status influences their health status. Every malnourished child has his/her immune system lowered and this exposes such child to adverse health conditions (Dehab et al, 2020 & Munanya, 2021).

It has been noted that war affects children the same way it affects adults but children also suffer other things that adults do not suffer. First, children are expected to depend on the unconditional care, unalloyed acceptance and undivided attention of matured persons whom they have known and who have been caring for them all the while. Their attachments to these loving people are usually disrupted during wars. This could be due to the death/loss of parents, parents being mostly occupied with protecting and seeking for means of feeding their families and parents who may be distressed or distracted by other events. Sometimes these children found substitute care in the hands of relatives or an orphanage or just any kind person. This person(s) may care for them only slightly. Many of war-affected children lose protection of their adult relatives; they are the ones usually referred to as “the unaccompanied children”. Second, impact of war on a person during his/her childhood most times negatively affects the person’s future even as adults (Barbara, 2006).

APA (2001) noted that in addition to witnessing fighting and bloodshed, children are faced with a host of other problems such as the loss of basic resources, disruption of family structure, stigmatization and discrimination and pessimistic view of all things. All these result in poor health for the child in war zone and possible death is inevitable. This has been noted by Encyclopaedia Britannica (2021) when it pointed out that Biafran children who surrendered to death by starvation were over a million.

Generally speaking, war itself is an infectious disease. During the period of its incubation, the money meant for other economic ventures during the peace period is diverted to war needs. Second stage is when the war erupts or the place is invaded, when heavy movement of soldiers and military equipment will lead to great migration of civilians to safe places where they become refugees. The third stage is a very lengthy period when sickness resulting from uncertainty and life surrounded by enemy soldiers with constant attacks from both land and air. The last is period of convalescence, usually protracted, yet it is hardly completed as it drags on for years even after the war has ended. Any child could die at any of these stages of the war. However, even children who managed to survive till the end may carry on the consequences of the problems all through their entire life times (Ellis, 1948).

From the foregoing, it can be seen that human society has degenerated to the level that most disagreement results to war with vulnerable persons as the major victims. This is regardless of the dangerous consequences of armed conflict. Nigeria, for instance, has suffered a major civil war between 1967 and 1970; yet armed conflicts have not ended in the country. Since the return of civilian administration in Nigeria in 1999, the country has witnessed series of armed conflicts in different parts of the country – Niger Delta militancy, Middle Belt farmers-herdsmen clashes, ethnic/religious killings/kidnapping in North West/North Central, Boko Haram in North East and secession agitations in the South East/South West. The cases are still raging on. More often, the issues of religion or ethnicity are used to promote the emotions of hate and attack among the populace. From all indications, armed conflicts in whatever shapes or forms pose a threat against the people particularly young ones. All these notwithstanding, issues of health and social impacts of armed conflicts on young ones is yet to be fully investigated in Nigeria. It should be noted that under the Millennium Development Goals for 2015 and the Sustainable Development Goals for 2030, the entire world jointly agreed to make effort in minimizing poverty/hunger, infant/child morbidity/mortality having particular areas of emphasis across the world. These goals appear to be unachievable in most Sub-Saharan Africa nations particularly those that are currently romancing with armed conflicts. This is because during peace period, most Sub-Saharan African countries are struggling to meet up with 20% of the goals. Then, with war/conflict, more children will be watched to die (Howell et. al, 2020). This made Kadir et al (2019) to posit that there is urgent

need for a study on the ways armed conflicts affect children's health and social development. The temptation here would be to study an active conflict situation. However, it is obvious that the root causes of most agitations/conflicts in the Nigeria presently, particularly, in the Southeast, South-South and even South-west revolve around issues emanating from the Nigerian Civil War of 1967-1970. In other words, it is pertinent to assess remote causes of events instead of immediate causes. This makes assessment of issues concerning that civil war very important. In spite of all these and with the current waves of armed violence going on in different parts of Nigeria, not much research has been carried out to understand what children passed through socially and health wise during the last Nigerian Civil War of 1967-1970. That is, most studies have not specifically focused on the effect of that war on children's health. Most times, children's welfare was only mentioned in relation to other issues. Therefore, it became imperative to investigate the health and social consequences of children in Nigeria during that last Nigerian Civil War. This has become necessary following the current drums of war being beaten in different quarters of the country. The aim is to learn lessons from the past to ensure that armed conflicts are checked since the future generations are likely to reap the ugly fruits of any war we started today. This makes the study significant in the areas of military science, social sciences, health sciences and peace/conflict studies among others.

As a result, the main objective of the research is to reveal the relationship between armed conflicts and the health/social development of children. Specifically, the study is aimed at, (a) assessing the extent to which armed conflict (Nigerian Civil War) disrupted the family life of children, (b) identifying common health problems faced by children during the Nigerian Civil War and (c) assessing the extent to which the war (Nigerian Civil War) affected the social development of children.

METHODS

The study assessed the impact of war or armed conflict on children with regards to their social lives and health. This was done through in-depth interviews on the correlation between armed conflict and children's health/social life in war zones. The study focused on Nigeria Civil War which ended 54 years ago. Narrative review of literature was carried out to complemented in-depth interviews which were conducted in Southeast Nigeria.

Research Design

The study which used qualitative method to achieve its aims was focused on Southeast Nigeria. The study was carried out in two states of Southeast Nigeria namely, Imo and Ebonyi States. A total of six local government areas were involved in the study, that is, three local governments from each of the two selected states. From each local government area, an autonomous community was selected. In other words, six autonomous communities were selected for the study. While Southeast Nigeria was purposively selected because it was the centre of Nigerian Civil War, the two states (Imo and Ebonyi), the local government areas and the autonomous communities were selected using simple random sampling technique. The actual participants were selected from the communities using purposive and snowballing sampling techniques.

