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**TOPIC: WHOSE PEACE? THE IMPACT OF WAR ON MILITARY FAMILIES: A
CASE STUDY OF KENYA DEFENCE FORCES OPERATIONS IN SOMALIA,**

2011-2014

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DECLARATION

This research project is my original work and has not been presented for a degree in any other university.

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This research project has been presented for examination with our approval as the University Supervisors.

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Dr. George Gona

DEDICATION

This work is dedicated to all the KDF military families who carried the greatest burden during the Operation LINDA NCHI, and continue to do so in the war against Al Shabaab militants, but whose contributions to the war have gone largely unnoticed.

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Words cannot express my gratitude for the many special people who encouraged me and guided me in the completion of this work. I could never have gotten to this point in my academic life without Gods grace and mercy, and his placing of so many wonderful people in my life.

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LIST OF ACRONYMS

AMISOM	African Union Mission in Somalia
CDF	Chief of Defence Forces
DEFECO	Defence Forces Canteen Operations
DFMH	Defence Forces Memorial Hospital
DOD	Department of Defence
DRC	Democratic Republic of Congo
GSU	General Service Unit
GWAT	Global War Against Terror
ICU	Islamic Courts Union
IED	Improvised Explosive Device
IGAD	Intergovernmental Authority on Development
KDF	Kenya Defence Forces
1 ST KR	One Kenya Rifles
MIA	Missing In Action
PIES	Proximity, Immediacy, Expectancy and Simplicity
PKO	Peace Keeping Operations
POW	Prisoner of War
PTSD	Post-Traumatic Stress Disorder
SNM	Somali National Movement
SPM	Somali Patriotic Movement
SRRC	Somalia Reconciliation and Restoration Council
TBI	Traumatic Brain Injury
TFG	Transitional Federal Government
TFP	Transitional Federal Parliament

TLB	Third Location Decompression
TNG	Transitional National Government
TRIM	Trauma Risk Management
UN	United Nations
UNITAF	United Nations Task Force
USC	United Somali Congress
UNOSOM	United Nations Operations in Somalia
US	United States of America
WW1	World War One
WW2	World War Two

DEFINITION OF TERMS

- i. Quasi-soldiers - These are civilian military families who take care of the home front while their soldier spouses are deployed at the warfront during Operation Linda Nchi.
- ii. Combatants –Members of an armed force who directly participate in a conflict.
- iii. Non-combatants - Civilians who are not taking direct part in a conflict.
- iv. War expendables - The anticipated loss in terms of human life and material during war.
- v. Fiefdoms –Regions of a country that are not controlled by the central government and are in the hands of armed local clan leaders.
- vi. Military families - These are individuals who have a social relationship with the soldier. They include spouses, children, parents, siblings, uncles and aunties.
- vii. Military family - This is a family unit that may consist of a husband and a wife and children, with either the husband and/or wife being service personnel.
- viii. Deployment - This is the movement of military forces and equipment from peace time locations to combat regions. It includes the positioning of the forces in the area of operation.
- ix. Missing-In-Action- Persons removed from control of his forces due to enemy action, but not known to either be a prisoner of war or dead.
- x. Al- Shabaab – A militant group in Somalia with radical Islamic ideology.
- xi. Abaya - A traditional form of Islamic over-gown worn by women that covers everything but the face, hands, and feet.
- xii. Xeer - Somali customary law.
- xiii. Diya Group - Small social units that take collective responsibility for their own security as well as undertaking an obligation to compensate other groups for any harm committed by one of its members.
- xiv. Diya - This is the blood compensation paid by one diya group to another usually in the form of livestock.

ABSTRACT

The focus of this research work is the impact of Somalia war on military families of the Kenya Defence Forces (hereafter KDF). The study examined the systemic effects of war trauma as it impacted on the mental health and general well-being of KDF military families, with the objectives of examining the impact of the deployment on families left behind and their coping mechanisms. The study offered a historical background of the Somalia crisis and the incentives that compelled Kenya to undertake her first ever military incursion into a neighbouring country.

The study focused on the period between 2011-2014 when KDF operated initially as a single country force, and later as part of African Union Mission in Somalia (hereafter AMISOM). According to the study, soldiers go to war 'accompanied' by their families. While the soldiers deploy at the battle front, the families deploy at the home front where they not only keep the home front intact, but are also perpetually worried over the safety and well-being of the soldier. The resultant emotional demand and stress during and after deployment affects the overall family functioning as supported by the theoretical explanations of family stress theory and theory of systemic stress that guided the study.

The study involved 45 respondents that comprised serving soldiers and their families, and families of soldiers who died in the war. The sample was purposively drawn from three different KDF units. Interviews were conducted using semi-structured questionnaire guide, and emerging themes of negative and positive impacts of deployment, war trauma on soldier and improvised coping mechanisms were recorded.

It was noted that the stress on families started immediately the notification for deployment was given, and continued long after the deployment, particularly for families that nursed injured soldiers and those that lost loved ones. Despite the stress on families, existing KDF social and emotional support services were observed to target the well-being of the soldier more than the families. The study further noted that the impact of a soldier's death cascaded several layers of family kinship as majority of the soldiers were the sole bread winners of their immediate and extended families. Overall, the Somalia war had a significant emotional, economic and social impact on KDF military families. It is the spirit of this study of the need to restructure KDF social and emotional support services to better address the realities brought about by the Somalia war.

MAP OF SOMALIA



Source: <http://www.mapsofworld.com/somalia/maps/somalia-map.jpg>

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

States and non-state actors have engaged in different kinds of conflicts since time immemorial. Irrespective of the type of conflict, one feature that is common with all conflicts is that they have two sides; the military side and the non-military side.¹ The military side has the soldier who gets deployed to take care of the warfront with the full understanding that some of them are bound to become casualties as part of the wear and tear of war.² To keep the statistics of the dead, injured and mentally disturbed down, militaries avail a range of psychological and social services aimed at the general well-being of the soldier before, during and even after the war. These services are available to the soldier, perhaps on the belief that the only person who is traumatically affected by war is the soldier, for he is the one who stands in between the enemy and the people. Yet when the soldier deploys at war front, he does not deploy alone. He deploys with his immediate and extended family members (the military family).³ As the soldier departs to the war theatre, the military family deploys at the home front, and maintains psychological and emotional contact with the events at the war front.⁴

As part of their contribution to the war effort, the military families fight at the home front to keep the family intact. They pray for the soldier and the spouses assume all household responsibilities that were previously shared, while at same time, are constantly worried over the safety of the soldier. Due to their closeness with the soldier, the violence associated with war exerts a lot of emotional pressure and influence on the military family throughout the course of the war.⁵ The

¹ B. Teerawichitchainan, & K. Korinek, (2012, June). "The long-term impact of war on health and wellbeing in Northern Vietnam: Some glimpses from a recent survey." *Social Science and Medicine*, 74(12), 1995-2004. Retrieved November 27, 2014, from http://ink.library.smu.edu.sg/cgi/viewcontent.cgi?article=2246&context=soss_research, pp.2-4.

² H. Ichikawa, (2009-01). "Families Acting as 'Semi-Concerned Persons' to Protect Soldiers". *IPSHU English Research Report Series*. Issue 23, 73-89. Available at; <http://home.hiroshima-u.ac.jp/heiwa/Pub/E23/04ichikawafinal.pdf> , Accessed 14 Jan 2015, p.76.

³ N. Park, (2011). "Military Children and Families: Strengths and Challenges During Peace and War." *Military Psychology*. Vol 66 (1), 65-72. Available at: <http://m-span.org/wp-content/uploads/2011/12/Park-Military-Children-Michigan-Summit-on-Military-Families-Article-2011.pdf>. Accessed on 15 November 2014, p.65.

⁴ D. F. Halpern, & S. E. Murphy, (2012), *From Work-Family Balance to Work-Family Interaction*, New York, Taylor & Francis Group, p.87.

⁵ A. Demers, (2008). "The War at Home: Consequences of Loving a Veteran of the Iraq and Afghanistan Wars." *Journal of Mental Health*, Vol.6(1), 1-17, p.11.

stress associated with the uncertainty of the battlefield and the need to maintain family stability in order to motivate the soldier presents a battleground to the military families. According to Ichakawa, military families are the “quasi-soldiers”, whose active involvement in any conflict is critical for the accomplishment of combat missions.⁶

Arising from the attachment with the soldier, the quasi-soldiers bear the greatest burden of any nation in conflict. For them, any injuries or death is one of their own. This makes their pain and grief intense, long lasting, and goes beyond the immediate end of the conflict.⁷ Unlike the other members of the society, they are the ones who endure the loneliness and the uncertainty of war. Hence the mental trauma they are exposed to and other associated impacts of war outcomes, during and after the war can cause stress to the family, immediate and extended, which may ultimately affect the mental, emotional and physical well-being of the entire family. This is particularly consistent with African military families, who not only exercise a culture of strong extended family ties, but are also poor, where the soldiers in most cases, are the sole bread winners. Hence, in the event of a soldier suffering combat casualty, the outcome affects many people that are linked to the soldier.⁸ In cases of death, the immediate and extended family members, end up devastated emotionally, economically and even socially. Yet this reality of how war affects the military family has not been given much attention in many African militaries, Kenya Defence Forces (hereafter KDF) included, thus creating a gap in the appropriateness of social and mental healthcare support services offered by the Department of Defence (hereafter DOD) level and their lack at the community level to mitigate the psychological needs of the quasi-soldiers. Available literature suggests that due to lack of intervention services, some families simply waste away from unaddressed psychological needs, children drop out of school, while other families are reduced to beggar status once the compensation money is exhausted. This then leads to the question; whose peace do the soldiers fight and die for?

⁶ H. Ichikawa, (2009-01). “Families Acting as ‘Semi-Concerned Persons’ to Protect Soldiers”. *IPSHU English Research Report Series*. Issue 23, 73-89. Available at; <http://home.hiroshima-u.ac.jp/heiwa/Pub/E23/04ichikawafinal.pdf> , Accessed 14 Jan 2015, p.81.

⁷ A. Fontana, and J. Keene, (2009). *Death and Dying in America*, Malden, Polity Press, pp.131-132.

⁸ J. H. LaMorie, and M. M. Murphy, Traumatic Death in the United States Military: Initiating the Dialogue on War-Related Loss. In R.A. Neimeyer, H. Winokuer, D. Harris & G. Thornton (Eds.), *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*. New York, Routledge. Available at: <http://www.goccp.maryland.gov/victim/documents/TraumaticDeath.pdf>. Accessed on 3 September 2014, pp.3-4.

The Kenya Defence Forces deployed to combat the militant group Al-Shabaab under operation code named Operation LINDA NCHI.⁹ In the course of the operation, several soldiers died in the line of duty while others suffered all manners of injuries.¹⁰ These are soldiers with significant others, wives, children, mothers, fathers, sisters, brothers, uncles, etc. With this reality in mind, the study sought to examine how KDF operations in Somalia impacted on them.

1.1 Background to the Study

The Kenya Defence forces, for the first time in the history of independent Kenya, crossed an international boundary into Somalia and carried out an intervention against the Al-Shabaab terror group that had been linked with a series of cross-border kidnappings and attacks which violated Kenya's sovereignty and territorial integrity.¹¹ The incursion into Somalia was conducted under the operation code named LINDA NCHI.

The Operation LINDA NCHI can be considered as an intervention in a conflict that started in Somalia in 1991 when the country descended into sectarian conflict following the ouster of President Siad Barre.¹² The removal of Barre was immediately followed by a state of lawlessness after the state collapsed, thereby creating an environment in which armed militia groups sprung up within different clans, with rivalry between the clans degenerating into open armed struggle for domination and control.¹³ The end result was anarchy in which clan war lords reigned supreme in their areas of dominance. This state of affairs would characterize Somalia political and security landscape for decades. The early days of this anarchic situation lead to massive displacement of people and serious humanitarian situation.¹⁴ To avert this humanitarian crisis, the UN passed a resolution for a UN force to intervene under United Nations Operations in Somalia (hereafter UNOSOM). The operation nicknamed "Operation Restore Hope", spearheaded by the US, was launched in 1992.¹⁵ The operation however, ended disastrously in

⁹ Operation Linda Nchi derived its name from a Swahili word that means "Operation Defend the Nation".

¹⁰ KDF Classified Records, (2015).

¹¹ P. T. Migue, O. M. Oluoch, P. M. Njuguna, and C. O. Imbiakha, (2014). *Operation Linda Nchi: Kenya's Military Experience in Somalia*, Nairobi, Kenya Literature Bureau, pp.34-35.

¹² A. A. Mohamoud, (2006). *State Collapse and Post-Conflict Development in Africa: The Case of Somalia (1960-2001)*, Purdue, Purdue University Press, p.16.

¹³ Ibid, pp.16-17.

¹⁴ Ibid, p.17

¹⁵ M. Bose, and P. Rosana, (2002). *From Cold War to New World Order: The Foreign Policy of George H W Bush*, Westport, Greenwood Press, p. 266.

1995.¹⁶ Inter-clan fighting resumed and Kenya became the destination for thousands of Somali refugees. The lack of a central authority created a security vacuum that encouraged unchecked flow of small arms and light weapons, eventually leading to a proliferation of small arms in the region.¹⁷ Al Qaeda linked terror operatives also found a suitable ground from where to train, hide and plan their operations¹⁸. In both instances, Kenya became the biggest victim of illegal arms and terror attack. The 1998 US Embassy attack in Nairobi had been executed by Somali based operatives.¹⁹

In employing the spirit of the policy of good neighbourliness, Kenya opted to apply the soft power approach in dealing with the threat emanating from Somalia, and became a key mediator in an Intergovernmental Authority on Development (hereafter IGAD) sponsored peace process from 2001. After several unsuccessful attempts, a new Somalia administration, the Transitional Federal Government (hereafter TFG), was formed in Nairobi in 2004.²⁰ The new Somalia administration was however rejected by the many armed groups in Somalia, terming it a foreign project. This stand influenced various religiously inclined rival warlords who agreed to operate collectively under one umbrella organization that was known as the Islamic Courts Union (hereafter ICU), whose main agenda was to fight the new TFG administration and western influences.²¹ As ICU control and influence expanded within Somalia, so did their desire to extend their fundamentalist ideology beyond Somalia borders. This prompted Ethiopia to react and conducted a military operation against ICU bases and facilities in Central Somalia (Galgadud and Mudug Regions), Beled Weyn (Hiran Region), Bay Region and Kismay (Juba Region).²² The group was dismantled, with most of its youthful fighters melting within the local population, while its top leadership was forced to flee the country. With time, the youth that had

¹⁶ J. Young, and J. Kent, (2003). *International Relations Since 1945*, (p. 505). Oxford, Oxford University Press.

¹⁷ M. Wepundi, (2012). *Availability of Small Arms and Perception of Security in Kenya: An Assessment*. Geneva, Small Arms Survey Publication, p.23. Available at: <http://www.smallarmssurvey.org/fileadmin/docs/C-Special-reports/SAS-SR16-Kenya.pdf> Accessed on 16 May 2015

¹⁸ C. E. Humud, A. Areiff, L. P. Planchard, C. M. Planchard, J. M. Sharp and K. Katzman, (2014). *Al Qaeda-Affiliated Groups: Middle East and Africa*. Congressional Research Service. Available at; <http://www.refworld.org/docid/54660ccc4.html>. Accessed on 21 May, 2015, pp.18-19.

¹⁹ B. Rubin and J. C. Rubin, (2002). *Anti-American Terrorist and the Middle East*. A Documentary Reader. New York, Oxford University Press, p.215.

²⁰ H. Janice, (2007). *Somalia in Pictures*. Minneapolis, Lerner Publishing Group, p. 34.

²¹ S. M. Hassig, (2008). *Somalia*. Tarry Town, NY, Marshall Cavendish, p. 33.

²² K. K. Menkhaus, (2007). "Crisis in Somalia: Tragedy in Five Acts", *Journal of African Affairs*, Vol106 (204), 357-390.

disappeared into the local population, regrouped, and re-emerged under new leadership and new name, the AL-SHABAAB (The Youth).²³

The Al-Shabaab group, with an ideology of creating an Islamic purist region within the Horn of Africa by the use of force, directed most of its activities against Kenya and its people.²⁴ To pursue this ideology, the group chose to instil fear by terrorizing Kenyans. The northeastern region, extending to the coastal areas became increasingly insecure, with rising incidences of terror-like activities. Cross-border kidnappings and attacks targeting security personnel, tourists at the coast and aid workers in refugee camps became frequent. Furthermore, illegal cross-border trade in which the government lost custom revenue was booming and piracy at the Indian Ocean that significantly undermined the cost of doing business in Kenya was at an all time high. Incidences of terror attacks, initially targeting non-Kenyans and their interests escalated. Additionally, young Kenyans became the target for recruitment into the militia outfit with the sole purpose of training and infiltrating them back into the country to become the enemy within.²⁵ The Kenyan economy and its people, for all intents and purposes, came under serious threat, prompting an urgent need for intervention. The response was to conduct an armed pursuit into Somalia to destabilize Al-Shabaab bases. The Kenya Government thus invoked Article 51 of the United Nations Charter on the Right to Self Defence that provides for the Right of Pursuit. Through this mandate, the government of Kenya declared war against Somalia Al-Shabaab group in an operation nicknamed “Operation LINDA NCHI on 16 Oct 2011”.²⁶

According to records from the Department of Defence, Operation LINDA NCHI, and later under African Union Mission in Somalia (hereafter AMISOM) had seen the deployment of an estimated 16,000 troops that had been rotated over a period of 4 years. According to KDF records, 25 KDF soldiers were killed in action, 120 injured and 2 recorded as missing in action

²³ C. L. Daniels, (2012). *Somalia Piracy and Terrorism in the Horn of Africa*. Plymouth, Scarecrow Press Inc, p.57.

²⁴ S. J. Hansen, (2013). *Al Shabaab in Somalia: The History and Ideology of a Militant Islamic Group*. London, Hurst Publishers, pp.105-107.

²⁵ International Crisis Group. (2014). Kenya: “Al Shabaab Closer Home. Update Briefing.” *Africa Briefing*. No 102. Policy Briefing. Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/kenya/b102-kenya-al-shabaab-closer-to-home.pdf> . Accessed on 14 April 2015, pp.9-10.

²⁶ M. D. Anderson, and J. McKnight, (2014). “Kenya at War: Al-Shabaab and its Enemies in Eastern Africa”. *African Affairs*, Vol 114 (454), 1-27. London, Oxford University Press. Available at: <http://afraf.oxfordjournals.org/content/early/2014/12/19/afraf.adu082.full.pdf+html>, Accessed on 16 January 2015, p.1.

over the same period.²⁷ In accordance with military customs and traditions in times of conflict, the dead were accorded heroes' burials and monuments, with their names inscribed on them, have been constructed in the barracks as an honour to them and in recognition of the sacrifice they made to the nation and as a way of keeping their memories alive. As for the injured, the military has provided health facilities at the Defence Forces Memorial Hospital where physical and mental health services are provided. This is, however, just one side of the impact of this war.

As observed in the introduction, the other side of war is fought and the impact borne by the families of the soldiers deployed in combat. All the soldiers, who have been rotated in and out of the war theatre, are attached to an immediate family and extended relatives, who endured loneliness during their absence and who are the ones that receive the bodies in the unfortunate event of death. They nurse the physically injured and the mentally traumatized. They are the ones who must take care of the family left behind in the event of death. These are the quasi-soldiers who continue to mourn long after the guns go silent, with the lives of some families completely shattered if the soldier was the sole bread winner for his family. Even extended families such as parents and siblings experience profound loss, but are often overlooked in their grief since the military institution, in most instances, does not recognize them as the primary care givers to the soldier. The military recognizes mainly the immediate family which is typically the spouse and children for emotional support services. Yet, at the community level where the soldier's larger family is found, there are no programmes or services for social and emotional support to the larger military family members. Concerns of neglect of KDF's bereaved quasi-soldiers, with many of them living in conditions of abject poverty or suffering from mental problems, have been highlighted in the local media.²⁸

This study is, therefore, a modest attempt to unearth the problems of quasi-soldiers and the efforts that the government has made (if any) in recognizing their contribution in the war.

²⁷ KDF Classified Personnel Records at Defence Headquarter

²⁸ K. Omwandho, (2014). *Scars of War*. Nairobi, KTN Production.

1.2 Statement of the Problem

Military families in general suffer immensely during combat deployment. Studies on the impact of Second World War (hereafter WW2), Korean, Vietnam, Iraq and Afghanistan deployments found that military spouses and children were affected by a general trend of stressors, such as loss of emotional support, loneliness, role overload, role shifts and concerns about the safety of the soldier.²⁹ Other studies reported higher levels of depression and anxiety, and increased frequency of visits to health care facilities during war time than peace time.³⁰ Combat deployment has also been found to contribute to disruption in marriage relationships.³¹ Studies on children of wounded Vietnam veterans found them to suffer from secondary trauma, which not only affected their academic performance and social relationships, but also negatively affected their self-esteem and social behaviour, much like the veterans themselves.³²

The impact of deployment related death is deep, and the chain of those affected is long, particularly for African military families who come from a background of strong extended family ties. Yet this social reality has not been given much attention with most studies focusing mainly on the impact on immediate family and Post-Traumatic Stress Disorder (PTSD) on the soldier to the exclusion of parents, siblings and other family members.

The soldier's immediate family, parents and siblings, close friends and other extended family members, who had close attachment to the soldier, are affected in profound ways, socially and emotionally. Due to lack of awareness on how armed conflicts impacts on the military family, formal support facilities or services at the community or national level to help the families cope with the loss are non-existent.³³ Due to this, studies have revealed that some families simply waste away due to unaddressed psychological injuries, while others degenerate from neglect, thereby leading to the question as to whether the loss of a soldier bears any meaning to those left behind.

²⁹ A. R. Drummet, M. Coleman, and S. Cable, (2003). "Military Families Under Stress: Implications for Family Life Education" *Family Relations*, Vol.52 (3), 279-287. Available at: https://reachmilitaryfamilies.umn.edu/sites/default/files/upload_material/Drummet,%20et%20al.%202003.pdf , Date accessed: 16 June 2014, p.281.

³⁰ T. S. Knapp, and S. J. Newman, "Variables Related to the Psychological Well Being of Army Wives During the Stress of an Extended Separation." *Journal of Military Medicine*, 158 Vol2, (1993), pp.77-80.

³¹ Ibid, p.78.

³² Ibid, p.79.

³³ Ibid, p.5.

Studies in the Western World on the impact of wartime deployment, particularly during Iraq and Afghanistan wars, have led to the formulation and development of policies aimed at improving the benefits and compensation schemes for military families. Subsequently, many government funded organisations and other non-governmental ones, such as bereavement benefits, Veterans Association, Gold Star Mothers and Gold Star Wives of America Inc, among others, have stepped up their support to the military family. In Africa however, there is inadequacy of data that can be used to argue the case for military families for better mental health care and overall well-being during deployment. There is even less data on how war affects extended military families. This study, therefore, investigated the experiences and feelings of military families in coping with death or injuries, with special focus on the immediate and extended families and whether the families lived to enjoy the peace that the soldier selflessly got injured or died for. A case study of Kenya Defence Forces operation in Somalia, code named ‘Operation Linda Nchi’, was used to investigate the experiences of KDF military families.

1.3 Objectives of the Study

- i. To examine the impact of Somalia war on KDF quasi-soldiers.
- ii. To examine KDF quasi-soldiers coping mechanisms.
- iii. To examine the benefits of the existing KDF family support services to the military families.

1.4 Justification of the Study

Like any other war, lives and properties were lost during Operation Linda Nchi. However, the residual impact of the war with regard to how it affected civilians and specifically the military families had not been given much attention, a situation that can be attributed to the general belief that the only people who are affected by war and who suffer the trauma of war are soldiers.³⁴ Indisputably, the soldiers are the ones who are placed in harm’s way and who must endure the hostile nature of combat terrain, but every soldier is linked to somebody else; his immediate and extended family. Due to this association with the soldier, they become secondary

³⁴ J. Veneisha, (2008). *Military Wives Whose Husbands Are Deployed During Operation Iraqi Freedom*. Florida, Universal Publishers, pp.1-2.

victims of the conflict, in addition to fighting to keep the home front intact. They are the quasi-soldiers who fight at the home front. As they manage the home by assuming sole responsibilities of duties that were previously shared, they also live in a state of uncertainty over the well-being of the deployed soldier. During such times, they contend with loneliness as wives miss their husbands and children miss their parents. As the immediate family worries, so is the extended family, like parents, siblings, close uncles, aunties and friends. The pain and the grief of this category of people is often unrecognized, hidden and unacknowledged.

Research findings on the impact of different wars (Second World War, Vietnam War, Desert-storm War, the Arab-Israeli) on Western and Jewish military families have provided insights into their grief and have inspired the establishment of military family support groups and services to mitigate the impact of their loss. Data on how different wars have affected military families in the African continent, is however scanty. As such, existing family support services for surviving families are mainly based on peace time situations, and not dedicated to provide support during combat realities. This study was, therefore, found to be important, not only for the KDF, but also for other security forces who have been involved in this war. It is expected that the research findings can provoke a national debate and possibly inspire legislation on how to better support families of soldiers who lost their lives in the defence of the nation.

1.5 Scope and Limitations of the Study

The time frame of this study was between 2011-2014; a period during which KDF undertook operations in Somalia, initially as a single country, but later as part of AMISOM force. However, even after integrating to be part of AMISOM force, management of the military families remained an individual nation's responsibility. The study thus covered the military families of three specific KDF units that had operated in Somalia, including military families of the KDF soldiers that had died in the operation. Due to the small number of soldiers that died in the operation, families of the dead were not limited to a particular unit.

Other limitations the study experienced was reaching military families of the soldiers killed in action. The families were dispersed all over the country such that tracing some of them became a big challenge. Further, the period of the study which was from 2011-2014 was found not to be

long enough for some of the expected consequences to have erupted or experienced. Additionally, some respondents exaggerated their experiences under the thought of attracting some sort of compensation from KDF or the government, while, other military families, particularly those who lost loved ones, were not willing to talk about the past so as not to open the wounds that were already healing.

1.6 Literature Review

The subject of military families as casualties of war and perhaps as people with the greatest stake in any war has not been studied extensively enough, partly due to the fact that they are regarded as civilians and are therefore considered alongside other non-combatants as civilian casualties of war and partly because the challenges they face are not shared by others. Contending with these challenges calls for huge sacrifices, which in most cases, is never understood or appreciated by the society.³⁵ Martin *et al.* argued that this misperception and lack of appreciation for the demands of military family life can lead to lack of empathy and understanding and a correspondingly lowered public support for military families.³⁶ This is probably the case in Kenya's context and it is appropriate that a study is carried out to have an understanding of the Kenyan situation. Generally, interest on military families as a special category of casualties of war has been lacking, leading to limited available literature on the subject area. Available literatures, some of which are reviewed here, cover mainly western and Israeli military family experiences. Africa, being a continent that has witnessed the largest share of the world's armed conflicts, has limited literature on this subject.

The reviewed literatures suggest that the suffering military families endure are mainly from indirect consequences of war which can be extensive, long-lasting and go beyond the immediate end of a conflict. While studying, the long-term effect of World War 2 on elderly people in Europe, Kesternich and Smith found that the impact was particularly pronounced in areas that had experienced the most violent combat. They argued that the destruction of social facilities

³⁵ J. M. Wilmot, and A. S. London, (2013). *Life Course Perspective on Military Service*. New York, Routledge, pp.4-6.

³⁶ J. A. Martin, L. N. Rosen, and L. N. Sparacino, (2000). *The Military Family: A Practice Guide for Human Service Providers*. Westport, Greenwood Publishing Group, pp. 4-6.

impacted negatively on late life outcomes such as education, employment opportunities, general health, marriage, and so on.³⁷ Children who witnessed violence were found to have been equally affected in old age. The authors also found that children exposed to combat and whose fathers were absent during the war period due to deployment indicated depressed quality of life and were more likely to suffer from depression with overall lower levels of life satisfaction in their adulthood life.³⁸ They associated these outcomes with the violence witnessed in early childhood and the deprivation due to destroyed social infrastructure. They concluded that indirect impact of war can affect the future growth and development of a community, and the effects can manifest in adult lives of those who were children during the period of the war. These outcomes were found appropriate for this study as many KDF military families had fathers absent for extended periods during the course of Operation Linda Nchi. How this absence affected their general health, behaviour and academic performance were part of the areas of investigation.

The two authors however, generalized the victimhood and did not draw a distinction between the ordinary civilian with no stake in the military and a military family that had a soldier deployed in the war. How the war impacted on the two is likely not to be uniform. What suffering the military family endures is compounded by stress due to association with the soldier.³⁹

Deployment can be a stressful period for a soldier, and the stress endured during such period influences their behaviour when they return home. Chandra *et al.* contend that soldiers experience long hours and intense working pace that begins at the time of pre-deployment training and continues right into the battle field. Once in the war theatre, the soldiers begin to operate in an environment where they are not only exposed to uncertainties and the constant danger from the threat of the enemy, but are also separated from families and relatives.⁴⁰ During such times, many soldiers experience trauma associated with the violence in the battle field.

³⁷ I. Kesternich, B. Siflinger, J. P. Smith, and J. K. Winter, (2012). "Effects of World War 2 on Economics and Health Outcomes across Europe." *Discussion Paper* No. 6296. Available at: <http://ftp.iza.org/dp6296.pdf> . Accessed on 16 December 2014, p.25.

³⁸ Ibid.

³⁹ G. Fink, (2010). *Stress of War, Conflict and Disaster*. San Diego, California: Elsevier. pp. 359-366.

⁴⁰ A. Chandra, R. M. Burns, T. Tanielian, H. L. Jaycox, and M. M. Scott, (2008). *Understanding the Impact of Deployment on Children and Families*, (Working Paper), Rand Center for Military Health Policy Research, Rand Publication, p.7.

They argue that witnessing injuries or death of colleagues, badly mutilated and even decomposing bodies can lead to intense trauma.⁴¹

In their study of the impact of the American Operation Iraqi Freedom on soldiers, they found that despite the stress of combat environment, some soldiers found deployment beneficial due to additional financial allowances paid to them for separation and risks faced. Others considered deployment as a platform that fostered comradeship within a combat unit where they bonded as a family. The authors posit that the adverse effects and benefits of deployment impacted on the attitudes and experiences of both the soldier and the family. From these experiences, some soldiers returned home suffering from physical or psychological (PTSD) injuries, depression or traumatic brain injury. Chandra *et al.* attributed these outcomes to the increased risk of death that made soldiers to be constantly on edge and the lack of contact with spouses and children.⁴² The knowledge provided by Chandra *et al.* gives a general understanding on the impact of deployment on both the soldier and the family and provides necessary information that formed the foundation of this study in investigating how deployment in Somalia affected the KDF soldiers during deployment and upon return. Chandra *et al.* however focused on the soldier, but omitted to show how the incentives and deployment impacted on the children and family and the consequence of injuries or death of a soldier to his family and relatives.

Deployment as a period during which the family and the soldier are separated is considered the most stressful period for military families and a defining aspect of military life.⁴³ The duration of deployment and the mismatch between the expected return date and when the soldiers returned were found to be primary sources of stress for both the soldier and the family.

Conducting a systematic review of the literature on the impact of the length of deployment and timing mismatch on coalition soldiers deployed in Iraq, Buckman *et al.* found that as the length of deployment increases, soldiers begin to suffer poor physical and psychological health, take part in more negative health behaviours and report lower overall well-being.⁴⁴ Durations

⁴¹ Ibid.

⁴² Ibid.

⁴³ B. Moore, and B. Jeffrey, (2013). *Military Psychologist Desk Reference*. Oxford, Oxford University Press, p. 213.

⁴⁴ J. E. Buckman, J. Sundin, T. Greene, N. T. Fear, and Dandeker, C. (2011). "The Impact of Deployment Length on the Health and Well-being of Military Personnel: A systematic Review of the Literature." *Journal of Military Psychiatry, Occupation Military Medicine*. Volume 68:1 69-76 (30 September 2010) Available at: <http://oem.bmj.com/content/68/1/69>, Accessed 5 June 2014, p.70.

exceeding six months affected the soldier's morale, mental health and relationship within the family. Soldiers who stay away from home for extended periods exceeding six months risked the danger of suffering from cumulative stress, which may become evident upon their return from deployment.⁴⁵ Buckman *et al.* attributed this to limited, infrequent and irregular contacts between the soldier and the family members during the period of deployment, forcing the soldier to deal with both the risks at the warfront and the stress of missing very important family events at home such as birthdays, anniversaries, graduations and social transitions of the children.⁴⁶

The authors thus found that stress level on both the soldier and the spouse went up as the length of deployment increased. It worsened for the spouse when financial difficulties began to be felt at home, and as the spouse resigned to the role of as single parent who must make all important family decisions alone. They posit that the severity of the impact associated with longer deployments increases in the event of a mismatch between the expected and the actual time spent in the war theatre. The authors associated this with the diminishing of coping resources and tools the family might have had, such as calendars for count-down which are then rendered irrelevant.

Buckman *et al.* argued that the overall impact of deployment length and mismatch can cause mental health problems for the spouse, and negatively impact on the children's behaviour at home and performance at school. In their conclusion, they noted that extended deployment can aggravate difficult relationships, especially for families that were experiencing marital tension prior to deployment.⁴⁷ The stress associated with loneliness during extended deployment can worsen situations in unstable relationships that may lead to extra-marital affairs, separation, divorce and even increased difficulty for the soldier in reconnecting with his family upon his return.

The length of deployment and mismatch in deployment timings is a challenge to most militaries due to the dynamics of the battle field and in some cases limited personnel; situations that can lead to soldiers being deployed for much longer periods than had initially been scheduled, forcing the expected return to be adjusted. This knowledge on the effect of such outcomes to both the soldier and his family was found useful during this study when investigating KDF

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid.

family experiences and feelings with regard to the mismatch between the expected due date and the date the soldier actually returned.

The information provided by the authors is nonetheless based on reviews of other literatures and was found not to reflect the experiences of real victims, a gap which this study attempted to address.

Stability at home front and soldiers' performance at the battle front are considered to be correlated; the stable the home front, the better the soldier's performance at the warfront.⁴⁸ Jones argues that the stability at the home front is directly proportional to a soldier's effectiveness at war and that negative news from home translates into decreased alertness at the battle front that increases the risk of death or injury to the soldier. Writing about the Israeli war with Lebanon, Jones stated that 30% of casualties suffered by Israeli soldiers were due to combat stress reaction, a temporary breakdown due to accumulated stress that rendered soldiers dysfunctional and unable to effectively execute the mission.⁴⁹ The study concluded that soldiers with certain marital problems or stress in personal relationships or financial problems were at a higher risk to suffer combat stress reaction.

According to Jones, the two fronts are not two separate entities and are mutually inclusive.⁵⁰ The family front relies on regular and accurate information update about the events at the war front, while the soldier is motivated by the knowledge that the family is intact and is assisted whenever necessary by the military to hold together.

Jones's description of the contribution by the military family during conflict is all too often overlooked and underrated, either due to ignorance or deliberate neglect. This knowledge was useful in helping to direct this study on the experiences of both the KDF soldier and his family with regard to different situations, both at the home front and at the war front and how each situation impacted on them separately. The author, however, focused more on the spouse and the soldier, ignoring the existence of other people in the soldier's life.

⁴⁸ F. D. Jones, (1994). *Military Psychiatry: Preparing in Peace for War*. Washington, D C. TMM Publication, pp. 20-28.

⁴⁹ Ibid.

⁵⁰ Ibid.

Fink's thoughts on the impact of modern-day warfare is that the landscape of casualties of war has changed and covers everybody, including women which has gone against the societal construct of war in which women were never regarded as primary casualties of war since men were the ones who went to the battle field.⁵¹ He argued that modern wars have defied this wisdom, such that women are targeted more for sexual violence, and also suffer as victims of direct and indirect impacts of war. The author posits that women suffer even more because they are the care givers to those left behind or the injured. According to him, women's association with soldiers as wives, lovers, mothers, sisters, aunties, nieces and mourners of those killed at war makes them the bearers of the greatest grief.⁵²

Fink provides a broad overview on the impact of war on women in general terms, and narrowed it down to the challenges faced by the women associated with soldiers. He contends that women associated with soldiers suffer emotional stress of separation for long periods during training and for even longer periods during combat deployment when they have to bear the burden of being the head of the house. Her situation becomes more complex in the event of death or serious injuries in which she becomes the sole bread winner for the family. The thoughts by Fink were particularly beneficial to this study as they provided an insight into the women associated with soldiers, and what these women endure. KDF soldiers are also linked to such women, and their experiences with battlefield outcomes became an area of investigation. Fink, however, failed to provide an elaboration on the specific stressors women associated with soldiers contend with and how to cope with the associated stress.

In their study on the impact of war on military spouses, Wadsworth *et al.* examined the behaviour of female spouses whose husbands were deployed in the Operation Iraqi Freedom. In their findings, they argued that, how a spouse copes with the stress associated with the absence of the husband is influenced by factors that include available circle of friends, extended family support, financial ability and the quality of marital relationship, among others. They noted that how a spouse responds to of deployment is a function of the spouse's interpretation of the stressor event, and the resources that she can mobilize to mitigate the crisis.⁵³ Families with more

⁵¹ G. Fink, (Ed).(2010). *Stress of War, Conflict and Disaster*. Sandiego, California, Academic Press, pp. 359-366.

⁵² Ibid.