Similarly, there was extensive literature search for papers/books published between 1970 and 2022 on the social and health consequences of Nigerian Civil War on the then children. This was used to complement the in-depth interviews. Data were collected on health outcomes, abandonment, social isolation/displacement, hunger, traumatic encounters, orphaned children and availability/access to social/health amenities.

Participants

The research focused on men and women aged 60 years and above in the selected communities who had witnessed the civil war as children or youth. The guiding rule for selecting participant as follows: a person (60 - 75 years old) who was living in Southeast Nigeria between 1967 and 1970 and was between the age of 4 and 24 years as at the time of the war. This is because such individuals could be able to recall what happened to them during that period. Therefore, these persons were selected because they are in possession of useful knowledge cum experiences which are essential for the study. The key informants in each autonomous community provided information that led to the selection of these participants in the first instance. Twenty participants were selected from each community, making a total of 120 participants. Out of the 120 participants, 60 were male while the other 60 were female. The researcher was able to reach the selected subjects and explained the essence as well as the procedure of the research to them. After that, consent forms were distributed to the selected participants but out of the 120 subjects who received the consents forms, only 100 were able to return their filled forms. The other 20 persons did not return theirs. Again, out of the 100 participants that returned their filled forms, 12 declined to participate in the study. Therefore, only 88 persons agreed to participate in the research and this represents 73.3% of the initially selected participants. In other words, only 88 (73.3%) of the selected subjects fulfilled the final inclusion criterion to participate in the study.

Ethics

The Research and Ethics Committee of Alex Ekwueme Federal University Ndufu Alike in Nigeria received and scrutinized the research proposal carefully. When the committee confirmed that the research is not harmful to the participants/society, it gave its consent/approval for the research to be conducted strictly as proposed. The selected subjects for the study (120) were then approached and the purpose and processes of the study were explained to them. After that, only 88 out of the initial 120 participants consented to participate in the study. Following the regulatory ethics of research, the research subjects were assured that both their participation and their views during the study must be handled with utmost level of confidentiality and that their real names must not appear in the reports of the study.

Instrument/Data Collection

In-depth interviews were used to collect data from the war survivors. One hundred and twenty of them were initially selected for the study but only eighty-eight (73.3%) agreed to take part in the study. Thirty-one (35.2%) of these 88 subjects were female while 57 (64.8%) were male. Again, because of the nature of the research, the participants were selected purposively from each of the selected communities. To uphold anonymity and adherence to scientific research ethics, fictitious names were ascribed to the subjects instead of their real names.

The study (in-depth interviews) was carried out from January to June, 2024. The interviews were carried out at the homes of the interviewees using one of the major Nigerian languages - Igbo. The in-depth interviews were tape-recorded. Each of the interviews took about 40 minutes to one hour. Forty-seven (47) questions were contained in the in-depth interview guide (research instrument) and the questions were designed to elicit necessary information about the social problems and health challenges encountered by the participants and/or their relatives during and immediately after that civil war.

Data Analysis

The resultant data from in-depth interviews were obtained in Igbo language. They were later transcribed onto paper before being translated to English language. In order to make sense of the collected data, the first stage of analysis involves reading through the transcripts. By doing so, it becomes easy to determine various themes in the data and expected relationships arising from the themes. Therefore, the results were assessed in order to have fuller understanding of the experiences of the participants. As a result, the reality of each experience is properly understood. Analysis of data was done through the use of descriptive statistics. The data were also presented in narrative form. Quotations derived from the views of the participants were used for presenting the results. The names used are fictitious and this actually helps to ensure that the participants remain anonymous. Data from the reviewed texts were content analyzed, synthesized and fitted into the established themes to compliment data from in-depth interviews.

RESULTS

Demographic Characteristics of Participants

It can be seen from table 1 that the total number of subjects who participated in the study were 88 which represented 73% of all those who were initially selected for the study. Out of this number, 44 participants are from Imo State, Nigeria while the remaining 44 are from Ebonyi State, Nigeria. The six communities selected for the research are Obollo/Isiala-Mbano local government area, Amaimo/Ikeduru local government area, Okwelle/Onuimo local government area (all in Imo State), Oso-Eda/Afikpo South local government area, Abomege/Onicha local government area and Effium/Ohaukwu local government area (all in Ebonyi State). The table also shows that 64.8% of the participants are male while 35.2% are female.

It is revealed that as at the end of the Nigerian Civil War (1970), the mean age of the participants was 9 years. This shows that majority of the participants were children as at the time of the war but were old enough to recall their experiences during that war. It was also found that 13.6% of the subjects were disabled as at the time of the study. It was further revealed that 8 (66.7%) of these persons became disabled as a result of injuries sustained during that war. The remaining 86.4% were physically normal.

In terms of educational status, the result shows that 29.6% of the participants never had any formal education. In other words, 80.7% of the participants either did not have formal education or did not go beyond primary school. Only 6.8% could go beyond secondary education.