⁵³ S. M. Wadsworth, and D. Riggs, (Eds).(2011). *Risk and Resilience in US Military Families*. New York, Springer, pp.23-29.

resources at their disposal and appropriate interpretation of the stressor event are likely to cope better compared to families with inappropriate interpretation and limited resources, while families experiencing difficulties in their relationships prior to deployment are likely to be affected more negatively.

Wadsworth *et al.* concluded that deployments are more stressful and damaging to marriages of enlisted service members who on average tend to be younger, and are more likely to be exposed to more violent combat as compared to the marriages of officers who are normally older, and less exposed to the dangers of combat.⁵⁴ The authors however state that, irrespective of rank, relationships of younger couples who have been married for a shorter period are at greater risk during deployment than older couples. This conclusion was important for this study, especially when it is considered that KDF deployed in Somalia soldiers of diverse ranks and different age groups. Hence the findings guided the study on how the operation impacted on different age groups and ranks.

Wadsworth *et al.* nevertheless concentrated on the spouse and did not elaborate on the impact of deployment on the well-being of other members of the military family, an area this study elucidated on.

Faber shared the same view that during deployment, the stay-at-home spouses are stressed by loss of emotional support, loneliness, role overload, role shifts and the concern over the safety and well-being of the soldier-partner. In such times, Faber contend that the family constantly thinks about the soldier, making the soldier to be psychologically present in their midst but physically absent. According to him, such situations are worsened by live media coverage of battlefield events of violence and bloodshed. The family thinks of the soldier more, especially when there is inadequate information coming from the military. The inability of families to stay in regular contact with the soldier makes the soldier to be constantly in their mind, a situation that can be very stressful.⁵⁵ Faber opines that the constant presence of the soldier in the family's

⁵⁴ Ibid.

⁵⁵ A. J. Faber, (2008). "Ambiguous Absence, Ambiguous Presence: A Quantitative Study of Military Reserve Families in Wartime." *Journal of Family Psychology*, Vol 22, No 2. 222-230. Available at: http://www.ncdsv.org/images/jfamilypsych_ambiguousabsenceambiguouspresence_2008.pdf . Accessed on 15 August 2014.

mind despite his physical absence leads to ambiguous presence.⁵⁶ The author conclude that, due to the trauma of war, soldiers tend to feel disconnected psychologically and mentally with events at home, thereby making it difficult for them to fit in right back upon return, a situation that leads to ambiguous presence.⁵⁷ Faber's idea of ambiguous presence was instrumental in helping to bring out an understanding of integration difficulties faced by KDF soldiers and their families upon the end of deployment.

Faber looked at the stress associated with ambiguous presence and ambiguous absence and highlighted how they can lead to stress. He placed more focus on the spouse, and omits the experiences of the children and the extended family who also suffer during deployment. This study investigated their experiences.

Ursano *et al.* also shared the same school of thought, that the stay-at-home member of the family is constantly worried and anxious over the possibility of death or injury to the soldier, and that the soldier gets motivated upon receiving news that the home front was okay.⁵⁸ In their study of the spouses of the Gulf War soldiers, they found that many spouses suffered anxiety and depression, conditions that worsened by the constant media coverage of the war, particularly when the media aired traumatic pictures of badly disfigured bodies of soldiers, yet the military was not providing detailed information on the events in the theatre.⁵⁹ They concluded that the flow of information back and forth between the family and the soldier is important for the well-being of both the soldier and the family, and can reduce resultant anxiety and anxiety in the absence of any information. This conclusion was important in this study, particularly when investigating the role communication between KDF soldiers and their families played in influencing their general well-being. The authors however steered clear of addressing specific experiences of soldiers in terms of how lack of communication from home or the front can affect both the soldier and the family.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ R. Ursano, and A. E. Norwood. The Gulf War. In R. Ursano, and A. E. Norwood (Eds)(1996). *Emotional Aftermath of the Persian Gulf War: Veterans, Families and Communities*. Washington D C, American Psychiatric Press, p.5.

⁵⁹ Ibid.

Goldson, while studying the impact of war on children, states that war is not good for children. According to him, they are affected by being directly targeted and suffer even more from indirect impacts. He opines that the indirect effects of war include the disruption of health care and education with resulting infection, malnutrition and displacement of families, which are more destructive to children than adults.⁶⁰ Goldson's idea on how war can impact on children reflected the experience of KDF military families. Many KDF families that lost loved ones had their lives disrupted by vacating the barracks; thereby not only losing the military community, but also services offered by KDF such medical. How this disruption impacted on the children became an area of investigation.

Goldson's findings were, however, general and failed to identify the unique position that a military child occupies. A military child is exposed to all the indirect consequences of war like any civilian children, but additionally, endures the extra burden of not only worrying over the safety of the parent, but also must contend with having one parent being absent.

Park examined the impact of war on children and argued that children as victims of war cannot be studied in isolation of the system in which they interact; the family. According to her, the soldier enlists, but the whole family serves.⁶¹ Therefore during any war, the whole family, including the children, offers service to the nation and end up as victims. Children undergo emotional stress due to the absence of one member of the family, and how they cope is determined by the emotional status of the stay-behind spouse. The stress of having one member of the family absent can affect the physical health, academic performance, and cause behavioural problems, depression and anxiety in children. Park posits that the longer the duration of deployment, the greater the extent of these problems.⁶²

⁶⁰ E. Goldson, (1996). "The Effect of War on Children." *Journal on Child Abuse and Neglect*. Vol. 20. No 9. p .808-819. Available at:

http://www.colorado.edu/geography/class_homepages/geog_2002_s06/laptop_s06/current%20projects/Cox_Low%20Robinson%20Book%20chapter/Cox_Low%20Book%20chapter/effects%20of%20war%20on%20children.pdf Accessed on 15 Jan 2015.

⁶¹ N. Park, (2011). "Military Children and Families: Strengths and Challenges During Peace and War." *Journal of Military Psychology*. Vol 66 (1), 65-72. Available at: <http://m-span.org/wp-content/uploads/2011/12/Park-Military-Children-Michigan-Summit-on-Military-Families-Article-2011.pdf>. Accessed on 15 November 2014.

⁶² Ibid, p. 67.

On the flip side, Park states parental absence can sometimes provide opportunity for growth for the spouse and children. She notes that parental absence affords military children the opportunity to take on responsibilities, and to be more independent. She concluded that, on average, 74% of the at-home spouses experienced personal growth despite the loneliness, stress and anxiety due to deployment.⁶³

Park presents a more balanced argument regarding the impact of deployment on military children. Naturally, not all human beings will respond in the same manner to a stressor event. It was therefore worthwhile to determine how Park's findings were reflective of the experiences of KDF military children.

Park's focus was however limited to the impact of parental absence, yet not all parents come back well or alive. Others will be suffering different kinds of injuries, while others never come back at all. Therefore, in her study, she did not address how injuries to, or death of, the soldier affects the children, an area addressed in this study.

Cozza *et al.* shared similar views that, unlike civilian children, military children suffer stress associated with the worry that a parent may get injured or be killed during war.⁶⁴ Writing on how Iraq War affected military children, they state that the children suffered anxiety and depression during the period the parents were on deployment. Focusing on Iraq War, they argue that in the event that the soldier-father becomes a casualty, the manner in which the family is notified of the incident is very important. Anxiety is reduced when the injured soldier himself informs the family of his injuries. Situations in which children get exposed to badly traumatizing TV images of damaged bodies or receiving news of injury or death of the father from TV increases their vulnerability to post-traumatic stress reaction.⁶⁵ The authors posit that it can be challenging in situations where injuries suffered are not visible, such as PTSD or traumatic brain injury. Such injuries, they argue, can have serious impact on the children, leading to reduced family cohesion, decreased interpersonal communication, and poor cognitive ability. For instance, in the event that a parent is killed in combat, they contend that the immediate impact on the child is the

⁶³ Ibid, p. 68.

⁶⁴ S. Cozza, S. R. Chun, and A. J. Polo, (2005). "Military Families and Children During Operation Iraqi Freedom." *Journal of Military Psychiatry, Psychiatric Quarterly* Vol 76, (4). <http://dx.doi.org/10.1007/s11126-005-4973-y>

⁶⁵ R. Ursano, and A. E. Norwood, (1996). *Emotional Aftermath of the Persian Gulf War: Veterans, Families and Communities*. Washington D C, American Psychiatric Press, p. 5.

identity whereby the child loses the military identity and assumes a civilian one. They however clarify that how a child reacts to the death varies with the age of the child and the surviving parent's adaptation and the care provided to the child.⁶⁶ The authors conclude that in some situations, the death of a soldier leads to complete family disruption and disintegration, an assertion that formed part of the areas investigated in this study to determine the impact of a KDF soldier's death on the family.

The authors however assumed that the only people who get affected by war are the soldier's nucleus family. The reality in the African context is very different where a soldier could be providing for more than his nucleus family, and all get affected by deployment.

Death is synonymous with military service, particularly during wartime. The fact that death is inevitable in military service does little to mitigate the grief and pain that survivors experience upon the death of a soldier. According to LaMorie *et al.*, the death of any soldier ripples through several layers of social networks that include comrades, military leadership, surviving immediate and extended family members, friends as well as the rest of the affected society.⁶⁷ Each of these people is affected by different aspects of the death, but the surviving family members struggle more to cope with grief and trauma of the death than the others.

Fontana *et al.* also studied the significance of a soldier's death with a focus on the people who are affected by such death. They argue that the list of war casualty is often incomplete since it lacks the names of the dead soldier's friends, family and other survivors. They contend that the death of a soldier affects not only his family, but also his friends, comrades and the whole country at large. To them, the death of a soldier is the only death that should have meaning for any society due to the fact that such death normally occurs in the defence of the nation. They argue that such deaths normally have the potential to generate anger and protest from the family and the society due to the suddenness and the violent manner in which they occur.⁶⁸ According to them, the interpretation and the meaning the family attaches to the death determine their

⁶⁶ S. Cozza, and M. Goldenberg and R. J. Ursano, (Eds) (2014). *Care of Military Service Members, Veterans and their Families*. Arlington, American Psychiatric Publication, p. 260.

⁶⁷ J. H. LaMorie, and M. M. Murphy, Traumatic Death in the United States Military: Initiating the Dialogue on War-Related Loss. In R.A. Neimeyer, H. Winokuer, D. Harris & G. Thornton (Eds.), *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*. New York, Routledge. Available at: <http://www.goccp.maryland.gov/victim/documents/TraumaticDeath.pdf>. Accessed on 3 September 2014.

⁶⁸ A. Fontana, and J. Keene, (2009). *Death and Dying in America*, Cambridge, Polity Press. pp. 131-132.

feelings about the war itself. Such feelings are influenced by a number of variables, such as the age of the soldier, age of the soldier's parents and the family's perception of how the military handled the burial process and after-care provided to the family.

Fontana *et al.* conclude that the younger the soldier at the time of death, the deeper the pain and grief for the family and the society. However, the degree of grief varies with the circumstances of the parent. Younger parents with the ability to get other children grief less than those who are beyond child bearing years. Overall, a parent's grief over the loss of an adult-child soldier is permanent and does not fade away with time.⁶⁹

Britt *et al.* compared the extent of grief and trauma between battle field death of a soldier and death of a civilian from natural causes. They contend that combat death of a soldier is more traumatic than any death from natural causes because such deaths are always deliberate, sudden and violent and the victims are always away from their families. Grief in the affected families thus takes much longer and recovery is much slower than for death from natural causes, even if such death was unpredictable.⁷⁰

In their study of families bereaved by combat and those bereaved by natural causes in the Israeli military, Britt *et al.* found that families bereaved by combat were emotionally devastated and indicated higher symptoms of depression that lasted for longer periods than families bereaved by death from other types of events. They argued that the extent of grief and period of recovery process were influenced by the meaning the family attached to the death and recovery was found to be much more difficult for families that considered the death to be meaningless and saw the military as insensitive and vague in revealing the circumstances surrounding the death.⁷¹ According to the authors, treating bereaved families with respect and honouring them during military memorial ceremonies, by according them similar reverence, respect and gratitude for their sacrifice and contribution as the soldiers, can aid in the recovery process. However, the authors assumed that all families come from the same social settings and would thus be expected to react in the same manner during grief.

⁶⁹ Ibid.

⁷⁰ T. Britt, A. B. Adler, and A. C. Castro, (2006). *Military Life: The Military Family*. West Port, Greenwood Publishing Group Inc, p.177.

⁷¹ Ibid.

Similar views were shared by Wyatt *et al.* in their study of the significance of a soldier's death to the Israeli society. They stated that every dead soldier's family is treated very well by the Israeli military because, "first, they are yesterday's, today's and tomorrow's soldiers".⁷² They state that without the active support of the family, no Israeli youth would be willing to serve in the military and potential recruit's decisions to enlist or not to, is influenced by their perception of how bereaved families are handled.⁷³

The findings of these studies are important as they provide insights into the significance of a soldier's death and the society's expectations of the military upon such death. The findings helped in focusing investigations of this study in determining the significance to the society of the death of KDF soldier, and the society's view of KDF support to those left behind.

The authors however did not address how other battlefield outcomes, such as serious injuries or mental trauma impact on the military family, particularly in situations where a soldier becomes confined to life-long nursing care. The study is also non-specific in terms of bringing out experiences of different individuals and military households in the context of their circumstances.

The literatures reviewed for this study indicate that war does not affect only the soldier who is deployed, but also the military family which takes care of the home front. Anxiety mounts during deployment, especially for the military families whose expectations are affected by the uncertainty of the physical status of the soldier. The military families thus become victims through association and attachment to the soldier. It has also been revealed that virtually, no data exists on the impact of war on African military families, Kenya being one of them. A research gap thus existed that this study sought to address.

1.7 Theoretical Framework

This study was guided by theoretical underpinnings of the theory of Systemic Stress and Family Stress Theory in order to examine how the Operation Linda Nchi affected military families. However, in the course of the study, it was noted that many other theories were relevant in

⁷² T. Wyatt, and R. Gal, (1990). *Legitimacy and Commitment to the Military*. (Westport, Greenwood Publishing. pp, 112-117.

⁷³ Ibid.

explaining the impact of war on military families. However, these two were found to possess the most appropriate explanatory tools that helped to frame the issues in contention.

The Theory of Systemic Stress is associated with Hans Selye and is based on the understanding that when a person is subjected to different kinds of stressor events, the individual produces responses (stress), some of which may not be specific to any particular stressor.⁷⁴ The underlying principle is that critical life events, regardless of their quality, good or bad, stimulate change that produces behavioural change in the organism. When this theory is applied to humans, a traumatizing event causes change of behaviour in an individual. Considering that an individual is normally part of a family that operates as a system, how he/she responds to a stressor or traumatic event impacts on other people within the system. During combat-induced separation, how each family member responds to the separation influences the relationship within the system.⁷⁵

During wartime, deployment of soldiers takes them away from the family. This absence forces families to face new realities, such as fears over the soldier's safety, loneliness, role overload, sleeplessness, and boredom. According to the theory, the stress caused by the separation can change the behaviour of members of the soldier's family, positively or negatively. A family being a system, the type of response exhibited by one member of the stressor event affects the behaviour of others within the family. This then cascades through layers from the spouse to the children, and the extended families such as parents, siblings, aunts and uncles, among others.

The application of the theory of Systemic Stress was aptly demonstrated during the study when families of soldiers were found to suffer stress and anxiety of not knowing the physical condition of the soldier. This experience was observed to have affected family functioning. Some family members that included spouses and even parents developed health complications which affected their overall well-being and social relationships.

The trauma of death or serious injuries was observed to have significantly altered the behaviour of members within a family. Families that lost loved ones were forced to undertake certain life changing decisions that included losing the military identity by moving out of the barracks to

⁷⁴ D. Becvar, and R. Becvar, (1996). *Family Therapy: A Systemic Integration* (3rd ed.). Needham Heights, MA: Allyn and Bacon, pp. 234.

⁷⁵ *Ibid*, pp. 236.

either rural villages or new estates. This was found to be disruptive to the families, especially the children who had to be moved to new schools. Critical was the loss of financial support to all those that had depended on the soldier, which within the context of the African culture included parents, siblings, aunties and uncles, among others. In situations where a soldier was injured, such outcome was noted to have undermined the soldier's sense of self-worth which affected his behaviour and interaction with others, including his own children.

Family Stress Theory, according to Reuben Hill, operates on the premise that, how a family adapts to a crisis or stress is dependent on the availability of adaptive resources within the family. The theory works by applying the ABC-X model in which A represents the stressor event that interacts with B (family resources or strengths), which interacts with C (the meaning the family attaches to the stressor event) which then produces X (stress).⁷⁶

In applying this framework to military-induced separations, A can represent the many stressors that a military family endures. The stressors can be separation during deployment, the worry over the soldier's well-being, provision of nursing care for the injured or even the loss due to combat death. As for B, family resources or strengths would include factors such as access to formal and informal social support networks, effective coping mechanisms, financial stability, and the at-home parent's psychopathology, among others. According to the model, C is the perception or attitude developed or held towards the soldier's absence, injury or even death as represented by letter A.

According to Britt *et al.*, adjustment of children to deployment of a soldier parent is influenced by the stay-behind parental perception of the military and the deployment in general.⁷⁷ The individual outcomes (X) represent a series of possible effects that may result as a consequence of the deployment, including the children's emotional and behavioural state, academic performance, and their social interactions and relationships with others.⁷⁸ Britt *et al.* contend that families that view the stressor event positively tend to adjust better.

⁷⁶ G. Caforio, (2006). *Handbook of the Sociology of the Military*. New York, Springer, p.222.

⁷⁷ T. Britt, A. B. Adler, and A. C. Castro, (2006). *Military Life: The Psychology of Serving in Peace and Combat The Military Family: Volume 3*. West Port, Greenwood Publishing Group Inc. p. 174.

⁷⁸ *Ibid*, p. 175.

In applying the ABC-X theoretical model to KDF military families, the constant factor was the stressor event A; deployment. However, different families had to deal with diverse situations such as injuries, or even death. The diversity of KDF soldiers was also reflected in the contrasting backgrounds and social settings which influenced their perception of the stressor event. Young families and families of junior ranks were noted to have been affected more by the deployment. This could be attributed to limited financial resources by the families for not having served long enough within the KDF and limited community of friends for support. Lack of these crucial resources made it difficult for the spouses to mitigate the stress successfully, with some blaming the government of insensitivity. In a televised TV documentary, families that had lost loved ones in the war swore never to allow any of their children to join the KDF.⁷⁹ Lack of resources coupled with poor interpretation of the stressor event by some KDF families contributed to their inability to cope well. According to the theory, families with sufficient financial resources, good education, and strong community support would be expected to cope better with possible battle field outcomes, such as injuries or death. Spouses with financially stable parents coped with their losses much better than spouses that relied entirely on the soldier.

1.8 Hypotheses of the Study

- i. The Somalia war negatively affected KDF military families.
- ii. KDF military families coped well with the deployment.
- iii. The current KDF family support programmes have greatly helped the families to handle the effects associated with deployment.

1.9 Research Methodology

The study sought to investigate the impact of war on military families with a special emphasis on the extended families. The study employed both historical and descriptive research designs and used primary and secondary data sources to generate the desired information. Secondary data was derived from electronic and print books, scholarly electronic and print journals, magazines and internet sources. Primary data was collected from respondents by use of standard interview guide through a one-on-one basis, and on some occasions, through telephone interviews. Un-

⁷⁹ K. Omwandho, (2014). *Scars of War*. Nairobi, KTN Production

structured and semi-structured questionnaires were used during the interviews as they provided the interviewees with an opportunity to freely express their experiences on the effect of Operation Linda Nchi and feelings on support provided by the KDF.

The study targeted families of soldiers from three different KDF battalions that had been at the battle front and which are stationed in different parts of the country. The study employed purposive sampling technique to get respondents to be interviewed. Purposive sampling was specifically used because population groups for each of the identified strata were selected for inclusion in the sample based on their characteristics and willingness to participate in the study. In order to obtain a sample that was able to provide the necessary information for the study, the population characteristics were stratified as; soldiers nursing injuries sustained in combat and their families; soldiers who had no visible injuries and their families; and families of soldiers who died in the war. The criteria for one to qualify for consideration in the study were deployment in the theatre and an attachment to a Somalia war veteran. The criteria of deployment experience disqualified most KDF female soldiers for consideration in the sample as KDF deployment policy prohibits the deployment of female soldiers into combat environments. Thus, all the KDF troops who participated in the operation were male soldiers. Any female soldiers in the sample were those married to other soldiers, and were hence grouped in the category of families.

A sampling unit of a Company from each of the three battalions was used. From each sampling unit, 5 respondents were obtained for each stratum. This brought the number of respondents for each stratum to 15. Altogether, a sampling size of 45 was purposively arrived at which was representative of the entire KDF population that participated in the war during the period 2011-2014.

Purposive sampling was considered the most convenient because it allowed only those who were willing to be selected for interview to be considered for inclusion into each stratum. Due to the nature of the military profession, some respondents declined to be interviewed for fear that doing so may affect their careers. For the same reason, others objected to having their real names cited in this study, and only agreed to be interviewed on the condition that their wish will be respected. To abide by ethical considerations, some names have been altered to conceal the true identities of

such informants. Thus only those who were willing to be interviewed were selected for inclusion in the sample. This helped in saving time and money during the study.

Data was collected through interview guides that were formulated in the form of questions or questionnaire. Each interview question session lasted for about two hours for an individual within a family and upto three hours when interviewing family members as a group. The interview guide used provided for both open-ended and close-ended questions to ensure the research was able to capture all the relevant information.

The researcher used voice recorders during one-on-one interviews and video recording for some respondents who had authorized recording of the proceedings. Note books were also used for respondents who did not wish to be recorded. A research assistant was hired to assist in conducting some of the interviews.

The data collected was analysed using content analysis as the most appropriate technique for use in analyzing qualitative data. The researcher also employed inductive analysis to determine patterns and themes that emerged from the data and compared them with findings of other studies on military families. Collected data was in some cases validated with information provided by medical staff at Defence Forces Memorial, personnel at the Defence Headquarters and personnel records from the Department of Defence.

CHAPTER TWO

SOMALIA PROBLEM AND ENTRY OF KDF- A HISTORICAL PERSPECTIVE

2.0 Introduction

This chapter seeks to put into perspective the socio-political landscape of Somalia and the political history that has defined the relations between Kenya and Somalia over the years and a detailed background of the intractable conflict in Somalia that eventually led to the KDF intervention. The chapter opens with a historical background that attempts to construct the events and dynamics that have informed the Somalia conflict landscape including the destructive Siad Barre regime. Addressed in the chapter are the peace efforts that have been made at the regional and international levels to try and stabilize the country. It concludes by looking at the specific events that compelled the Kenya government to declare war against the militant group, Al Shabaab.

2.1 Pre-Independence Social Organisation of Somalia

Somali society is an ethnically, religiously and linguistically homogenous society, composed of various clan families that are often related to each other, speak or understand the same language, and have the same Islamic beliefs.⁸⁰ According to Le Sage, the clan structure forms a completely encompassing social grid that organizes every single individual from the time of their birth.⁸¹ Genealogically, most Somalis are born into one of six ‘big tents’ clans. Four of these clans - the Darod, Dir, Hawiye and Isaaq, collectively known as Samaale’ clans share the closest linguistic and cultural ties. The Samaale clans together constitute somewhere around 75% of all ethnic Somalis. Two more clans - the Digil and Rahanweyn of southern Somalia, sometimes called Digil-Mirifle - together comprise about 20% of all ethnic Somalis. Clans who fall outside the major clan lineage divisions are considered minorities.⁸²

⁸⁰ A. Abukar, (2015). *Somalia Brief Country Report*. Amsterdam. AWEPA International, p. 14.

⁸¹ A. Le Sage. (2005). *Stateless Justice in Somalia: Formal and Informal Rule of Law Initiatives*. Geneva, Centre for Humanitarian Dialogue, p.15.

⁸² B. J. Hesse, (2010). “Introduction: The myth of Somalia.” *Journal of Contemporary African Studies*, 28(3), 247-259.

Each Somali clan further classifies itself into varying levels of sub-divisions that descend hierarchically from clan-families to clans, sub-clans, varying numbers of subsub-clans, primary lineage groups, and diya- groups. For example, in the Isaaq clan, which falls under the umbrella Samaale⁶ clan structure, there are no less than three (some scholars say as many as eight) subclans: the Habar Awal, Habar Jaalo, and the Harhajis. The Habar Awal are then divided into at least two sub-subclans: the Sa⁶ad Muse and the Lise Muse and so on. Classification can even extend right down to the household level: if a man has more than one wife, for example, some in the household might stress the clans, subclans or sub-subclans associated with one maternal line over another.⁸³

Sub-clans coexisted as neighbours, and communities shared farming land on the principle of deegaan, a term that refers to settlement communities. The rules of the settlement communities comprised general regulations of cohabitation that include grazing rights and the use of water wells.⁸⁴

Historically Somalis have organised themselves into social insurance cooperatives called diya-groups (diya meaning blood wealth⁶). Diya-groups can consist of clans, subclans and/or sub-subclans, but members are always contractually bound to pay or receive damages collectively. Within this framework, there is no concept of individuality. So, in the case of murder, a killer is expected to have his diya-group deliver just compensation to the victim⁶s diya-group. Should compensation not be received, then the victim⁶s kin are expected to exact blood revenge not only on the perpetrator, but also on any member of the perpetrator⁶s lineage - which often touches off even more claims and counter-claims for diya payments or revenge.⁸⁵

Despite this well-structured clan governance, clan divisions over resources often caused internal and intra-clan competition. Lewis described the nature of the division: “The reason for division or unity depended on interest, as perceived, at different points in time, e.g. competition over

⁸³ Ibid

⁸⁴ A. Abukar, (2015). *Somalia Brief Country Report*. Amsterdam. AWEPA International, p. 14.

⁸⁵ B. J. Hesse, (2010). “Introduction: The myth of Somalia.” *Journal of Contemporary African Studies*, 28(3), 247-259.

grazing or water or commercial control of towns.” As neighbouring clans competed, often violently, over the scarce environmental resources – particularly land and water for either livestock grazing or agricultural cultivation – a customary code of conduct, known as xeer was developed to settle disputes and guard the peace. The xeer mechanism ensured peaceful co-existence among members of the various clan groups and cohesive communities where the rule of law was respected by all.⁸⁶

Pre-colonial Somalia was thus by and large a stateless society. Generally, xeer and to a lesser extent, the diya principles helped to prevent not only communal conflicts and crime, but also served to contain lawlessness. These social mechanisms remained the backbone of the Somali political, culture, social and legal systems until the arrival of European colonialists.⁸⁷

2.2 Laying the Foundation of Somalia Conflict

The background to the Somalia conflict can be traced to the colonial administration that divided the country into British Somaliland, Italian Somaliland the French Somaliland (Djibouti).⁸⁸ This division, in addition to planting the seeds of clan divisions, also provided incentives for inequality among clans.⁸⁹ The colonial authorities imposed their own national legal system on Somali people, and the degree of structural integration of Somalia clans into the colonial structure varied depending on the purpose and aim of the colonizer. This led to a shift in traditional political and economic institutions of the country.⁹⁰ The new administration altered the mandate of leadership from regulating kinship relationships and entitlements to resources such as water, pasture and the like, to regulating access to the political, economic and social benefits of the state. For the colonial state to achieve its goals and take maximum advantage of

⁸⁶ A. Le Sage. (2005). *Stateless Justice in Somalia: Formal and Informal Rule of Law Initiatives*. Geneva, Centre for Humanitarian Dialogue, p.16.

⁸⁷ I. Farah, A. Hussein and J. Lind. “Deegaan, Politics and War in Somalia”. In J. Lind and K.Struman (Eds.).(2002). *Scarcity and Surfeit; The Ecology of Africa’s Conflicts*. Pretoria, Institute of Security Studies, p. 323.

⁸⁸ J. K. Mbugua, (2013). “Drivers of Insecurity in Somalia: Mapping the Contours of Violence”. *Occasional Paper, Series 4 No.3*. Nairobi, International Peace Support Training Centre, p.8.

⁸⁹ A. A. Osman, (2007). *Cultural Diversity and the Somali Conflict: Myth or Reality*. Georgia, University of Georgia, pp.99.

⁹⁰ A. Abukar, (2015). *Somalia Brief Country Report*. Amsterdam. AWEPA International, p.19.

the society, it employed the divide-and-rule policy and played the Somalia clans against each other.⁹¹

Upon independence in 1960, the new Somalia state was constructed from the former territories of Italian Somalia and British Somaliland. Within the boundaries of this young nation, were people burning with inner conflicts fed by the long-lasting clannish organization of Somali population that would ultimately lead to the collapse of the state.⁹² The new political dispensation brought significant changes into the Somali social-political and economic lifestyles. As many Somalis moved to urban areas, the types of resources that people needed and the means used to acquire them changed. Political leaders realised that whoever controlled the state would control the nation's resources. Access to government resources, recruitment of civil servants and control of foreign aid replaced control of water wells and access to grazing issues in the countryside. For instance, Mohamed Jama Urdoh, a Somali journalist, observed Somalia's police forces in 1967. He revealed in an investigative report that more than 70 per cent (51 out of 71) of police-station chiefs were members of the same clan as the then police chief. Moreover, the police chief was just one example of how government officials were misusing their power. Besides the political patronage appointments that characterized the civil service, corruption affected all levels and departments of the government. With regards to government policy, Somalia police and the military were frequently used for clannish reasons.

The Somali people were in addition consumed by the irredentist belief that all Somali speaking people that were locked out when the political borders were fixed at independence must be united together and be integrated into greater Somalia that comprised British Somaliland, Italian Somaliland, Djibouti, Ogaden in Ethiopia and Northeastern Kenya. The pursuit of this desire led to conflicts between Kenya and Somalia in 1964-1968.⁹³ Another conflict between Somalia and Ethiopia in 1978 was motivated by similar agenda. Somalia lost these two wars, but it can be argued that it is this unresolved colonial legacy that has been the basis of persistent political problems since Somalia achieved statehood.⁹⁴

⁹¹ Ibid.

⁹² Ibid.

⁹³ A. A. Mohamoud, (2006). *State Collapse and Post-Conflict Development in Africa: The Case of Somalia (1960-2001)*. West Lafayette, IN, Purdue University Press, p.105.

⁹⁴ Ibid.

2.3 The Character of Somalia Crisis after Independence

Somalia has been considered a failed state long after the ouster of Said Barre. However, available literature suggests that Somalia became a failed state before the collapse of Barre's regime in 1991.⁹⁵ Retrospectively, when Somalia gained independence in 1960, it was considered a multiparty democracy under the first president Aden Abdulle Osman. Some scholars have argued that Osman's reign as Somalia's golden years, marked with vibrant but corrupt and eventually dysfunctional multi-party democracy that encouraged nepotism and cronyism.⁹⁶

When General Barre took over power in 1969, the new regime was initially greeted with broad popular support because of public disenchantment and frustration with the clanism and nepotism that had plagued politics under civilian rule. In the context of the cold war, the regime recast the coup as a socialist revolution in which it tinkered with social development on the belief that nation building could only take place in the country if it abandoned its tribalistic past. To achieve this goal, Barre outlawed any public reference to clan identities and ethnic inspired sentiments.⁹⁷ This social experimentation contained ideas borrowed from Islamic Sharia Law, the Somali customary law and communism.⁹⁸ However, this nation-building project was contradicted by an unofficial regime policy that practised clan based behaviours of previous governments. In the early periods of his tenure, Barre's government was more inclusive, but increasingly became more obsessed with consolidating and controlling power to the benefit of the members of his clan. He thus relied heavily on close circle of clan relationship that revolved around his father's clan (the Marehan), his mother's clan (Ogadeni) and his wife's sub-clan (Dulbahante). Elites from these clans controlled almost all levers of state power and the economy.⁹⁹

⁹⁵ International Crisis Group. (2014), "Somalia- Al Shabaab: It Will be a Long War." *Journal of Africa Briefing* No 99. Policy Briefing Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/somalia/b099-somalia-al-shabaab-it-will-be-a-long-war.pdf>. Accessed on 14 April 2015, pp 1-3

⁹⁶ World Bank Report. (2005). Conflict in Somalia. Drivers and Dynamics. Available at: <http://siteresources.worldbank.org/INTSOMALIA/Resources/conflictinsomalia.pdf> . Accessed on 14 June 2015.

⁹⁷ R. Shraeder. From Irredentism to Secession: the Decline of Pan-Somali Nationalism. In L. W. Barrington, (Ed.).(2006). *After Independence: Making and Protecting the Nation in Post-Colonial and Post-Communist States*. Michigan, University of Michigan Press, p.121

⁹⁸ I. Farah, A. Hussein and J. Lind. "Deegaan, Politics and War in Somalia". In J. Lind and K.Struman (Eds.).(2002). *Scarcity and Surfeit; The Ecology of Africa's Conflicts*. Pretoria, Institute of Security Studies, p. 324.

⁹⁹ R. Shraeder. From Irredentism to Secession: the Decline of Pan-Somali Nationalism. In L. W. Barrington, (Ed.).(2006). *After Independence: Making and Protecting the Nation in Post-Colonial and Post-Communist States*. Michigan, University of Michigan Press, pp.121-122.

As Africa Watch Committee attests, the regime increasingly became brutal, subjecting its people to a reign of terror and intimidation.¹⁰⁰ Both the urbanites and the rural folk were subjected to summary killings, arbitrary arrests, detention in squalid conditions, torture, rape and infringement on fundamental rights such as freedom of expression and movement as a pattern of psychological intimidation.¹⁰¹ The state became more repressive and exploitative, and was used by political leaders to dominate others and to monopolise state resources. The leadership skilfully manipulated and politicised clan identity through divide-and-rule, ultimately creating deep clan divisions and grievances.¹⁰²

The war with Ethiopia in 1977 was significant. Not only did it weaken Barre's regime, but also planted seeds of future internal conflict by strengthening clan-based factionalism and opposition. Overtime, several clan-based liberation movements desirous of removing Barre from power came up.¹⁰³ An attempted military coup by officers largely from the Mijerteen clan drew strong reaction from the regime against the entire clan. Even though the coup was crushed, it however led to the formation of many clan-based liberation movements in order to seize power. These included the Mijerteen dominated Somali Salvation Democratic Front (hereafter SSDF), the Somali National Movement (hereafter SNM) whose members were drawn mainly from the Isaaq clan, the Somali Patriotic Movement (Ogaden), and the United Somali Congress (hereafter USC) dominated by the Abgaal and Habargidir among others. A coalition of all the movements eventually brought Barre's reign to an end in 1991.¹⁰⁴

The consequences of Siad Barre's exit were dramatic and led to complete social disintegration. Not only did the state collapse, but it also fragmented the cohesion and the collective consciousness of the Somali people. A prolonged period of violence and warfare raged across the Southern Somalia where clan-based militia fought against another for the control of key towns

¹⁰⁰ Africa Watch Committee. (1990). Somalia: A Government at War With its Own People. Testimonies about the Killings and the Conflict in the North. *An Africa Watch Report*. Available at: https://www.hrw.org/sites/default/files/reports/somalia_1990.pdf . Accessed on 26 June 2015,p.49.

¹⁰¹ Ibid.

¹⁰² World Bank Report. (2005). Conflict in Somalia. Drivers and Dynamics. Available at: <http://siteresources.worldbank.org/INTSOMALIA/Resources/conflictinsomalia.pdf> . Accessed on 14 June 2015.

¹⁰³ Ibid.

¹⁰⁴ L. Lewis, (1993). Making History in Somalia: Humanitarian Intervention in Stateless Society. Discussion Paper No 6. London, Centre of the Study of Global Governance.

such as Mogadishu, valuable facilities such as airports and sea ports, and neighbourhoods. The conflict that began as struggle for control of government quickly degenerated into an orgy of looting, banditry and occupation of valuable real estate by conquering clan militia.¹⁰⁵ Social life became privatized and localized, creating an environment in which only the fittest and the richest survived.¹⁰⁶ Powerful clans therefore found themselves in possession of valuable urban and riverine real estate won by conquest that they risk losing in peaceful settlement of the conflict.¹⁰⁷ For instance, when the USC captured Mogadishu, a power struggle broke out between General Mohamed Farah Aideed and Ali Mahdi Mohamed, both of who belonged to the same clan Hawiye, but different sub-clans of Habargidir and Abgal respectively. Additionally, a civil war broke out between the Habargidir and the Hawadle clans in Kismayu over the control of Kismayo port (when the USC controlled the city).¹⁰⁸

It can therefore be argued that among the major determinants and persistent factor that has ignited and sustained the conflict in Somalia has been competition for resources and power. Colonial legacy and repressive regime did provide a background to the conflict. Additionally, misuse of clan identity and the ease with which weapons can be acquired significantly encouraged the conflict.

2.4 Failed Peace Efforts

The crisis in Somalia has had no shortage of peace efforts, many of them being purely peace and reconciliation conferences, while a few others have been in the form of peacekeeping and peace enforcement operations. Unique to Somalia, all have failed to deliver durable peace. The clan factor has been at the core of all failed peace initiatives, and has been blamed for promoting factionalism. Anyone appointed to a leadership position during a conference was first viewed as

¹⁰⁵ World Bank Report. (2005). Conflict in Somalia. Drivers and Dynamics. Available at: <http://siteresources.worldbank.org/INTSOMALIA/Resources/conflictinsomalia.pdf> . Accessed on 14 June 2015.