Table 1: Demographic profile of Research participants

Autonomous Community/ State	Number	Mean Age (as at 1970)	Sex		Health Status		Educational level			
			Male	Female	Normal	Disabled	None	Pry	Sec.	Tertiary
Obollo/Imo	18	9	11	7	16	2	3	10	3	2
Amaimo/Imo	12	10	6	6	11	1	2	6	3	1
Okwelle/Imo	14	10	10	4	10	4	3	8	1	2
Oso-Edda/Ebonyi	19	7	13	6	18	1	8	9	2	0
Abomege/Ebo	8	10	5	3	5	3	4	3	1	0

nyi										
Effium/Ebonyi	17	9	12	5	16	1	6	9	1	1
Total (%)	88 (100)	9 (Grand mean)	57 (64.8 %)	31 (35.2%)	76 (86.4%)	12 (13.6%)	26 (29.6%)	45 (51.1 %)	11 (12.5 %)	6 (6.8%)

Source: Fieldwork 2024

Disruption of Family Life of Children

Majority of the participants (93%) pointed out that during the Nigerian Civil War, their entire family lives were disorganised. Twenty-seven of the interviewees representing 30.7% of the participants said that they lost their parents during that war. They were either left in care of other care givers, who actually had their own families. Another 18 participants (20.5%) lost their mothers while 36 participants (40.9%) lost their fathers to that war. The interviewees who lost their siblings during the Nigerian Civil War were 64 (72.7%). One of the participants – Mrs Adaeze puts her own case thus:

I was six years old when the war started. My father was not rich but we had a very happy family before the war. My father was a farmer while my mother was a petty trader. My parents had four children – three girls and one boy. The boy was the most senior while I was the second daughter. My kid sister was just three years at the commencement of the war. When my father told us that the war between Biafra and Nigeria had started, we were full of jubilation. We thought war was like wrestling contest. We were living our normal lives until 1968 when my father was conscripted into the Biafran army. The whole family went into mourning mood. Before papa left, he assured me that he was going to come back soon. But he never did. Therefore, my mother took charge. She was struggling everyday to ensure that we eat. We witnessed another moment of confusion in 1969. We woke one morning to notice that our entire village has been filled up with strangers who were carrying their luggage. They told us that Hausa has entered their village at Okigwe. Theses strangers later camped at our primary school. Life became tougher. We hardly eat once a day. My major diet then was palm kernel. One day, we heard gun shots. My friends and I were running round celebrating that Biafran soldiers are dealing with Hausa people. Few minutes later, an aeroplane flew past our house. The next thing we heard was loud sounds everywhere. Everyone began to run. My mum picked my kid sister and flew. I ran to the back of our compound and lay under the bush. The loud sound came closer. I ran completely out of my community. I could not find my mother or my siblings. I was alone. No food, no shelter, no cloth except the one on my body and nobody that I know was around me. Later, I joined our people that came from their own places and we were staying at a field of one Catholic Church. When the war ended, I returned to my village and waited for the return of my mother and siblings. But I never saw any of them till today. My father too never returned. I was left alone in the world. It was my mother’s sister who took me to her place and looked after me till I married. School? No, I never attended school again. I helped my auntie in her pottery making.

Some of the participants had other horrifying experiences. They witnessed the death of their beloved family members. Ezenna (a 10 year old boy at the beginning of the war) narrated his experience.

On that fateful Orie day, I was at Orie Amaraku with my father. He went to the market to sell his goat so that we could get food to eat. I accompanied him. A buyer was haggling with my father over the goat. The next thing I heard was a thunderous sound, I jumped and ran to hide under one big tree nearby. In a matter of seconds, the tree where I hid had been shattered and the branches fell upon us. I broke my left hand. Later, I began to search for my father. With the aid of his cloth, I found my father in pool of blood. His belly was reaped open but he was still shaking his head. I attempted to rush to him but the people around prevented me. I stood there watching my father until the head stopped jacking. My kinsmen later brought what was left of my father and buried it. (he sobbed).

In the same case of Nigeria civil war, Achebe (2012:190) recalled his experience. He noted that:

The Biafra government has issued public safety warning to all citizens to abstain from wearing clothes of light colour like white or cream----- The Nigerian pilots approaching their chosen targets would often switch off the engines of the planes, then fly very low - treetop level – before they would begin the bombing onslaught ----- On this particular day we did not hear the Siren or Planes; no one knew that the Nigerians were in the air. When we noticed a plane zooming in for the kill we rushed into the bunkers and looked around to account for everyone, counting all the children. To our horror we realized that our third child, Chidi, was not there.

This is usually one of the ways in which children were separated from their parents during war.

From the in-depth interviews, it was also found that during the Nigeria Civil War, most children lost the homes that they used to know. Their traditional homes were destroyed. Some children were made to sleep inside the bush, on top of trees and even in caves for days. Anayo (5 years old at the beginning of the war) explained how he lost his home.

..... My friends and I went to the stream to fetch water. On getting to the stream, we began to swim. About 30 minutes later, we had some gun shots at the direction of our village. We hurriedly carried our water and rushed home. On entering my village, I noticed that everywhere was deserted. I could not see any one. It was wailing sounds of goats and fowls that I heard. I was determined to reach my compound. At least, my mother would tell me what happened. From far, I sighted our compound. The entire house was on fire. Some walls had already collapsed. When I got close, I called my mother severally. There was no answer. I called my siblings. No one responded. That was how I walked away from our

compound alone. I got to Abo Maise. I thought I was safe. That same night, there was information that Hausa people have reached Owerre-nta. I ran into the bush. I actually slept inside ditch where timbre was sawed. War is not good. But children suffer terrible things. I don't like remembering these things.

Putting the story differently, Forsyth and Cooper (2001) stated that the Nigeria Military used their air-force to damage Biafran villages and farms on daily basis. As a result of this, the children were dislocated from their villages living as refugees in other places. Their fathers are either killed, hiding in the forest/swamps, in the battle field or struggling to get some food from anywhere. The mothers, if they were alive may be helpless and hopeless. Some stubborn mothers sometimes abandoned their children to seek favour from soldiers. That was the fate of most Biafran children.

Similarly, Uzokwe (2003) provided a vivid account of how his relatives and classmates died in that war as a result of hunger and deprivation. Uzokwe gave clear-cut account of how children lost their familiar bond, family comfort, communal reciprocity and family support. Uzokwe's suffering is representative of the average Biafran child's suffering at that hour of their grave trial. In another context, Akresh et al (2012) reviewed the relationship between the sufferings of Biafran during the Nigerian Civil War and found that there is a significant long-run impact of the war on human health capital especially among children. It was reported that children exposed to the war exhibited reduced stature.