¹⁰⁶ A. A. Mohamoud, (2006). *State Collapse and Post-Conflict Development in Africa: The Case of Somalia (1960-2001)*. West Lafayette, IN, Purdue University Press, pp.16-18.

¹⁰⁷ World Bank Report. (2005). Conflict in Somalia. Drivers and Dynamics. Available at: <http://siteresources.worldbank.org/INTSOMALIA/Resources/conflictinsomalia.pdf> . Accessed on 14 June 2015.

¹⁰⁸ Ibid.

a representative of his clan. Clan solidarity thus permeated most conferences and has been used as a ladder to political power for individual benefit.¹⁰⁹

The first intervention attempt was a United Nation (hereafter UN) effort through United Nation Mission in Somalia (hereafter UNOSOM).¹¹⁰ The mission failed to arrest the spiraling violence, and only formed the basis for strong Somali resentment of the United States which was the lead nation within UNOSOM effort. The country was viewed as having sided with one faction of the warring parties during the operation.¹¹¹ Following the losses incurred during the ‘Black Hawk Down’, the UN force withdrew from Somalia in 1995, leaving the country still in a state of violence and anarchy.¹¹²

2.4.1 IGAD Involvement

From 2002, seven years after the UN pulled out, Intergovernmental Authority on Development (hereafter IGAD), through a series of conferences held in Kenya, got actively engaged in the Somalia crisis. However, prior to the IGAD initiatives, other conferences had been organized in Sodere (Ethiopia), Sanaa (Yemen), Cairo (Egypt) and Arta (Djibout). The Arta Conference of 2000, the last of such conferences before the Nairobi Talks, agreed on the formation of a Transitional National Government (hereafter TNG), the first Somali government since 1991. However, it was immediately rejected by an Ethiopian backed coalition of clans and warlords, the Somali Reconciliation and Restoration Council (hereafter SRRC).¹¹³ SRRC however split into two factions. One faction, an anti-Islamist of the Darood clan, backed by Ethiopia became dominant in the countryside. The other faction of the Hawiye clan lineage, and strongly anti-Ethiopia with Islamists in the alliance, controlled Mogadishu.¹¹⁴ These divisions increasingly

¹⁰⁹ W. C. Saalax, and A. A. Ibrahim, (2010). Somalia Peace Agreements. In M. Bradbury, and S. Healy, *Whose Peace is it Anyway? Connecting Somali and International Peacemaking*. Accord, *An International Review of Peace Initiatives*. Issue No 21, p. 32.

¹¹⁰ M. Bouldin, (2001). Keeper of the Peace. Canada and Security Transition Operations. *Defence and Security Analysis*. 19(3), pp. 264-277.

¹¹¹ L. Miyandazi, (2012). “Kenya’s Military Intervention in Somalia: An Intricate Process.” *Policy and Practice Brief*. Accord. Issue No 019. Available at: <http://www.accord.org.za/images/downloads/brief/ACCORD-policy-practice-brief-19.pdf> . Accessed on 16 February 2015, p.2.

¹¹² World Bank Report. (2005). Conflict in Somalia. Drivers and Dynamics. Available at: <http://siteresources.worldbank.org/INTSOMALIA/Resources/conflictinsomalia.pdf> . Accessed on 14 June 2015

¹¹³ Embassy of the United States. (2008). US Support for Somalia Peace Process Report. Nairobi, Kenya

¹¹⁴ K. K. Menkhaus, (2007). Crisis in Somalia: Tragedy in Five Acts. *Journal of African Affairs*, 106/204, 357–390.

defined and polarized Somalia national politics and would eventually prove to be obstacles in the next round of the IGAD Talks.¹¹⁵

The IGAD Talks, hosted by Kenya for 2 years from 2002, provided the first sustained effort by regional states under the umbrella of the regional body to broker peace in Somalia. Unlike the previous conferences, these talks were designed to bring out and deal with the real conflict issues as opposed to focusing on power-sharing deals that had plagued the previous peace efforts. The Talks began in Eldoret before being transferred to Nairobi, Mbagathi in 2003.¹¹⁶ The Talks eventually led to the establishment of a Transitional Federal Government with a five-year mandate, and the drafting of a Charter. The Charter established a 275 member Transitional Federal Parliament (hereafter TFP) whose membership was designed to balance the distribution of power and influence among Somalia's main clan families on a 4.5 principle.¹¹⁷ Mr Abdullahi Yusuf was elected the president and Mr Mohammed Ghedi the prime minister, both close allies of Ethiopia. Radical groups, clans and Islamist however blocked the TFG from establishing itself in Mogadishu. The TFG had to operate from Nairobi before relocating to Baidoa in 2006. Being away from the capital city increasingly made the TFG irrelevant, eventually joining the growing list of stillborn transitional governments in Somalia.¹¹⁸

2.5 Incubation and Germination of the Al Shabaab

The rise of and germination of the Al Qaeda affiliated Al Shabaab owes itself to the decades of anarchy after the fall of Siad Barre when competing warlords prevented any single faction from seizing decisive enough control to effect widespread stability. Amid this state of lawlessness, the country experienced crushing poverty, destruction of infrastructure, ethnic cleansing and the emergence of several semi-autonomous regions.¹¹⁹ The buckling by the UN in 1994 and the failed peace initiatives created space that allowed different armed groups and a variety of

¹¹⁵ Ibid.

¹¹⁶ A. Y. Farah, (2009). Assessing Reconciliation Initiatives by the Transitional National Governments after the Carta (Arta) Peace Process. Hargeysa, University of Hargeysa, p.18

¹¹⁷ K K. Menkhaus, (2007). "Crisis in Somalia: Tragedy in Five Acts." *Journal of African Affairs*, 106/204, 357–390.

¹¹⁸ Ibid, p.363.

¹¹⁹ R. Wise, (2011). "Al Shabaab." *Journal on Home Security and Counterterrorism*, Case Study No 2. Washington DC, Centre for Strategic and International Studies, Available at: http://csis.org/files/publication/110715_Wise_AlShabaab_AQAM%20Futures%20Case%20Study_WEB.pdf Accessed on 18 August 2015, p.2.

Islamist movements seeking to establish an Islamic state in Somalia to blossom. The groups ranged from the relatively moderate Sufi branch of Islam to the radical Al Itihad Al Islamiya (AIAI, or “Unity of Islam”), a Salafi branch which became inspired largely by regional and global agenda. The significance of these groups became prominent only after the formation of the TFG.¹²⁰

As the Nairobi Peace Talks progressed, developments that would fundamentally change the contours of political and security landscape in Somalia were taking place. Arising from the rampant lawlessness, a neighbourhood watch in the form of Sharia Courts sprang up in Somalia in an effort to restore law and order.¹²¹ An alliance of the courts in 2006 created the Islamic Courts Union (hereafter ICU). As the Courts asserted judicial rule over the ungoverned population, they also espoused Islamic principles as a political platform and became power centres unto themselves, recruiting their own militia to carry out often harsh judgments. Each Court was heavily influenced by the ideology of its leader, ranging from moderate to radical. The radical courts sought the establishment of Greater Somalia under strict Sharia Law.¹²²

The ICU managed to impose order and some semblance of peace was restored. Social and economic life began to spring back to normal. In the meantime, popularity and support for ICU soared across most of the south and central Somalia. The wide acceptance of the ICU was further boosted by the election of Abdullahi Yussuf to head a government considered pro-Ethiopia, thus foreign.¹²³ The desire to discredit this new government provided the perfect excuse for hardline Islamists to mobilize their base support in the country. From a Jihad perspective, Yussuf’s appeal for foreign troops, especially from Ethiopia, enhanced local support for the ICU. Fundamentalist elements within the ICU known as Al Shabaab exploited this opportunity and imposed their own vision of strict Sharia Law on areas under their control.¹²⁴

¹²⁰ M. Bradbury, and S. Healy, (2010). “Endless War. A Brief History of the Somali Conflict.” *An International Review of Peace Initiatives*, Issue No 21. London, Accord Conciliation Resources, p.14.

¹²¹ R. Wise, (2011). “Al Shabaab.” *Journal on Home Security and Counterterrorism*, Case Study No 2. Washington DC, Centre for Strategic and International Studies, Available at: http://csis.org/files/publication/110715_Wise_AlShabaab_AQAM%20Futures%20Case%20Study_WEB.pdf Accessed on 18 August 2015, p.2.

¹²² Ibid, p.3.

¹²³ A. A. Elmi, and A. Barise, (2010). “The Somali Conflict. Root Causes, Obstacles and Peace Building Strategies.” *African Security Review*. Vol 15.(1). Institute for Security Studies, pp.39-41.

¹²⁴ Ibid. p. 4.

The growing power and influence of ICU in Somalia alarmed the neighbouring countries over the potential threat posed by the ICU, particularly of sponsored violence at the borders. These fears were compounded by extremist pronouncements to wage jihad against enemies of Islam.¹²⁵ Against the backdrop of these concerns, and with the ICU influence getting closer to Baidoa, the seat of the Ethiopian backed TFG, Ethiopian forces attacked the ICU at the request of TFG. The attack disrupted the ICU, destroying most of its support infrastructure.¹²⁶ The Ethiopian forces moved into Mogadishu and took control of the capital uncontested. Riding on the coat-tails of the Ethiopian forces was the TFG which assumed control of key government buildings under Ethiopian protection.¹²⁷

Though weakened militarily by the Ethiopian invasion, the presence of Ethiopian soldiers in Somalia had a radicalizing effect on the Islamists. It was during this period that the group mutated into a fully-fledged extremist movement and gained control over large areas of southern and central Somalia. Between 2006-2008, new Islamist nationalists and radicalized youths from the region joined the Al Shabaab ranks and helped in waging an armed insurgency against Ethiopian forces.¹²⁸

Following the withdrawal of Ethiopian forces from Somalia in 2009, AU authorized the deployment of AMISOM. An 8000 strong force was approved of which Uganda and later Burundi were the only countries willing to deploy forces in Mogadishu. Djibouti, Kenyan, Sierra Leone and Ethiopian forces later joined in and became part of the AU multinational force. All the troop contributing countries except Burundi and Sierra Leone, have been victims of Al Shabaab terror attacks. According to Wise, the transformation of Al Shabaab from a small nondescript and relatively unimportant part of a moderate Islamic movement into a radical armed faction with influence in the region is owed to the Ethiopian invasion.¹²⁹

¹²⁵ I. Gatsiounis, "After Al-Shabaab." *Current Trends in Islamist Ideology*. Vol. 14. 74-89. Available at: http://www.hudson.org/content/researchattachments/attachment/1137/20130124_ct14gatsiounis.pdf. Accessed on 30 August 2015, p.76.

¹²⁶ J. Master, (2011). What is Al Shabaab? Background Briefing. Council of Foreign Relations. PBS News Hour. Available at : <http://www.pbs.org/newshour/rundown/what-is-al-shabaab/> . Accessed on 21 June 2015.

¹²⁷ K K. Menkhaus, (2007). "Crisis in Somalia: Tragedy in Five Acts." *Journal of African Affairs*, 106/204, 357–390,p.382.

¹²⁸ Ibid.

¹²⁹ R. Wise, (2011). "Al Shabaab." *Journal on Home Security and Counterterrorism*, Case Study No 2. Washington DC, Centre for Strategic and International Studies, Available at: http://csis.org/files/publication/110715_Wise_AlShabaab_AQAM%20Futures%20Case%20Study_WEB.pdf Accessed on 18 August 2015, p.2.

2.6 Activities Associated With Al Shabaab in Kenya and the Greater East Africa

The threat posed by the terrorist group Al Shabaab started to spill over into Kenya after it issued threats to Kenya and Ethiopia of its desire to establish an Islamic emirate in all Somali-inhabited territories of the Horn of Africa. These territories include the former Northern Frontier District, later commonly known as northeastern province of Kenya.¹³⁰ Since independence, Kenya has battled to contain the Somali irredentist policy of annexing the Northern Frontier Districts, an area predominantly inhabited by Muslim Somali community. Being close to the border with Somalia, the conflict and lawlessness from Somalia have at times destabilized this region, leading to ungoverned spaces.¹³¹ According to Menkhause, a section of this community feels aggrieved by what it considers as deliberate economic, social and political marginalization, sentiments that make the region a fertile recruitment ground for Al Shabaab.¹³²

A large constituency of the Somali community comprising businessmen and refugees, also inhabit the sprawling Eastleigh Estate in the heart of Nairobi. The Estate has grown to become a booming commercial area, but is also known to have experienced episodes of lawlessness. Menkhause holds the view that Eastleigh has served, not only as a centre of Al-Shabaab recruitment, but also fund-raising. The action by Kenya government to freeze 14 forex bureau bank accounts suspected to have links with Al Shabaab validated this claim.¹³³ With a history of terrorism and a large Muslim population in Kenya that is vulnerable to recruitment and those willing to fund, the threat by Al Shabaab to export radical Islamism and terrorism was becoming a security concern. This threat was amplified in 2010 when the group warned about its presence in Kenya in a recorded video clip with this message; “We have arrived at the border. We will

¹³⁰ A. Burns, (2010). “Feeling the Pinch: Kenya, Al Shabaab and East Africa Refugee Crisis.” *Journal on Refugee*. Vol 27. (1). 5-15. Available at: <http://refuge.journals.yorku.ca/index.php/refuge/article/view/34356/3126> .Accessed on 23 Jun 2015, p.6.

¹³¹ K. Menkhause, (2012). “After the Kenyan Intervention in Somalia.” *The Project to end Genocide and Crimes Against Humanity*. Enough. Available at: <http://www.enoughproject.org/files/MenkhausKenyaninterventionSomalia.pdf> . Accessed on 15 February 2015, p.2

¹³² Ibid.

¹³³ B. Namunane, and O. Wanzala, (8 April 2015). 14 Forex Bureau’s Bank Accounts Frozen. *Daily Nation*. Available at: <http://www.nation.co.ke/news/14-forex-bureaus-bank-accounts-frozen/-/1056/2679838/-/15879d6/-/index.html> . Accessed on 30 June 2015.

enter Kenya and Inshallah, we will get to Nairobi...when we get there, we will fight, we will kill because we have weapons, enough weapons”¹³⁴.

Several authors attest that extremism is not a new phenomenon in Kenya and neither did it start with the intervention of KDF in Somalia.¹³⁵ The first significant manifestation of the growing threat of extremism in post-independence Kenya can be traced back to 1998 attacks on the US embassies in Nairobi, Kenya, and Dar es Salaam, Tanzania, both of which were attributed to an Al-Qaeda cell that was active along the East African coast.¹³⁶ Violent extremism has since gradually lost its exclusive foreign character and national and regional extremism have expanded, which suggests of a growing local and regional element to the threat of extremism.¹³⁷ There is growing evidence to suggest that even though Al-Shabaab’s roots are in Somalia, the acceptance of its philosophy in certain communities in Kenya and the region has allowed the group to spread its activities beyond Somalia into regional countries. The most dramatic manifestation of the group’s abilities to strike beyond Somalia was on 11 July 2010 when it successfully executed attacks in Kampala, Uganda.¹³⁸ Kenya would later become a victim through a series of grenade attacks and barricade terrorist attacks.

Available literature on the existence and spread of Islamist extremism in the Horn of Africa, Kenya included indicates that extremist ideology has always existed in Kenya, but gathered momentum only after the 1998 US bombing.¹³⁹ The foundation of extremism in Kenya is rooted on the rise of Wahabbism under the influence of Saudi-funded charitable organizations such as Al- haramain, Young Muslim Association, Muslim World League, Islamic Foundation and World Assembly of Muslim Youth that existed prominently in North-eastern Kenya prior to the

¹³⁴ A. Burns, (2010). “Feeling the Pinch: Kenya, Al Shabaab and East Africa Refugee Crisis.” *Journal on Refugee*. Vol 27. (1). 5-15. Available at: <http://refuge.journals.yorku.ca/index.php/refuge/article/view/34356/3126>. Accessed on 23 Jun 2015, p.11.

¹³⁵ International Crisis Group. (2012). The Kenyan Military Intervention in Somalia. *Journal of Africa Report*, No 184. Policy Briefing. Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/kenya/184%20-%20The%20Kenyan%20Military%20Intervention%20in%20Somalia.pdf> Accessed on 16 February 2015, pp.1-2.

¹³⁶ International Crisis Group. (2012). Kenya Somali Islamic Radicalization. *Journal of Africa Briefing*. Vol No 85. Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/kenya/B085%20Kenyan%20Somali%20Islamist%20Radicalisation.pdf>. Accessed on 24 June 2015, p.6

¹³⁷ A. Botha, (2014). “Radicalization in Kenya: Recruitment into Al Shabaab and Mombasa Republican Council.” *Journal on Security Studies Paper*, No 265, Institute of Security Studies, pp.1-2.

¹³⁸ Ibid.

¹³⁹ International Crisis Group. (2014). Kenya: “Al Shabaab Closer Home. Update Briefing.” *Africa Briefing*. No 102. Policy Briefing. Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/kenya/b102-kenya-al-shabaab-closer-to-home.pdf> . Accessed on 14 April 2015, pp.2-3.

1990s.¹⁴⁰ By early 1990, Garissa had many such institutions that were engaged in building madrasas and other charitable activities than any other town in the region. The Wahabbi brand of Islam thus became entrenched in the Kenyan Muslim community and became an element within the Kenyan society.¹⁴¹

These madrasas in northeastern province became the recruitment centres for AIAI while mosques raised funds for jihad in Somalia and against Ethiopia in Ogaden.¹⁴² The group maintained a low-level support network in the region, but infiltrated the Wahabbi clerics and gained control of charities from where funds collected to help the charities was channelled to fund its activities.¹⁴³ The group then started to operate commercial ventures in NEP, Nairobi and Mombasa, while at the same time, engaging in clandestine radicalization and recruitment activities, mainly within the Somalia community in NEP and Eastleigh.¹⁴⁴ It was during the same period that AIAI established close links with an Al Qaeda Cell that was responsible for the 1998 US bombing in Nairobi and Dar es Salaam, and the 2002 Kikambala bombing in Mombasa.¹⁴⁵

Al Shabaab network in Kenya targeted the Muslim Youth Centre (MYC) in Nairobi for radicalization and recruitment.¹⁴⁶ In 2012, MYC, which later re-named itself Al-Hijra, published a jihad newsletter ‘Al Misbah’ or the Torch which contained articles and speeches by leading Salafi jihadi clerics like Anwar-Al-Awlaki, and encouraged the Kenyan Muslim community to provide recruits and financial support to Al-Shabaab.¹⁴⁷ Youths with potential were identified at

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

¹⁴² Ibid.

¹⁴³ International Crisis Group. (2012). “Kenya Somali Islamic Radicalization.” *Journal on Africa Briefing*, Vol 85. Policy Briefing. Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/kenya/B085%20Kenyan%20Somali%20Islamist%20Radicalisation.pdf>. Accessed on 24 June 2015, p.6

¹⁴⁴ Ibid, p. 4.

¹⁴⁵ W. Downing, (2008). Al Qaeda’s (Mis) Adventures in the Horn of Africa. Harmony Project. Combating Terrorism at West Point. Available at http://www.princeton.edu/~jns/publications/AQ_HOA.pdf. Accessed on 27 June 2015, p.48.

¹⁴⁶ International Crisis Group. (25 January 2012). “Kenya Somali Islamic Radicalization.”. *Journal on Africa Briefing* Vol No 85. Policy Briefing. Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/kenya/B085%20Kenyan%20Somali%20Islamist%20Radicalisation.pdf>. Accessed on 24 June 2015, p.6

¹⁴⁷ Ibid.

the center, and then sent to Kiunga, Lamu for further vetting at an Al Shabaab transit camp before being sent to Somalia.¹⁴⁸

Attendant to the instability in Somalia was piracy which was particularly encouraged in the Horn due to the absence of state regulating institutions that could prevent armed criminal groups from carrying out their activities.¹⁴⁹ The lack of state authority in Somalia created a security vacuum that aided the monopolization of the use of violence by armed groups in a very unstable security landscape. In this case, the diverse armed groups replaced the state, and “governed” according to their own rules.¹⁵⁰ According to global statistics, of the 406 worldwide pirate attacks in 2009, 217 of them occurred off the coast of Somalia. In 2010, 219 of the 445 reported attacks took place in the waters off the Horn.¹⁵¹

The pirates randomly targeted ships. Ploch wrote, “The vessels attacked off Somalia are randomly selected and are not specifically targeted for any reason other than how easily the vessel can be boarded. Pirates simply patrol an area, wait for a target of opportunity, and attempt to board.”¹⁵² However, one unique characteristic of Somali piracy has been the hostages taking for ransom. The supportive land-based infrastructure in the country that offered sanctuary to the pirates and its territorial waters from where the pirates could launch attacks and hold hijacked ships for long encouraged this practice. As ransom payments increased, so did the length of ransom negotiations, which on average doubled between 2009 to 2010.¹⁵³ On ransom paid, Ploch *et al.* state that;

Some of the most sensational cases of piracy have been resolved through the payment of large sums of money to different pirate syndicates. The Ukrainian

¹⁴⁸ Ibid.

¹⁴⁹ A. Maouche, (2010). Piracy Along the Horn of Africa: An Analysis of the Phenomenon in Somalia, (Master’s Thesis).
http://www.maritimesecurity.eu/fileadmin/content/news_events/workingpaper/PiraT_Arbeitspapier_Nr6_2011_Maouche.pdf . Accessed on 28 July 2015, pp.18-20.

¹⁵⁰ Ibid.

¹⁵¹ Ibid, p.4.

¹⁵² US Maritime OPINTEL Report, (2010). “Piracy Analysis and Warning Weekly (PAWW) Report (Horn of Africa),” *Report of Maritime Crime/Piracy, Commercial*. (301) 669-3662, U.S. Office of Naval Intelligence Available at: <https://www.hsdl.org/?view&did=18075> Accessed on 15 May 2015, p.1.

¹⁵³ A. Bowden, (2010). The Economic Cost of Maritime Piracy. One Earth Future Foundation Working Paper, Available at: <http://www.steamshipmutual.com/Downloads/Piracy/EconomicCostPiracyOEFReport.pdf>. Accessed on 25 June 2015.

ship Faina was released for a reported \$3.2 million ransom in February 2009 after being held for nearly 6 months by pirates based in Harardhere. The seizure of the ship, carrying T-72 tanks and a significant amount of ammunition and small arms, led several governments, including the United States, to dispatch naval forces to the region to monitor the ship and its cargo. The Saudi oil supertanker Sirius Star was released for a reported \$3 million ransom to Eyl-based pirates in January 2009 following its seizure in November 2008. Media reports suggested Somali pirates received a \$4 million ransom in December 2009 to release the Chinese bulk coal carrier MV De Xin Hai, and \$7 million to release the Greek.¹⁵⁴

Available evidence shows that the pirates had indirect links to Al Shabaab whereby Al Shabaab provided weapons, combat training and local protection to pirates in southern Somalia in exchange for a share of the spoils from any ransom paid or seized weapons and materiel. The militants reportedly received a 20% share of ransom payments from the pirate gangs.¹⁵⁵

Piracy in the East African waters critically impacted regional security. From an economic standpoint, it had a dangerous negative effect on the major economic sectors of the region, notably tourism, manufacturing and fishery. The rising insecurity impacted on the confidence of shippers and tourists. Major shipping lines such as Maersk stopped calling at the port of Mombasa.¹⁵⁶ Other shipping companies increased piracy risk surcharge for transporting containers to the east coast of Africa. The nett effect was an escalation of shipping costs, which symbiotically affected several other sectors of the Kenyan economy.¹⁵⁷

2.6.1 Cross-Border Attacks and Abduction

The militia group was implicated in a series of kidnappings and cross-border incursions into Kenya which greatly undermined the security of the country.¹⁵⁸ Among the initial raids by the group was in April 2008, when a British environmentalist, Mr Murray Watson, and his Kenyan colleague Mr Patrick Amukhuma, both employees of a company contracted by the UN.¹⁵⁹ This

¹⁵⁴ L. Ploch, M. C. Blanchard, R. O'Rourke, R. C. Mason, and O. R. King, (April 27 2011). Piracy off the Horn of Africa. CSR Report for Congress. Available at <https://www.fas.org/sgp/crs/row/R40528.pdf>. Accessed on 23 June 2015, p.12.

¹⁵⁵ S. Bell, (2009). "Somali Militants Training Pirates," *National Post (Toronto)*. Available at: http://www.hiiraan.com/news2/2009/dec/somali_militants_training_pirates.aspx . Accessed on 23 June 2015.

¹⁵⁶ L. Puddu, (2010). "Kenya in Face of Piracy." *Horn of Africa Bulletin*. Available at: https://www.academia.edu/2915695/Kenya_in_face_of_piracy Accessed on 24 June 2015, p.1.

¹⁵⁷ Ibid.

¹⁵⁸ British and Kenyan abducted in Somalia - Afrik-news.com : Africa news, Maghreb news - *The African Daily Newspaper*. En.afrik.com. Available at: <http://www.afrik-news.com/article13038.html> . Accessed on 3 July 2015

¹⁵⁹ Ibid.

raid would be followed by a series of other raids and killings of innocent Kenyan citizens and their guests. In 2009, the group attacked Dadajabula police post and abducted 2 Catholic nuns in El Wak. A year later, the General Service Unit (hereafter GSU) camp in Liboi came under attack. The frequency of such incidences reached an alarming level in 2011 when on diverse dates, Improvised Explosive Devices (hereafter IEDs) claimed many lives, including of security personnel in Mandera. These attacks were complemented with abduction and killing of civil servants, aid workers and tourists. A tourist couple, Mr David Tebutt and Mrs Judith Tebutt, was attacked at a hotel in Kiwayu, Lamu. Mr Tebutt was killed and his wife, Mrs Tebutt, abducted and taken to a hideout in Somalia.¹⁶⁰ Mrs Tebutt was later released in March 2012 after her family paid ransom to Al Shabaab.

On 1st October 2011, three weeks after the Telbutt incident, gunmen struck Lamu again, abducting a French tourist, Marie Didieu, from Manda Island, taking her to Somalia. These incidences cumulatively were responsible for KDF's entry into Somalia. However, even with KDF's presence in Somalia, the incidences did not decline. The militia gang was responsible for the raid at a police camp in Gherille, Wajir on January 11, 2012.¹⁶¹ The insurgents killed six people and abducted three others. According to the local media reports, the militants later paraded the hostages in the southern Somalia town of Bardhere.¹⁶² On January 19, the militants released photographs of two of their captives, who were identified as Mr Fredrick Irungu Wainaina and Mr Edward Mule Yesse. A third hostage, Dekow Mohammed, who was of Somali descent was released on January 17, 2012. Mr Wainaina and Yesse were released on July 30, 2013.¹⁶³

¹⁶⁰ M. Pflanz, (2011). Africa Piracy: Foreigners Being Held Hostage. *The Telegraph*. Available at: <http://www.telegraph.co.uk/news/worldnews/piracy/8824953/Africa-piracy-foreigners-being-held-hostage.html> .Accessed on. 8 June 2015.

¹⁶¹ D. Berhane, (2012). Al Shabaab Claim Attack in Gherille. *The Star*. Available at: <http://hornaffairs.com/en/2012/01/15/al-shabaab-kills-abducts-govt-officers-in-northeast-kenya/>. Accessed on 8 June 2015.

¹⁶² Nation Reporter and AFP (13 January 2012). Al Shabaab Displays Four Abducted Kenyans. *The Daily Nation*. Available at: <http://www.nation.co.ke/News/Shabaab+displays+four+abducted+Kenyans+/-/1056/1305374/-/ce2g94z/-/index.html>. Accessed on 1st September 2015.

¹⁶³ F. Mukinda, (2013). Freedom for Officials after Close to Two Years in Captivity. *The Daily Nation*. Available at: <http://www.nation.co.ke/News/Govt-officials-released/-/1056/1931978/-/gyni5sz/-/index.html> . Accessed on 1st September 2015

These activities, though serious, would not compare to the reprisal attacks following KDF intervention. Al Shabaab and its operatives became more active in the country, whereby grenade attacks in different parts of the country, including Eastleigh estate and its environs, escalated. Attacks in NEP also went up in which churches and restaurants popular with certain groups of the population were targeted.¹⁶⁴ The attacks that initially involved tossing of grenades into the specific groups of people changed into mass execution as witnessed in the Westgate Mall attack, then Mpeketoni, Mandera and Garissa University attacks.¹⁶⁵

As a response to the deteriorating security along the eastern border and at the coast, several western countries issued travel advisories to their citizens to avoid Kenya. The reaction of the western world and deteriorating security situation triggered a ripple effect that cascaded several layers of the Kenyan political economy. The tourist sector, which constitutes 40% of the country foreign exchange earnings, dropped to dangerous levels. This drop seriously impacted the hotel industry, particularly at the coast, as well as the informal sector that relies on tourism. The Kenya Tourist Board attested that the sensitive Kshs100 billion industry was dented.¹⁶⁶

2.7 Effects of the Conflict

The rampant insecurity due to the stateless nature of Somalia coupled with famine contributed to the displacement and migration of thousand Somalis into more secure areas or altogether fled the country into other countries, particularly, the neighbouring countries as refugees.¹⁶⁷ Inequalities and social exclusivity of certain groups, insecurity and starvation forced many Somalis to flee.

2.7.1 Refugees and Insecurity

Kenya has been home to thousands of refugees from Southern Sudan and Somalia, among other countries, as of 1991. It was during this period that the Dadaab refugee camps were established. By 1993, Kenya was hosting 210,000 Somali refugees. Due to unchecked violence in Somalia,

¹⁶⁴ International Crisis Group. (2014). Kenya: Al Shabaab Closer Home. Update Briefing. *Africa Briefing*. No 102. Available at: <http://www.crisisgroup.org/~media/Files/africa/horn-of-africa/kenya/b102-kenya-al-shabaab-closer-to-home.pdf> . Accessed on 14 April 2015.

¹⁶⁵ The Associated Press. (2015). 147 killed as Garissa University College attacked by Gunmen .*The Star*. Available at: <http://www.thestar.com/news/world/2015/04/02/more-than-a-dozen-killed-in-university-attack-in-kenya.html> . Accessed on 2 September 2015.

¹⁶⁶ P. T. Migue, O. M. Oluoch, P. M. Njuguna, and C. O. Imbiakha, (2014). *Operation Linda Nchi: Kenya's Military Experience in Somalia*, Nairobi, Kenya Literature Bureau, p.34.

¹⁶⁷ L. Hammond, and A. Lindsey, (2014). Histories and Contemporary Challenges of Somalia Crisis and Mobility. In A. Lindsey. *Crisis and Migration: Critical Perspective*. Abingdon. Routledge, pp.47-49.

this number grew to 320,000.¹⁶⁸ As the number swelled, so did the deterioration of security in and around the camps. Violent criminal activities, such as killings, rapes and armed robberies, became daily occurrence. Dangerous weapons smuggled from Somalia landed into the camps, and in most cases ended in the hands of criminal elements in other towns and bandits. There was a rise in the spate of highway robberies and vehicle thefts compelling relief workers to seek police escort between refugee camps. The rampant violence in the region was blamed on the Somali refugee.¹⁶⁹

A United Nations report claims that Dadaab camps became the hunting grounds for TFG and Al Shabaab fighters. The recruiters targeted young boys by promising them financial incentives if they lied about their ages and left without informing their parents. To win their confidence, the ignorant boys were assured that the UN was in support of the activity.¹⁷⁰ Many young Somali residents in Kenya were thus recruited by the Al Shabaab to advance its agenda in Somalia and the region. As already highlighted, the recruitment and radicalization activities spread from the refugee camps to other towns in the country, particularly Nairobi and Mombasa. Some of those recruited were later infiltrated back and employed as ‘Home grown’ terrorists who became a big security threat for the country.¹⁷¹

2.7.2 Economic Impact

As already mentioned, the conflict in Somalia has had negative impact on the performance of the Kenyan economy. The tourism sector was the worst hit. Figure 1 below indicates the important contribution that tourism makes to the national economy.

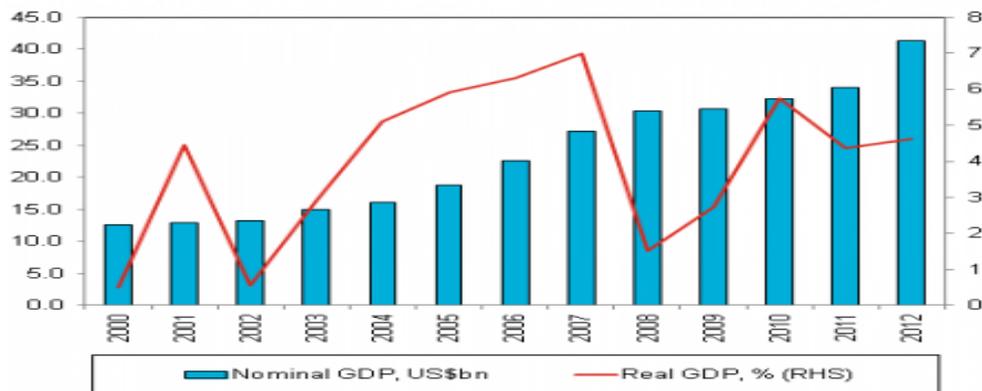
¹⁶⁸ P. Kirui, and J. Mwaruvie, (April 2012). “The Dilemma of Hosting Refugees: A Focus on the Insecurity in North-Eastern Kenya.” *International Journal of Business and Social Sciences*. Vol. 3. No. 8. Available at: http://www.ijbssnet.com/journals/Vol_3_No_8_Special_Issue_April_2012/18.pdf, Accessed on 26 Jun 2015, p.166.

¹⁶⁹ Ibid, p.166.

¹⁷⁰ United Nations. Year Book of the United Nations. USA, UN Publication (2009), p.1066.

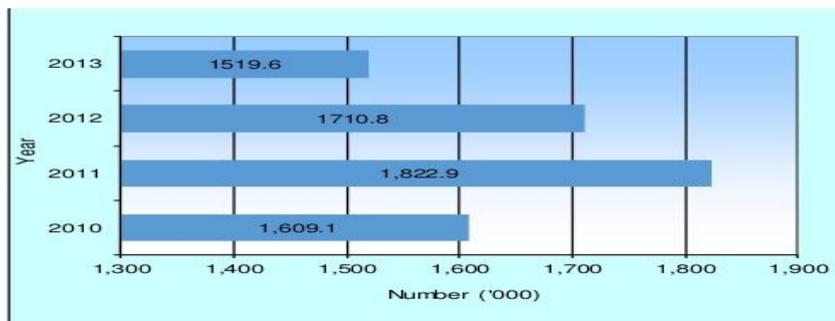
¹⁷¹ H. Y. Mohammed, (2014). *The Role of External Actors in the Somalia Conflict*. (Bachelor’s Thesis). Malmö University. Department of Global Politics Studies. Available at : <https://dspace.mah.se/bitstream/handle/2043/17781/Hassen's%20Thesis%20latest%20version.pdf?sequence=2> . Accessed on 16 August 2015, p.31

Figure 1: Tourism Contribution to national economy



Source: Kenya Facts and Figure (2014)

Figure 2 – Tourist Arrivals



51

Source: Kenya Facts and Figure (2014)

Figure 2 demonstrates the sharp decline in foreign tourist arrivals, which is attributed to insecurity in the country, particularly the coast region. This decline impacted on other sectors of the economy as well. For instance, 7,500 workers in the tourist and hotel industry lost their jobs beginning 2012 and peaked in 2014.¹⁷² Foreign missions that operated consulate offices in Mombasa suspended operations at the coastal town over security concerns and even demanded security reinforcement to protect their interest in the country.¹⁷³

¹⁷² Ibid, p. 20.

¹⁷³ Nation Reporter (2014). UK Closes Mombasa Consulate over Security Concerns. *Daily Nation*. Available at: <http://www.nation.co.ke/news/africa/UK-closes-Mombasa-consulate-over-security-concerns/-/1066/2347588/-/phfrcy/-/index.html>, Accessed on 2 May 2015.

2.8 Human Rights Violation

According to a UN report, long-term economic, social and cultural rights violations, including widespread impoverishment of the population, compounded by serious civil and political rights violations by all parties created an environment that encourages human right violation.¹⁷⁴ Available evidence suggests serious human rights violation by terror gangs, and especially on women. In Al-Shabaab areas, girls were forcefully “married” to fighters and offered as an award for volunteering suicide attackers. Women are routinely flogged or even jailed in some regions if they did not obey the prescribed dress code known as *abaya*, or are seen in the company of men, even if the man is a relative.¹⁷⁵ These forms of abuses, drought and violence have forced women to flee from all corners of the country. As they flee, they risk the danger of being raped or sexually assaulted by militiamen and bandits. Incidences of rape were extremely high in the internally displaced persons (IDP) camps in government-controlled areas.¹⁷⁶

2.9 Kenyan Security Forces Intervention

The deterioration of security along the border and in the country made it imperative to undertake measures that would improve the security and restore the confidence of the Kenyan population.¹⁷⁷ In an effort to safeguard the borders, a series of border security stabilization operations that went by the name Linda Mpaka I and Linda Mpaka II were undertaken as from 2006 to when Operation Linda Nchi was launched. These operations became the precursor of operation Linda Nchi, and are the ones that eventually transformed to become “Operation Linda Nchi” which was launched on 16 October 2011.¹⁷⁸

¹⁷⁴ United Nations, (2007). United Nation Security Council Report of the Secretary-General on the Situation in Somalia, (S/2007/204), p.9.