Common Health Problems Faced by Children during War

The study according to table 2 revealed that the common health problems that confronted children during Nigeria Civil War were kwashiorkor, diarrhoea, cholera, measles, tuberculoses, whooping cough, malaria, chicken pox and asthma. Out of the 88 participants, 83 (94.3%) agreed that they suffered acute malnutrition (kwashiorkor) during that war. All the participants (100%) also agreed that their siblings and other children within their areas suffered kwashiorkor as well. The participants who suffered diarrhoea during the period were 20 (22.7%). Only 37 (42.1%) participants agreed that their siblings suffered diarrhoea but all of them agreed that other children also suffered diarrhoea during the war. From the table 2, it can be seen that 16 participants suffered cholera but 32 (36.4%) believed that their siblings also suffered cholera. Almost all the participants (93.2%) agreed that they are aware that other children in their areas suffered cholera during the war. None of the subjects had tuberculoses during the period but 15 (17.1%) of the participants agreed that some of their siblings had tuberculosis during that war. Almost all the interviewees (76.1%) had whooping cough at different times during the Nigeria Civil War. The Mean from table 2 reveals that the most common disease during the Nigerian Civil War was Kwashiorkor (**mean = 88.0**). Others were diarrhoea (**mean = 48.3**), whooping cough (**mean = 47.7**), cholera (**mean = 43.3**), tuberculosis (**mean = 37.0**), measles (**mean = 30.0**), malaria (**mean = 29.6**), asthma (**mean = 2.7**) and chicken pox (**mean = 2.0**) in that order.

Table 2: Extent of the Health Problems Suffered by Children during Nigerian Civil War

Diseases	Rate at which children suffered different diseases according to participants				
	Myself	My Siblings	Other Children	Mean	Rank
Kwashiorkor	83 (94.3%)	88 (100%)	88 (100%)	88.0	1 st
Diarrhoea	20 (22.7%)	37 (42.1%)	88 (100%)	48.3	2 nd
Cholera	16 (18.2%)	32 (36.4%)	82 (93.2%)	43.3	4 th
Tuberculosis	0 (0%)	15 (17.1%)	66 (75.0%)	37.0	5 th
Measles	26 (29.5%)	31 (35.2%)	33 (37.5%)	30.0	6 th
Whooping cough	47 (53.4%)	34 (38.6%)	62 (70.5%)	47.7	3 rd
Malaria	21 (23.9%)	39 (44.3%)	29 (33.0%)	29.6	7 th
Chicken pox	0 (0%)	2 (2.3%)	4 (4.6%)	2.0	9 th
Asthma	2 (2.3%)	0 (0%)	6 (6.8%)	2.7	8 th

Source: Fieldwork 2024

One of the participants during the in-depth interview, Ezinne (3 years at the beginning of the war) puts her experience this way:

I am from Ishieke Abomege. I was very small when the war started but I can remember some things. Sickness! I still remember that there was a time when I was very thin with protruding stomach and big head. Sometimes I found it difficult to sleep at night because of my stomach. And when I moved, it would seem as if the wind was about to carry me. My head would be dangling on my tinny neck. At a point, my mum was able to get some salt, put it inside water and asked us to drink the salt water. Any time I take the salt water, my stomach would reduce a little. Cough was a constant thing for most children at that time. Any time it comes, we were asked to eat wall-gecko. It would then disappear. It may come back in few weeks time. But with all these, we were still playing around. Indeed, there are so many children in my area who could not survive these sicknesses. The one that killed people fast then was cholera. Whenever a child began to vomit and run stool, he may not last beyond the next day. It was a miracle I survived. But I lost my brother and sister to diarrhoea during the war.

Narrating his experience during Nigerian Civil War, Achebe (2012) noted that there were over two million child deaths on the Biafran side and at least 300,000 of them died from Kwashiorkor. Therefore, most of the Biafran children did not die from bullet but rather by diseases. Collaborating on this issue, Forsyth (1982) also pointed out that in the year 1968 there emerged a new scourge that flayed the people of Biafra. Children were dying in ever increasing numbers from the dreaded Kwashiorkor. According to him, it is a medical fact that an adult requires a gram of pure protein daily in order to be healthy. And each child requires 5 grams of protein because their bones and organs require more protein for growth. In other words, children require about 20 times more protein than adults to ensure their growth and survival. Therefore, when protein is in short supply, the children are usually the first to die. That was the exact situation in Biafra during that war. The Eastern Nigeria, who

have enough starchy food and fruits lack enough protein giving food like meat, eggs and milk. Most of their protein materials come from outside. So, the blockade of imports to Biafra actually cut off supply. And the children were gravely affected.

Achebe (2012:195) brought out the picture clearer by describing a scene thus:

There was a child in a corner who was being fed a white meal – the relief meals was almost always white I thought – and it was a concoction that meant the difference between an early grave or another day to see the sun. On this day, at least, this reed-thin child, with a skull copped with wiry rust –coloured tufts of hair and a body centred on a protuberant stomach, provided a toothy smile. I spent a short while smiling back at her, and she reached out to touch my hand. Her touch was as light as feather.

At a point, the government of Biafra cried out that their opponent (Nigerian government) was using hunger to wipe out its future generation (the children). However, it was claimed by a Nigerian commission and some British medical officers who visited Biafra immediately the war ended that the issue of deliberately starving the Biafran people by Nigerian government was highly exaggerated. But the victims will tell where the truth lies. However, the team agreed that there was evidence of various forms of tropical diseases (Alade, 2007).

Again, Hughes (1969) also reported his experience during the Nigerian Civil War. According to him, as at January 1969, about 8000 patients, mostly elderly men and children were treated on weekly bases for varying degrees of protein malnutrition (including kwashiorkor), vitamin deficiency and dehydration in Udi area of Southeast Nigeria.

Supporting this, Nwachukwu (2019) who was 8 years old during the Nigerian Civil War explained the difficult situation that children faced during that war. According to him, “we also saw many children die from kwashiorkor because the Nigerian Military Government stopped food access to those of us in Biafra.” Similarly, Ikechukwu et al (2020) in their study reported as follows:

One delegation from Ngor-Okpala (whose member were refugees) led by an eminent educationist and foremost political leader, Dr. Nnnanna Ukaegbu.... gave me the shocking revelation that Ngor-Okpala people were losing about 200 citizens, mostly children, a week on account of disease, hunger and malnutrition in the inadequately supplied refugee camps.

According to them, the common diseases were kwashiorkor (nicknamed *Oria Gown* – meaning sickness caused by Gowon), cholera and tuberculosis.

In other words, apart from Kwashiorkor which was rampant during the Nigerian Civil War, other common diseases faced by children were diarrhoeal diseases, malaria, measles, tuberculosis, whooping cough, convulsion (as a result exposure to cold weather) and other infectious diseases. According to the IDI report, diarrhoea was the most common diseases. Cholera was also a threat in some parts of Biafra at that time. It is clear that death was always near for any malnourished child that is faced with either diarrhoea or cholera. That is why it was noticed that during that war, almost every minute a Biafran child died. Malaria was also a major threat and caused high rate of morbidity and mortality especially among

people who are moving through endemic areas and those who settled in open spaces. Children were the worst victims of these collective assaults towards human health and social development.

When the health situation of Biafran children was deteriorating, three major agencies: International Committee of the Red Cross, the Catholic Caritas and World's Protestant Churches united under the umbrella of Joint Church Aid. They made great effort to bring powdered milk and protein concentrates to the children of Biafra. Over a million of those children died as aid came too late or in too small quantities (Forsyth, 1982).

Apart from children who died during the Nigeria Civil War, about half of the number of those that died during that conflict survived the war with various disabilities. Some suffered hearing impairment, others had various parts of the body injured or maimed. Many of such children then today live as adult, suffering such disabilities (in-depth interviews report).

It was also reported that health facilities were under serious attack during the Nigeria civil war. This was also a major challenge for children. When they were sick, there was no health care facility or personnel to attend to them. As such, they died in large number. One of the respondents during the in-depth interview reported his escape from Mile-four hospital Abakaliki and subsequent destruction of the facility thus:

I was injured at Obollo-Afo. When the area fell into the hands of Nigerian soldiers, I was transferred to Mile-four hospital in Abakaliki. One evening, we heard of serious shooting and bombardment. The situation was clear. Abakaliki is also under attack. I rose from my bed at the hospital, managed to raise myself through the window and fell on the other side of the window. From there I limped towards the bush behind the hospital. Magically, the pain I felt earlier disappeared. That's how I escaped from the hospital and later I heard that most of the buildings and materials at the hospital had been destroyed. Some patients who could not help themselves were also killed because the care givers at the hospital also flew to save their own lives.

Apart from malnutrition and diseases, report from the in-depth interviews also revealed that young girls also suffered sexual abuse. Rape occurred without control as there were no social restrictions and soldiers behaved as if they were licensed to do anything. In almost all cases, such sexual abuse were not carried out as a result of sexual hunger, but as a form of torture and a way of humiliating and weakening the morale/strength of their opponent (Biafran government). There were also some cases where Biafra girls ran to the Nigerian soldiers for safety and in the process, they became their sex machines. These incidents resulted to a lot of cases of unwanted pregnancies, child bearing children and sexual transmitted diseases. According to data from in-depth interviews, these incidents also resulted to the death of some young girls during that period.

Gordon (1996) in his own case, pointed out that Nigerian Civil War had a strong negative effect on the healthcare of all involved especially on children's lives. Immediately the war began, healthcare policies/programmes became strictly directed towards the war efforts. Healthcare maintenance was then focused on taking care of the health of combatants instead of being directed towards the public. Preventive medicine, health education, paediatric health, maternal health and so on became forgotten issues (Ityavyar & Ogba, 1989)

Hughes in 1969 also provided a descriptive account of the job of a medical group which was organised to tackle the problem of malnutrition in the rural areas during the Nigerian Civil War. It was reported that 43% of the patients (Igbo) who were mostly children, suffered from malnutrition. Similarly, in 1970, Odling-Smee reported that a group which was sent to reopen a regional hospital in the area also helped to treat the civilian Igbo. The children of Biafra were not different from those found among Afghani casualties and they were always innocent bystanders who are usually shot by soldiers of the opponent group. According to the report, the group treated 338 casualties with 54 (representing 16%) who were young ones. Again, out of every 22 persons that died, 4 were young ones. This scenario that happened in Nigeria has been replicated in several wars that occurred in African continent like in Eritrea (Sabo & Kibirige, 1989).

Generally, armed conflicts are devastating for children as well as other creatures, but humans have continually waged wars against other human beings for thousands of years and this has not ceased till today. Evidence for this assertion can be seen in the various armed conflicts in Africa and even in Europe. However, the nature and strategies of war are ever changing with helpless children as always the major victims.

War and Social Development of Children

The most serious consequence of armed conflict apart from health is how war disrupts, disorganises and damages the social development of the affected children. This is seen especially in the disruption of educational programmes of the children even when educational pursuit is believed to be the most effective weapon for eliminating conflict.

In-depth Interview (IDI) report revealed that, during the Nigerian Civil War, on the Biafra side, schools were used as refugee camps or relief centres. At a point, schools become centres of attacks and bombardment by Nigerian soldiers. Throughout the duration of the war, all schools in the Eastern part of Nigeria were closed. Infrastructures in most schools were destroyed. The children did not remember anything called school. Even at the end of the war, some children could not return back to school. There was no strong effort made by the government to reintegrate the children in Eastern Nigeria back to school immediately after the war.