¹⁷⁵ Human Rights Watch. (2010). Somalia: Harsh War, Harsh Peace. Abuses by Al-Shabaab, the Transitional Federal Government, and AMISOM in Somalia. Available at: <https://www.hrw.org/report/2010/04/19/harsh-war-harsh-peace/abuses-al-shabaab-transitional-federal-government-and-amisom>. Accessed on 2 July 2015, p.27.

¹⁷⁶ K. Sabala, (2011). Regional and Extra-Regional inputs in Promoting Security in Somalia. In R. Sharamo and B.Mesfin, (Eds). *Regional Security in the Post-Cold War Horn of Africa*, Pretoria. Institute of Security Studies, p.

¹⁷⁷ K. Menkhause, (2012). “After the Kenyan Intervention in Somalia.” *The Project to end Genocide and Crimes Against Humanity*. Enough. Available at: <http://www.enoughproject.org/files/MenkhausKenyaninterventionSomalia.pdf> . Accessed on 15 February 2015, p.2.

¹⁷⁸ Ibid.

In such operations, there are casualties that go beyond injuries or the death of soldiers in the battlefield. The accompanied “casualties” back home include wives and children of the soldiers, their siblings, families and communities that suffer the loss. This is the subject of the next chapter.

2.10 Conclusion

In concluding this chapter, one cannot help to come to the conclusion that the Kenya government was left with no option, but to intervene using military force. The spill-over from the lawlessness that had consumed Somalia was greatly undermining the sovereignty and security of the country. The cross-border raids and the threat posed by the spread of extremist ideology from Somalia had threatened social harmony in Kenya.

These developments that evolved from the overthrow of Siad Barre to the failed peace efforts provided a complex matrix of security threats to Kenya. As Kenya was contending with social issues emanating from the influx of refugees, it also had to contend with security challenges across the porous border. These included small arms trafficking, money laundering, contraband goods, piracy, recruitment by Al Shabaab from refugee camps and terrorism.¹⁷⁹ The impact of these activities greatly affected socio-economic life of the Kenyan society. The decision to intervene by deploying the KDF was thus motivated by a desire to inoculate NEP which was already seriously under the threat of the militants and to discourage the militants from undermining the security of the country.

¹⁷⁹ P. T. Migue, O. M. Oluoch, P. M. Njuguna, and C. O. Imbiakha, (2014). *Operation Linda Nchi: Kenya's Military Experience in Somalia*, Nairobi, Kenya Literature Bureau. p.2.

CHAPTER THREE

THE EFFECT OF WAR

3.0 Introduction

Death and the risk of injury are experiences that are associated with the dangers of war. However, during combat, soldiers not only suffer when in the battle field, but also upon their return home. Those returning carry the trauma and memories of the battle field and the consequences thereof. According to Lemke, in war, there is no unwounded soldier.¹⁸⁰ All of those who come back are wounded one way or another. However, when soldiers deploy, their lives do not come to a standstill. They carry with them to the battle field their whole life course, which includes their families; the military families. As the new realities of combat shape the soldier's life in the battlefield, so too is the life of his family at the home front. It is thus in the interest of this chapter to examine how war affects the military family and how they manage their lives from these experiences. This entails a discussion on both the negative and positive effects of the Somalia conflict, particularly Operation Linda Nchi, on KDF military families. The experiences of KDF soldiers and families during Operation Linda Nchi are captured in this study verbatim as stated by the respondents during the interviews. Where appropriate, comparisons with findings of other studies on the impact of other wars on foreign military families have been used. Since families become victims by being associated to the soldier, the chapter begins by looking at how war affects the soldier, and then goes on to explore the experiences of soldiers families, both immediate and extended. This provides grounding for the theoretical underpinnings of the systemic stress theories.

3.1 War and the Soldier

During situations of combat, soldiers live and operate in an environment that is uniquely different from any other life event. War, by its very nature, inspires a whole range of powerful emotions in soldiers. There is the fear of death, the determination to survive, and even the delight

¹⁸⁰ M. Lemke, *Veterans and Military Families in America: Mission Outdoors*. Available at : <http://sierraclub.typepad.com/files/veterans-and-military-families-in-america-mission-outdoors-2.pdf> Accessed on 10 July 2015, p.1.

to kill.¹⁸¹ The pressure imposed on soldiers by these emotions every single day during combat is so intense that some of them eventually break down.¹⁸² Marvasti state that the numbers of breakdown are directly proportional to the duration and intensity of combat exposure.¹⁸³ If this state is prolonged, such soldiers become paranoid over various life events, and may develop rage that can result into intense stress reaction. For others, war causes euphoria and instigates an adrenalin rush that makes them become hyper-active and excited at being in combat.¹⁸⁴ During the Vietnam War, a commander is quoted as having said;

Watching my men perform under heavy fire was like drunken elation....I had never experienced anything like it before....an ache as profound as the ache of orgasm passing through me.¹⁸⁵

The adrenalin rush that accompanies great success is typical of the experience of this commander. Such feeling of heroism generates intense impact on the psychology and emotional balance of each individual soldier. The satisfaction that soldiers derive from killing enemy troops has the potential to cause life-long emotional scarring.¹⁸⁶ This assertion implies that during war, no soldier comes back unwounded, hence physical, mental and emotional scarring becomes an inevitable outcome of warfare.¹⁸⁷

3.2 Stress in Soldiers

The context of battle field engagement creates unique circumstances that can impose great strain and stress in soldiers. Witnessing injury or death of colleagues or enemy soldiers who were alive only moments ago, explosions and consequent blast injuries, decomposing bodies and much more can be stressful. Extended exposure to these battle field realities can affect the emotional and psychological well-being of soldiers.¹⁸⁸ According to Helmus and Glenn, as the number of casualties rise, so does the stress in soldiers. In their study of the impact of World War II on soldiers, Helmus and Glenn found that the prevalence of stress was higher in soldiers who were

¹⁸¹ A. J. Marvasti, (2012). *War Trauma In Veterans and their Families: Diagnosis and Management of PTSD, TBI and Cormorbidities of Combat Trauma*, Illinois, Charles C Thomas Publisher Ltd. p.16.

¹⁸² Ibid, p.16.

¹⁸³ Ibid, p.13.

¹⁸⁴ Ibid, p.13.

¹⁸⁵ Ibid, p.15.

¹⁸⁶ Ibid, p.16.

¹⁸⁷ Ibid, p.16.

¹⁸⁸ Ibid, p.13.

exposed to intense combat than soldiers exposed to intermittent combat.¹⁸⁹ Dr. Judy Kanini of KDF testified that similar outcome was noted on KDF experience in Somalia whereby soldiers deployed deep inside Somalia indicated more stress related symptoms than soldiers deployed in administrative locations close to the border.¹⁹⁰ According to her, this observation influenced the configuration of the deployment of mental health care personnel to monitor and offer assistance to soldiers in need.

Some scholars argue that absence from family and the worry of their well-being can also be a source of stress in soldiers. Buckman *et al.* contend that limited contact with family during war and the mental state of the soldier to survive under fire, while at the same time worried about having missed important family events like the delivery of their child, graduations or even anniversaries can be stressful. This can manifest as anger and aggressive tendencies, particularly upon the soldier's return home.¹⁹¹ During the interview, a respondent spouse stated:

He left just a few months after our marriage, and I was expectant. He was in Somalia when I delivered our first born. He only got to see the baby when he was brought back to Kenya for treatment after the injury. It so happened that he was away again when I delivered our second born. I guess that's the cost of being a soldier's wife – you endure the child delivery burden without the presence of your husband.¹⁹²

The challenges arising from being absent from home were experiences noted to be similar between the KDF soldiers and most other militaries. The difference was only in the cultural context of each individual society. The effect of absence from home on troops is stress which, if not properly managed, can affect the operational effectiveness of a combat force. This link between force readiness and family readiness implies that during war, the line between what is purely military and what is private military family affair is very thin. Institutionalized support system that ensures the two fronts are in harmony can enhance resilience and coping for both the soldier and the family.

¹⁸⁹ T. C. Helmus, R. W. Glenn, (2005). *Steeling the Mind: Combat Stress Reactions and their Implications for Urban Warfare*. Santa Monica, Rand Corporation. Available at: http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG191.pdf . Accessed on 19 April 2015. p.32.

¹⁹⁰ Oral Interview. Maj (Dr) Judy Kanini of DFMH, Nairobi, on 19 August 2015.

¹⁹¹ J. E. Buckman, J. Sundin, T. Greene, N. T. Fear, and C. Dandeker, (2011). "The Impact of Deployment Length on the Health and Well-being of Military Personnel: A systematic Review of the Literature." *Journal of Occupation and Environmental Medicine*, Vol 68 (1), 69-76. Available at: <http://oem.bmj.com/content/68/1/69>, Accessed 5 June 2014.

¹⁹² Oral Interview. Mrs Zenna Iddi, Nanyuki on 12 July 2015.

During deployment, physical hardships associated with combat situations that soldiers endure such as hunger, thirst, sleep deprivation, and exposure to extremes of weather conditions can be stressful to soldiers. Studies indicate that harsh environmental conditions, such as rain and freezing temperatures, along with sleep deprivation and a lack of nutritious food, were responsible for causing stress reactions in troops during World War II and the Korean War.¹⁹³ The validity of this finding with regard to KDF experience in Somalia was confirmed by a statement from one of the respondents who stated;

At times their situations were so dire. He could tell me the way it was so cold at night, they were sleeping in holes, and at times they didn't have food. The way the military operates is such that they do not share with us or even people outside the military such information. So the only way I could get to know what was going on was when I talked to him.¹⁹⁴

The physical hardships and the hostile nature of combat environment can thereof lead to stress reactions in soldiers and affect their combat effectiveness. This experience demonstrated the need to avail support services to mentally prepare the soldier before deployment and in-theatre services to address the psychological needs of the soldier in order to enhance his resilience and maintain combat effectiveness of the combat force.

3.3 Combat Related Injuries

During combat, soldiers suffer both visible and invisible injuries.¹⁹⁵ Symptoms of invisible injuries can appear as changes in cognition, behaviour, and social functioning, such as Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Visible injuries on the other hand are such as amputations, facial damage, blindness, burns, paralysis or even injury of the spinal cord.¹⁹⁶ According to Dr. Phillip Kamande, most of the injuries sustained by KDF soldiers in Somalia affected the limbs.¹⁹⁷ Similar injuries were reportedly suffered by American soldiers in Afghanistan whereby physical injuries affecting the arms and the legs accounted for

¹⁹³ T. C. Helmus, R. W. Glenn, (2005) *Steeling the Mind: Combat Stress Reactions and their Implications for Urban Warfare*. RAND Arroyo Center. Arlington, Rand Corporation, p.36.

¹⁹⁴ Oral Interview. Mrs Barnice Njoroge, Nanyuki, on 11 July, 2015.

¹⁹⁵ Oral Interview. Col (Dr) Phillip Kamande, Nairobi, on 10 August 2015.

¹⁹⁶ K. Holmes, R. Paula, and S. Cozza, (2013). "When a Parent is Injured or Killed in Combat", in Maclanahan, S and Currie, M. J. Military Children and Families. *Journal of The Future of Children*, Vol. 23 (2) 1-212. Available at: <http://www.jstor.org/stable/23595624> Accessed on 12 July 2015, p.144.

¹⁹⁷ Oral Interview. Col (Dr) Phillip Kamande, Nairobi, on 10 August 2015.

54% and head and neck 29% of all combat related injuries.¹⁹⁸ This was attributed to the body armour and the helmet worn by soldiers that protects the trunk and the head, leaving the extremities exposed.¹⁹⁹

The experience of Operation Linda Nchi correlated with the injuries suffered by American soldiers in Afghanistan, whereby most of the injuries affected the limbs more than the other body parts. Dr. Kamande's testimony confirmed that the injuries he handled at DFMH were either burns or broken bones concentrated around the lower and upper limb areas.²⁰⁰ The impact of such injuries on the self-esteem and personal image of the victims and their families was noted to be adverse.

3.3.1 Visible Injuries

Physically visible injuries can be a source of stress in soldiers.²⁰¹ Surviving an attack that leads to such injuries can result in a multiplicity of emotional reactions in a soldier. According to a respondent, there is the elation for having survived and feeling more fortunate to have come out alive, unlike other colleagues who might have perished in the incident.²⁰² Marvasti states that during hospitalization, an injured soldier can be overwhelmed by all the attention from doctors, nurses, family, commanders, politicians and the media.²⁰³ This argument was supported by a respondent who narrated his experience as; "When I was in hospital, many people came to visit me. My bosses and family were all there. Everybody wished me well. It was a nice feeling."²⁰⁴

This initial feeling of excitement however gets replaced by negative emotions when recovery is slow and fresh casualties are brought in. A respondent stated; "I realized that the hospital was another battle field. It worried me to see colleagues deteriorate and pass on. Then you wonder if you will be the next."²⁰⁵

¹⁹⁸ K. Holmes, R. Paula, and S. Cozza, (2013). "When a Parent is Injured or Killed in Combat." In Maclanahan, S and M. J. Currie, Military Children and Families. *Journal of the Future of Children*, Vol. 23, (2). Available at: <http://www.jstor.org/stable/23595624> Accessed on 12 July 2015, p.14.

¹⁹⁹ Ibid.

²⁰⁰ Oral Interview. Col (Dr) Phillip Kamande, Nairobi, on 10 August 2015.

²⁰¹ A .J. Marvasti, (2012). *War Trauma In Veterans and their Families: Diagnosis and Management of PTSD, TBI and Cormorbidities of Combat Trauma*, Illinois, Charles C Thomas Publisher Ltd. p.16.

²⁰² Oral Interview. Maj Harun Wako on, Nakuru, 16 August 2015.

²⁰³ A .J. Marvasti, (2012). *War Trauma In Veterans and their Families: Diagnosis and Management of PTSD, TBI and Cormorbidities of Combat Trauma*, Illinois, Charles C Thomas Publisher Ltd. p.16.

²⁰⁴ Oral Interview. Pte Morris Mutungi, Nakuru, on 16 August, 2015.

²⁰⁵ Oral Interview. Maj Harun Wako, Nakuru, on 16 August 2015.

Injuries that lead to permanent disability can be stressful to soldiers and impact on their self esteem and image. The situation can worsen when financial problems and relational difficulties set in. These outcomes can increase soldiers' vulnerability to developing psychiatric related conditions.²⁰⁶ Victims develop self pity and feel disappointed with the whole society and the military for not caring enough. According to Marvasti, this makes some soldiers to feel frustrated with life, eventually sliding into depression, drug abuse and alcoholism.²⁰⁷ This was the experience of a respondent who testified that: "I had to drink in order to stay sober."²⁰⁸ Such revelation represents a growing problem that was observed among the affected soldiers and their families. The families, reluctant to seek help, opted to suffer in silence. One spouse stated; "He has been drinking too much since he came back from Somalia." Asked whether she had sought help for the husband, she responded; "I have not, and even if I was to seek help, it would not be from his unit. I would not wish to have our private family issues made public because that is what happens here."²⁰⁹

Visible injuries affect both the soldier and family. The degree of impact is influenced by the severity of the injury, the composition of the family, and the treatment required.²¹⁰ Families with young children face the greater challenge not only of how much to inform the children about the injury, but also the uncertainty over the child's reaction to the soldier's new condition.²¹¹ Injuries that altered an individual's original appearance were noted to have the greatest impact on families. Narrating her experience, a respondent expressed her emotions when she visited her husband at hospital. She stated;

When I saw him, I cried. I just couldn't stop crying. He was just lying there on his back, not able to talk. I had to be with him in hospital until he was discharged. But when he got home on crutches, the children rejected him. One of them asked me to 'get this man out of our house.' I didn't know what to do. Our

²⁰⁶ A. J. Marvasti, (2012). *War Trauma In Veterans and their Families: Diagnosis and Management of PTSD, TBI and Cormorbidities of Combat Trauma*, Illinois, Charles C Thomas Publisher Ltd, p.16.

²⁰⁷ Ibid, p.17.

²⁰⁸ Oral Interview, Issa Jamale, Langata, on 11 July 2015.

²⁰⁹ Oral Interview. Mrs Norah Kimeli, Nanyuki, on 28 July 2015.

²¹⁰ S. J. Cozza, R. S. Chun, and J. A. Polo, (2005). "Military Families and Children during Operation Iraqi Freedom." *Journal of Psychiatric Quarterly*, Vol 76(4), 371-378. Washington DC, Walter Reed Army Medical Centre. Available at: <https://msrc.fsu.edu/system/files/Military%20families%20and%20children%20during%20Operation%20Iraqi%20Freedom.pdf> Accessed on 27 October 2014, pp. 374-376.

²¹¹ Ibid.

youngest daughter who used to play freely and always sat on his lap whenever we were in the sitting room couldn't get near him. She used to tell him that he had a bad walking style and she didn't want to be his friend any more.²¹²

Many other families expressed similar emotions with the general theme being fear and hopelessness. The reaction of the children towards the father exerted greater stress and strain in the family. During the interviews, it was revealed that many families in similar situations were not being monitored for mental health care support.

Extended hospitalization due to injuries suffered was also noted to have exerted not only emotional pressure, but financial strain on families. For example, family members travelled to Nairobi from other parts of the country to be close to the patients. Accommodation became an issue, particularly for families that had no other relatives in Nairobi. One respondent from Mombasa revealed the difficulties of raising the bus fare to Nairobi when she said;

We didn't have money at the time. My father-in-law raised some money for my bus fare to Nairobi. He also wanted to come but because of limited finances, he could only afford my bus fare to Nairobi. Even after my husband had been discharged, he was asked to stay close to the hospital for regular clinics. It was expensive. My cousin had to take us in for some time.²¹³

The modest backgrounds of most military families, compounded by the need to care for the injured in unfamiliar surroundings exerted enormous pressure and stress on them. While some numbed their feelings, others openly expressed the difficulties they had to contend with, and the adjustments they had to make in their lives in order to offer better care for the soldier. One respondent testified as follows;

Moving from our house in town to the barracks each morning really affected him. He complained of chest pains every morning. For his sake, we relocated from a town-house into the Barracks, but it also forced me to stop working in order to take care of him.²¹⁴

²¹² Oral Interview, Mrs Joyce Kongolo, Nanyuki, on 14 July 2015.

²¹³ Oral Interview, Mrs Zenna Iddi, Nanyuki, on 12 July 2015.

²¹⁴ Oral Interview, Mrs Joyce Kongolo, Nanyuki, on 14 July 2015.