Out of the 88 participants, 36 of them said that they could not go beyond primary school because of the Nigerian Civil War. Joseph shared his experience.

I was in primary four before the war started. From my primary one to three, I always took first or second position in my class. Immediately the war began, our school (St. Dominic Secondary School, Ugiri) closed. I was at home helping my mother with farm work. At a point, our school compound became training camp for Biafran soldiers. Sometimes, we entered the school compound to help soldiers harvest mangoes. At the end, they used to give us three for four mangoes. We were usually excited working for the soldiers. When the war became intense, the school was bombed and the soldiers left the premises. Most of the buildings were shattered. In the course of the war, I lost my parents. I was left to cater for my two sisters. When the war ended, my major concern was how to take care of my sisters. I never returned to school. because I could

not afford to and my sisters were my major focus. It is quite unfortunate. Some of my classmates then are lawyers and retired teachers today. Well, I thank God I survived the war!

Similarly, Felicia narrated her inability to continue her education as a result of the Nigeria Civil War. For her, the war actually truncated her life ambition. She put her story in this way:

I was at Akabo Girls Secondary School in Imo State before the war started. I was actually in class two and I was doing very well in my studies. I intended to be a nurse. When the war began, our school was closed like other schools in the area. I went back to my village. With the help of my mother, I began to sell food ingredients like pepper. In 1968, we went to Egbu near Owerri to collect relief materials. On our way back, we were captured by Nigerian soldiers. They took us to their hideout. The following morning, when they discovered that the older women were married, they let them go. But their leader kept me for himself. That is how I became his wife. In the process, I had a son for him. Immediately, the war ended, he abandoned me and my little boy and went back to his home in Abeokuta. Later, I made several efforts to locate him but without success. That is how I became a mother. As a mother, it was not easy for me to go back to school. I lost the opportunity of becoming a nurse. I have no choice than to marry another man. My son with the soldier? He is fine. I left him in my father's custody when I got married. He is traditionally my father's son. He has married with children. I regret not being a nurse but I am consoled because one of my daughters is actually a mid-wife.

Generally speaking, data revealed that opportunity never existed for the Biafran children during Nigerian Civil War. Schools were targeted for shelling, closure or looting. All schools of various levels in the Eastern part of Nigeria were closed down during that war. Even school teachers were also target for conscription or attack. Many school teachers also lost their lives that even after the war, when schools reopened only few teachers were available. That was a major setback for education in Eastern Nigeria.

Another major consequence of war on children's social development is that it builds loss of trust in them. In most cases, children and young people lose their confidence, their trust in the future. Mr. Nnachi (from Afikpo South in Ebonyi State) who was thirteen years during the war pointed out that the war made most people to loss self confidence. He further stated,

I live with my parents in Lagos before the war. My father was working at Nigerian Railway. When the war broke up, we relocated to my village at Oso-Edda in Ebonyi State. On getting to the village, we were happily received by my uncles and their families. They shared in the materials that my parents brought home. After a while, when the food stuff that my parents brought was exhausted, my uncles

could not help us with any food materials from their farms. My father resorted to fetching firewood for women in the village so that we could eat. My mother was collecting wild vegetables from the bush for sale. Life was terrible. My uncles did not allow my parents to farm in any of their family lands. My father lost his self confidence. His own brothers, whom he had helped to set up businesses, could not come to his aid. Along the line, my father fell ill and died. I resorted to digging pit toilets for people in the area. At that point, I realised that it is foolish to trust anyone even if he is your blood (relative). From that experience, I find difficult to trust people completely till today.

This is why War Child International also reported that the situation which played out among the Biafran children made the children to become anxious, depressed and withdrawn or rebellious and aggressive even after the war. It is also as a result of these circumstances that Blum (1969) titled his book – “Who Cares about Biafra Anyway?”. He pointed out that distribution centres and camps for refugees were usually targeted and bombed as soon as the enemy sights many persons in the day light. According to him, Mayer sighted a European who worked on the side of Biafra as he carried 117 children who were at the point of death in his vehicle to a healthcare facility in one night. This type of horror made Biafran children loss hope of tomorrow. It changed their orientation about life and distorted their belief that they could be important people in future. Moral values at that point meant nothing to the children. Some of the children after witnessing some humiliations, rapes, violence, forceful seizure of properties and voluntary abandonment of children by their mothers for pleasure with soldiers, then realized that power belongs to the man who holds the gun. This orientation (the end justifies the means) is still hunting Nigeria till today.

DISCUSSION

The research assessed the effect of armed conflict on the health of children from three angles: disruption of family life of the children, common diseases that confront children during armed conflicts and disruption in the social development of children during armed conflicts. In terms of disruption of family life of the children, the study revealed that the entire family lives of the children were disorganised during the Nigerian Civil War. This is because most of the children lost their parents (who were supposed to cater for them), their siblings (who were supposed to be their companion) and even other relatives. In other words, most children lost their homes that they used to know during that war. Sometimes their traditional homes were destroyed. In such case, the children were exposed to adverse health conditions and there may not be any one available to take care of them. This is why Uzokwe (2003) reported that children lost their family bond, family comfort, communal reciprocity and family support. This result also supports the view of Akresh (2012) when he concluded that there is a significant relationship between armed conflict and human (children) health capital. The data from the study also aligns with the position of Kadir et al (2018) when they posited that the direct effects of armed conflict on children include physical and psychological trauma, displacement and destruction of even healthcare facilities. All these impact on the health conditions of children during war. This result also supports that conclusion of Berman (2021) that armed conflicts have affected the health of at least 630 million children and women.

The study data is in line with the opinion of Barbara (2006) when he noted that children needed care, empathy and attention of their parents and relatives and that children’s

attachment to their loved ones is disrupted during war. According to him, this may be as a result of loss of parents, extreme preoccupation of parents in protecting and finding substance for the family. A certain number of children during war have lost everything and everybody related to them. Most of the time, such children are regarded as unaccompanied children during war. The findings of the study is also in line with view of APA (2001) as he pointed out that children do face challenges during armed conflicts such as loss of resources, disruption of family relationship, stigmatization, discrimination and pessimistic outlook and that all these result in poor health for the children. The finding also aligns with the view of Minoiu and Shemyakina (2014) when she stated that conflict-related household victimization especially economic loss is an essential conduit through which armed conflicts adversely affect children's health conditions.

These events in the Nigerian Civil War was not different from the situation in former Yugoslavia that was described by Doebbler (2015) when he noted that majority of children are not direct participants in the war but many of them are direct victims. This view is also shared by War Child International (2014) when it affirmed that children account for majority of the casualties of war. Therefore, the disruption of children's family lives during war affects the children during the war and sometimes shapes their lives after the war. Some are taken off the school for ever. Some had their education delayed while others may take to crime as a result of the moral decay that comes from the war. There may be some of them who developed some psychological disorders as a result of the trauma of the war. It is clear that war pulls down the walls of the family and these walls always collapse on the children whose lives may be truncated afterwards.

In the case of common health problems confronting children during armed conflicts, the result reveals that the most common health problems that children on the Biafran side faced during the Nigeria Civil War include kwashiorkor (as a result of malnutrition), diarrhoea, cholera, tuberculosis and whooping cough. Malaria was also a major threat to Biafran children during that war. These diseases killed millions of Biafran children during the Nigeria Civil War. These findings align with the report of Southall (2011), Howell (2020) and Dehab (2020) that mortality of children during war is predominantly the result of infectious disease, malnutrition and complicated environment. And that most times children are at the centre of its victimization space.

Data from the study also support the view of United Nations (1996) that during armed conflicts many children die as a result of malnutrition and disease. It is important to note that malnutrition do compromise the children's health and gives room for other diseases to kill the children. The result also agrees with report of UNDP (1996) when it posited that the killer diseases that confront children during war are diarrhoea, serious respiratory diseases and other contagious diseases.

The situation reported by the study is similar to what United Nations Department for Policy Coordination and Sustainable Development (1996) reported in Yugoslavia when it pointed out that the health problem faced by the youngest children during war is linked to malnutrition. It also noted that malnutrition affects all children but is more devastating among children below three years of age. Similarly, malnutrition makes it difficult for the children to resist attacks from common childhood diseases and these diseases become more severe or fatal in malnourished children. This is also in line with the view of Dahab et al (2020) when they pointed out that malnutrition status of the children influences their level of resistance against diseases.

In the same vein, it is obvious that breast milk offers real nutrient to babies. It also ameliorates the occurrence as well as the seriousness of infections thereby helping women to improve their health and that of their babies. It is known that babies are expected to have exclusive breastfeeding for not less than 6 months. They are also expected to continue to breastfeed in addition to other complementary diet for at least 2 years. As at the period of the Nigerian Civil War, data show that mothers as a result of hunger, exhaustion and trauma care less about their children. The mothers at a point lost confidence in their ability to produce breast milk. Sometimes, when mothers were fleeing from danger zones, they may not remember anything about breastfeeding. Their safety was paramount. This is why Forsyth (1982) posited that over a million of those children died as aid come too late or in too small quantities.

The study also revealed that other health challenges faced by Biafran children during Nigerian Civil War include rape and consequent sexually transmitted diseases (STDs), abandonment and destruction of health facilities. This is in spite of the fact that destruction of health facilities during arm conflict is a direct violation of the Geneva conventions of 1949. The situation in Biafra then was repeated in Nicaragua in 1982-1987 and in 1990 where about 70% of the health units were looted, destroyed or forced to close down (United Nations Department of Policy Coordination and Sustainable Development, 1996).

In the case of disruption of the social development of children during the Nigeria Civil War, the study pointed out that disruption of children's social development occurred in the form of disruption of the children's education, disruption of school facilities/programmes, loss of trust, self confidence and moral values. These findings partly aligns with view of International Review of the Red Cross (2019) when it stated that experiencing armed conflict during childhood has serious mental health risks and is a threat to a child's social development. The result also supports the idea of INARA (2020) that children injured during armed conflict may find themselves excluded from education.

It should be noted that sound education is key to understanding the importance of hygiene, healthy living and processes of accessing health care facilities. As a result, these children who were denied good education during war situations are usually in danger of confronting adverse health condition both during war and even after. In other words, disruption of the children's social development has a strong correlation with threat of adverse health condition towards children during and after war. This is why Posibi (2021) in his study pointed out that after 50 years that Nigeria Civil War ended, the war's legacy continues to hold Nigeria and Nigerians captive. This is because of aspects of the war especially the area concerning the effect the war had on children's social development had not been adequately assessed and addressed. Posibi (2021) emphasized that war truly disrupts the children's social capital as well as affects their social development. That is why most children who grew up in an environment of armed conflicts develop aggressive behaviour and are usually forceful in their demands. For instance, according to Obaji (2021), Mazi Nnamdi Kanu (the leader of Indigenous People of Biafra – IPOB), was born in Southeast Nigeria in 1967, the very year that the war began. He is actually one of the few babies that survival the war. Therefore, his actions or reactions concerning the secession of Biafra from Nigeria may be as a result of the disruption of social development that he suffered during the war. The whole exercise could have resulted from the loss of trust which he and his age mates developed as a strategy for survival during that war. That is why Tanko (2021) and Akinsowon (2021) agreed that distrust is a major reason Nigeria is facing an unprecedented wave of different but overlapping security crises such as banditry, armed robbery, kidnapping, cattle rustling and

secessionists' movements. They believe these issues and their magnitude is a serious threat to Nigeria as a nation because in most attacks human beings die or are maimed.

CONCLUSION

Armed conflict is a great hiccup to excellent health, good social life and harmonious human relationships in several nations particularly in the continent of Africa. In the past, wars are usually fought between nations but today the trend has changed. Most wars are now fought within nations. Throughout the developed and the developing world, conflict is a constant threat to the health and social development of children. During the Nigerian Civil War the family system collapsed. Many children were separated from their parents. Few others roamed about unaccompanied. Most children lost their traditional homes; some slept inside bush, tree tops or even in caves. All these negatively affected the physical, mental and biochemical structure of Biafran children.

On the other hand, most Biafra children died from diseases and not bullet. Many of them died from Kwashiorkor which was as a result of acute level of malnutrition within the Biafran zone during the Nigerian Civil War. During the late 1960s the name Biafra was synonymous with acute malnutrition and mass death of children. Only few infants born during that war survived because they were hardly breastfed. Most nursing mothers themselves were malnourished and are always facing traumatic situation. They hardly had strength and psychological balance to breast feed babies. Worst still, there were no supplement available for the babies. Therefore, most of the infants went with the war.

It was also noticed that malnutrition actually reduced drastically children's resistance to common diseases. Other common diseases that did deadly blow on the Biafran children were diarrhoeal diseases, malaria, measles, tuberculosis, whooping cough, convulsion and many other infectious diseases. In other words, children were the most vulnerable to the collective attacks/assaults on human health and social well-being.

Apart from health issues, armed conflict has its gravest effects on children's social development. War disrupts and distorts children's view of themselves, the world and the future. This is because war disrupted and destroyed children's education. Similarly, war builds loss of trust in children and this brings about loss of confidence in the children. This situation results in children becoming anxious, depressed and withdrawn or rebellious and aggressive even after the war. This orientation is still an issue that is affecting Nigeria till today in form of banditry, armed robbery, kidnapping and secessionists' movements.

Generally, no matter its form, armed conflict is an enemy against children. Beside the social problems suffered by children in times of war, they are at the same time faced with several health problems. From this standpoint, we can say that a significant relationship exists between armed conflict and adverse health conditions for children before, during and even after war. In other words, the consequences of armed conflicts on children are devastating. It actually impede on their general paediatric health situation and physical/social development.

From the foregoing, we believe that war benefits nobody and the greatest victims are usually children. As a result, adequate machinery should be put in place by local communities, nations, international agencies and even United Nations to manage conflicts at their inception in order to prevent them from blossoming into full blown wars. This is because war had never and will never be good to any society. The more armed conflicts a country suffers, the more backwards that country falls. Nigeria and Nigerians in particular, should learn from previous experiences. Most of the distrusts and conflicts of the present era in Nigeria are the

products of the last civil war. Providing for a peaceful future for the children requires more than merely stopping the current wars. It requires educating or convincing a whole generation of the necessity to settle their disputes peacefully. There is no doubt that education system that incorporated teaching of tolerance will provide foundations for peace (a situation in which there is no war or fighting).

On the other hand, where it is impossible to prevent armed conflict, the supply of emergency health infrastructures, food with proper nutrients and focused healthcare services should be adequate and available directly to the area(s) and victims who need them during wars. In other words, emergencies and procedures should be adapted to survival and protection of children. Family tracing programme should be established at onset of assistance programmes. At the beginning of armed conflicts, parties (state actors or non-state actors) involved should endeavour to train their citizens on how to migrate without losing their children. In these activities, the community leaders, national governments (including governments of neighbouring countries), international agencies, non-governmental organisations and United Nations that should be involved to ensure the lives of children are protected during armed conflicts.

And whenever it is feasible, abandoned/unaccompanied children should be put in the cared of their extended families, but where it is impossible, they should be catered for by neighbours, family friends or other substitute families instead of being kept in institutions. This will help to sustain the moral and traditional values of the people. However, no adoption should be permitted until exhaustive family tracing has been carried out. There should be practicable and transparent violent preventive measures; prevention of partiality in distribution of relief materials and avoidance of the urge to recruit children into armed forces in various refugees and displaced persons camps. These issues must be given priority in all assistance programmes during wars.

All military personnel, as a matter of necessity, should be trained to understand their responsibilities during war times towards civilians in communities with special attention to children. Children are not directly part of the war and as such should be protected. In fact, military personnel should at the point of being commissioned be made to take oath that they will never intentionally injure, attack or kill children during conflicts. There should be appropriate programmes with special focus on providing necessary assistance to children affected during war. Such programmes should also incorporate skill training for children. Most importantly, countries, organisations and companies that make profit from the sales/distribution of war weapons/equipment should be made to be part of the provision of funds for humanitarian or rehabilitation projects during and after wars.

Further studies should be carried out on recent armed conflicts in Nigeria and other Sub-Saharan African countries to determine what the effect of such conflict(s) on the health and social lives of children are. This will also help to compare historical facts with contemporary evidence.

Limitations of the Study

The study depended on what the participants could remember during the in-depth interviews about the event that happened over 54 years ago. It is possible that not all the participants could recall vividly how some of the events occurred due to time lapse and age factor. However, what they were able to remember is quite useful to fulfil the objectives of the study.

The study used narrative review of literature instead of the conventional systematic or scoping review to support the data obtained from in-depth interviews. This may not have followed the usual practice but it has helped to portray the results in concrete terms.

The study could not assess in details the psychological trauma faced by children during that because it is outside the scope of the study. However, it is important that subsequent studies could be carried out to determine this aspect of the effect of war on children.

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