It was noted that the experience of the Somalia war compelled families to make critical adjustments in their daily lives in order to provide better care to injured soldiers. Some of the changes made translated into reduced family earnings by moving from two pay cheques to one. The net effect of this reality is that the Somalia war impoverished soldiers' families. The attendant financial challenges due to injuries suffered were noted to have led to great psychological and emotional stress on the soldier and the family. With the absence of need based intervention mechanisms, soldiers in similar situation are likely to develop PTSD and depression, which may further affect their families, causing the family to also lapse into depression as secondary trauma sufferers. Such an outcome is supported by theories of systemic stress which suggests that how an individual responds to trauma impacts on others close to him/her.²¹⁵

3.3.2 Invisible Injuries: PTSD

PTSD is defined as a psychiatric condition that is experienced by soldiers due to an event that is life threatening and elicits feelings of fear, helplessness, and/or horror in the individual.²¹⁶ One of the common symptoms of combat exposure is Post Traumatic Stress Disorder (PTSD). Symptoms associated with PTSD exist in three categories; one - reliving the trauma (nightmares, flashbacks or intrusive thoughts), two - dissociation, avoidance and emotional numbing and three- increased hyper arousal and exaggerated startle response.²¹⁷ Rundell and Ursano observed that the prevalence of PTSD on American soldiers in Iraq and Afghanistan upon their return home was 23%. Out of this number, 62% indicated startle response, 50% irritability and outbursts of anger, 35% suffered from reliving experiences, 35% feeling on edge, and 31% had nightmares.²¹⁸ Dr Kanini confirmed having handled KDF soldiers suffering from PTSD, but stated that statistical data on the prevalence of the condition within KDF was unavailable.²¹⁹

²¹⁵ D. Becvar, & R. Becvar, (1996). *Family Therapy: A Systemic Integration*. Needham Heights, MA: Allyn and Bacon. p. 234.

²¹⁶ C. Lawhorne-Scott, and D. Philpott, (2010). *Combat Related Traumatic Brain Injury and PTSD: A Resource and Recovery Guide*. Plymouth, Government Institute, p.57.

²¹⁷ Ibid.

²¹⁸ J. Rundell, and R. Ursano. "Psychiatric Responses to War Trauma." In R. Ursano, and A. E. Norwood, (Eds) (1996). *Emotional Aftermath of the Persian Gulf War: Veterans, Families and Communities. Journal of Nervous and Mental Diseases*, Vol 185 (11). Washington D C, American Psychiatric Press, p.174.

²¹⁹ KDF Prevalence rate could not be established since the operation is still on-going. The practice of some military forces is to prepare statistics at the conclusion of an operation.

Soldiers who exhibit arousal symptoms have difficulty in concentration, are easily irritable and are constantly on the look-out for danger.²²⁰ Basic military training develops survival instincts in a soldier that aids him to keep alive and to continue fighting under extreme conditions and circumstances.²²¹ The threat of death during combat sharpens an early warning system and quick physiological responses to danger in a soldier.²²² Upon return from combat, adjusting to normal life becomes difficult.²²³ An American soldier from Afghanistan described his hyper vigilance condition as; “Occasionally, something will click in the house and I’ll get out of bed and I’ll check the whole house.”²²⁴

During interviews carried out for this study, similar post-war reaction was observed in KDF soldiers. One officer described his startle response condition as horrifying. For example, he described how he would jump out of his skin at any cracking sound. He narrated an experience in which the sound of a thunder flash made him think that the enemy had attacked the barracks.²²⁵

This is one of the many instances encountered that demonstrates the magnitude of the impact of the operation on soldiers. It highlights the need for a program of intervention that targets the soldier and his family.

There are other soldiers who re-live the war long after the war is over. Such soldiers experience various forms of intrusion, such as sleep disturbances, nightmares, intrusive memories, and thoughts of the traumatic event as if the event is occurring in real time again.²²⁶ Henry argues that the condition makes soldiers to become powerless and exercise limited control over the

²²⁰ Canadian Ministry of Veteran Affairs. (2006). Post Traumatic Stress Disorder (PTSD) and War Related Stress. The New Veterans Charter for Canadian Forces. Available at: http://www.veterans.gc.ca/public/pages/publications/system-pdfs/ptsd_warstress_e.pdf . Accessed on: 1 September 2015, p.5.

²²¹ Ibid.

²²² H. C. Mason, (1993). After the War: For the Wives of all Veterans. Available at: <http://www.patiencepress.com/documents/After%20the%20War.pdf> Accessed on 18 July 2015

²²³ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (Doctoral dissertation). Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.29.

²²⁴ Ibid.

²²⁵ Oral Interview. Lt Lucas Luta, Nakuru, on 15 August 2015.

²²⁶ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (Doctoral dissertation). Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.26.

memories of war. The inability to control the experiences can lead to self-blame, self-pity and isolation as expressed by a KDF respondent spouse who stated that; “He screams so loudly in the middle of the night, throwing his arms all over the place. I am glad he hasn’t grabbed my neck, otherwise I would be dead by now.”²²⁷

Another respondent who was going through the same experience stated;

Usiku akilala, yani anaota akipiga makelele hadi watoto wanamka. Akiota, anapiga makelele kwa lugha ya mama. Hua anaota akijificha nyuma yangu. Nikimwuliza ni nini? Anasema anafukuzwa na fisi. Hii ni kitu hata ukimuuliza huyu mtoto mdogo atakuambia. (He screams so loudly when dreaming at night until he wakes up the kids. He speaks in mother tongue when dreaming, and hides behind me when dreaming. When I ask him what it is, he tells me that he was being chased by hyenas. This is something that even this young child can tell you).²²⁸

Many other spouses testified that they were unable to sleep well due to stress of what their husbands were going through. Lack of sleep affected the overall well-being of the spouses and their discharge of their day-to-day activities.

The above revelations demonstrate battle field difficulties that follow soldiers into their homes, eventually affecting their health and overall well-being. Their attachment to their families ensures that the families become victims, too. Soldiers undergoing such experiences were also observed to exhibit avoidance syndrome whereby the company of other soldiers in uniform was detested. An officer testified that he never wanted to be close to anybody in uniform, and was content with being in his own company. In doing so, he slumped into depression, and to live through the condition, he chose to be an alcoholic.

Living through a traumatizing experience can also be stressful to soldiers. Those who survived such situations and who may be nursing injuries that remind them of the traumatic event tend to employ avoidance mechanism as a way of coping with the experience.²²⁹ Characteristics of avoidance symptoms are isolation, loss of interest in activities around and emotional

²²⁷ Oral Interview, Immaculate Kukubo, Nairobi, on 14 June 2015.

²²⁸ Oral Interview, Mrs Joyce Kongolo, Nanyuki, on 14 July 2015.

²²⁹ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (Doctoral dissertation). p. 27. Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.27.

withdrawal.²³⁰ Soldiers suffering from this condition avoid thinking about or talking about what happened, and attempt to cut themselves off from the painful feelings associated with the memories. In the process, they withdraw from their families, friends, and society and begin to be less and less engaged in day-to-day activities. Such soldiers become vulnerable to suffering depression, feeling isolated, which ultimately affects proper functioning of the family as was revealed by a spouse who stated;

He does not even get out of the house. Even when we go to the rural village where he grew up and had many friends, he just keeps to himself in the house alone. He is always alone. Sometimes I ask myself “What is happening?”²³¹

The respondent was vividly disturbed by the condition of her husband and the toll it was having in their relationship. The emotions expressed by the respondent showed how the trauma of war can affect soldiers, and how KDF soldiers’ response to the trauma affected the military families as secondary victims. Such was the experience of many other families, which despite being in need of mental health care services did not receive any as most of the victims had no information on the existence of such services within KDF.

Anger and irritability were identified as common complaints by families on the behaviour of soldiers, particularly those who had sustained injuries. Such soldiers tend to develop the feeling that other people around them looked down upon them due to their physical condition. One KDF respondent testified; “I see people looking at me strangely and I realize it is because of the way I walk. It is really painful.”²³² In her study on the experiences of US soldiers in Afghanistan, Henry found that soldiers who participated in combat reported higher levels of anger and hostility than soldiers who did not experience real combat.²³³

²³⁰ Ibid.

²³¹ Oral Interview, Mrs Joyce Kongolo, Nanyuki, on 14 July 2015.

²³² Oral Interview. Pte Ali Dire, Langata, on 19 August 2015.

²³³ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (Doctoral dissertation). p. 29. Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.28.

While investigating KDF families' experiences, one female respondent, whose husband sustained serious injuries, expressed fear of her husband, saying that the husband had become too temperamental, aloof and shunned normal conversation. She testified that he had threatened to kill her on a number of occasions, a situation that was interfering with stability in the family. She stated; "He has threatened to kill me many times over minor domestic disagreements. We are not like a normal family anymore. I reported this to my mother-in-law and all she told me was that what he is now is the person I got married to."²³⁴

The pain associated with the consequences of war was noted to have transcended through the immediate family to the extended family. A brother of a KDF soldier narrated his experience with his brother when he said;

You shift the position of his chair and he sees it as an act to punish him due to his injury. He is not the person I knew. He went to Somalia and somebody else instead of the one who came back. Sometimes, one just doesn't know how to relate with him.²³⁵

Narrating his experience on anger, a senior commander cited a case of a soldier, who upon his return from deployment, differed with his wife over financial issues. The situation deteriorated and eventually led to a tragic end. The respondent stated;

In one mad rage to hit the wife, the soldier grabbed the old-box type TV and threw it at her in an attempt to hit her. Unfortunately, it missed the wife and landed on the head of a three-month old baby who was sleeping on the sofa. The baby died instantly.²³⁶

These narrations demonstrate the extent to which indirect effects of war can impact on families as secondary victims, and the overlap between home front and battle front. Appreciating the battle field in terms of the relationship between the home front and battlefield is key to the establishment of a robust family support as well as soldier support systems that cater for the emotional well-being of both the soldier and family. However, the effect of anger on family members supports the explanations by the theory of systemic stress that how an individual family member reacts to stress affects the other members in the family, and may ultimately threaten stability in the family.

²³⁴ Oral Interview, Mrs Joyce Kongolo, Nanyuki, on 14 July 2015.

²³⁵ Oral Interview. Mr Allan Mbeki, Nanyuki, on 15 July 2015.

²³⁶ Oral Interview, Maj Gen G. Owino, Arusha, on 12 June 2015.

Soldiers who survive combat have been known to suffer from depression as a consequence of post-combat reaction.²³⁷ Rundell and Ursano argued that soldiers, who experienced higher war-zone stress during the Vietnam War, were seven times more likely to suffer depression than soldiers who had been exposed to low or moderate stresses of combat.²³⁸ Studying the experiences of American soldiers in Afghanistan, Henry also found that, 32% of the soldiers indicated signs of depression. A veteran soldier of the Afghanistan war, while describing a colleague's behaviour said; "At times, she couldn't summon any emotion at all, while the other times she would become upset for no reason."²³⁹

Depression was noted as one of the symptoms of PTSD among KDF soldiers. According to Dr. Judy Kanini, tracking prevalence of depression within KDF has been challenging due to the revolving door situation in which soldiers that were on the recovery path relapsed into the original state due to non-adherence to treatment regime, thereby making some patients to be in and out and in again. She revealed having dealt with cases of depressed soldiers who had threatened to kill their families, colleagues or even themselves.²⁴⁰ According to her, when such soldiers are retired from service before recovery, they can become a danger to themselves and to the society as a whole.²⁴¹

3.3.3 Traumatic Brain Injury

Lawrence-Scott and Philpott define Traumatic Brain Injury (TBI) as a condition caused by a sudden trauma, such as a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.²⁴² Common symptoms for TBI can be categorized into psychological and non-psychological. Psychological signs include confusion, fatigue, insomnia, depression, anxiety, irritability and PTSD, while non-psychological ones are clumsiness,

²³⁷ J. Rundell, and R. Ursano. "Psychiatric Responses to War Trauma". In R. Ursano, and A. E. Norwood, (Eds) (1996). *Emotional Aftermath of the Persian Gulf War: Veterans, Families and Communities*. Washington D C, American Psychiatric Press, p.44.

²³⁸ Ibid.

²³⁹ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (Doctoral dissertation). p. 29. Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.29.

²⁴⁰ Oral Interview. Maj (Dr) Judy Judy Kanini of DFMH, Nairobi, on 19 August 2015.

²⁴¹ Ibid.

²⁴² C. Lawhorne-Scott, and D. Philpott, (2010). *Combat Related Traumatic Brain Injury and PTSD: A Resource and Recovery Guide*. Plymouth, Government Institute. p.28.

dizziness, and loss of balance, blurred vision, photophobia, slurred speech, and seizures.²⁴³ The prevalence of TBI during World War II was 24% and between 16-18% during Vietnam War. The prevalence for American soldiers during Iraq and Afghanistan Wars was put at 20%.²⁴⁴

During the interview, Dr Judy Kanini indicated that cases of TBI exist within KDF, and put the prevalence at 50%.²⁴⁵ According to her, the figure is likely to rise as the level of awareness increases and more soldiers start to seek help. A respondent who was nursing a TBI sufferer stated this about her experience;

Unajua haongei vizuri kama zamani. Hata kusikia ni shida. Kila wakati watu wetu wananiambia kwamba nimetupa mbao. Ati naweza kuishi vipi na mtu kama huyo. Wananishawishi nimwache. (You know he does not talk properly as before, and his hearing ability is affected. My people keep telling me I have lost my mind. How can I live with a person like him. They have been advising me to abandon him.)²⁴⁶

The reaction of the extended family is seen in the context of normal human reaction to such situations. Being so young a spouse, her family would not wish to see her take care of the mentally and physically injured soldier for the rest of her life. Pressure from the extended family members who would be expected to assist in coping added to the stress the family is experiencing, making coping difficult. KDF intervention mechanism targeting such families would greatly promote confidence within the family. However, such mechanisms were unavailable, making this particular family and others interviewed to numb their feelings in the absence of KDF need-based programmes and services.

3.4 Substance Abuse and other Related Disorders

Alcohol and substance abuse have been associated with secondary disorders after combat. During the Vietnam War, Rundell and Ursano observed that alcohol dependency was more common in soldiers who had been exposed to intense battle conditions with a prevalence of 17.2% than those less exposed to serious combat.²⁴⁷ Statistical data on the prevalence of

²⁴³ A. J. Marvasti, (2012). *War Trauma In Veterans and their Families: Diagnosis and Management of PTSD, TBI and Comorbidities of Combat Trauma*, Illinois, Charles C Thomas Publisher Ltd, p.16.

²⁴⁴ Ibid

²⁴⁵ Oral Interview. Maj (Dr) Judy Kanini of DFMH, Nairobi, on 19 August 2015.

²⁴⁶ Oral Interview. Mrs Zenna Iddi, Nanyuki, on 12 July 2015.

²⁴⁷ J. Rundell, and R. Ursano, "Psychiatric Responses to War Trauma". In R. Ursano and A. E. Norwood, (Eds) (1996). *Emotional Aftermath of the Persian Gulf War: Veterans, Families and Communities*. Washington D C, American Psychiatric Press, p.55.

alcoholism on KDF soldiers could not be obtained. However, Dr. Judy Kanini informed the researcher that cases of alcoholism were on the rise.²⁴⁸ During the study, individual cases of addiction were noted that validated Dr. Judy Kanini's claim. In one case, a respondent who was nursing injuries stated; "To stay sober, I have to drink."²⁴⁹ Alcohol addiction was considered as a coping mechanism with post-war stress.

Other forms of abuse revealed during the interviews was bhang smoking, chewing of khat and viewing of pornographic material via internet-enabled mobile telephones. A spouse confided in her friend (my informant) that her husband was addicted to watching pornography, and would stay late in the sitting room, a behaviour that was straining their marital relationship. This habit could be attributed to situations of boredom in the battle field during which soldiers influence one another to view such material as a method of dealing with stress.

The problem of substance abuse and related disorders, as residual effects of war, was noted to be one of combat induced transformation on soldiers' behaviour. The narrated experiences demonstrate the need for in-theatre and post-theatre interventions to create greater awareness on stress management in soldiers. This would contribute to better coping during and after deployment.

3.5 Missing-in-Action

In situations of combat deployment, soldiers are sometimes categorized as Missing-in-Action (hereafter MIA) if their whereabouts are unknown. During such situations, Goldich contends that families and relatives of the missing soldiers go through a mixture of emotions between feelings of hope through despair to fear.²⁵⁰ However as days pass by, hope that the soldier would be found alive begins to fade.²⁵¹ In the American operation in Iraq, 49 US soldiers were listed as MIA.²⁵² KDF declared 3 soldiers as missing in action during the Somalia war.²⁵³

²⁴⁸ Oral Interview. Maj (Dr) Judy Judy Kanini of DFMH, Nairobi, on 19 August 2015.

²⁴⁹ Oral Interview, Issa Jamale, Langata, on 11 July 2015.

²⁵⁰ L. R. Goldich, (2005). POWs and MIAs: Status and Accounting Issues. Foreign Affairs, Defence, and Trade Division. CRS Issue Brief for Congress. Available at: <https://www.fas.org/sgp/crs/natsec/IB92101.pdf>. Accessed on 24 September 2015, p.7.

²⁵¹ Ibid, p.11.

²⁵² Ibid.

²⁵³ KDF Operation Linda Nchi Casualty records.

In this study, the experience of a mother of a KDF soldier declared missing in action is captured verbatim and it corresponded with Goldich's statement on the emotional turmoil relatives of an MIA victim experience. The respondent stated:

I couldn't eat because I was asking myself; "How can I eat when my son is probably not eating wherever he is?" Given the acts that those terrorists had done before, I used to think that may be they are cutting him piece after piece as he watches. May be they cut a finger today, another one tomorrow, gouge out an eye the following day, and do so many other horrific things to him. I lost my mind several times thinking about the possible horror that my son was enduring. I could cook food hoping that may be my husband would eat, but it was difficult for any of us to eat. At that time, we were just the two of us here. It is the church members who would comfort us whenever they came around and really encouraged us to taste even if just a cup of tea. It is purely by the grace of God that we survived and are here talking to you today. We can't actually understand how we pulled through without eating and without sleeping.²⁵⁴

The emotional torture that families of a soldier declared to be missing endured was aptly captured by another respondent who stated;

The intervening days were extremely difficult for us. We couldn't eat, we couldn't sleep. I tried to keep busy at the farm until one day I fainted while there because I had not eaten for 2 consecutive days. All what was on my mind was where my son was and what these Al-Shabaab terrorists could possibly be doing to him. His mother was crying all the time. She could sob until she couldn't sob anymore, and just took to screaming out loud especially in the middle of the night because we couldn't sleep.²⁵⁵

Experiencing loss occasioned by one declared missing in action appeared harder for relatives to deal with than even in situations of confirmed death. The uncertainties that surround this kind of outcome made closure impossible and was observed to be very stressful for the families. Timely intervention services, such as counselling for the affected families, can assist to make the situation of the affected families bearable.

3.6 Deployment and Military Families

The impact of war on the military families can be understood from the perspective of life in the military. Military life is unique in many ways and the military family contends with a broad

²⁵⁴ Oral Interview. Mrs Anna Maina, Othaya, on 13 August 2015.

²⁵⁵ Oral Interview. Mr Elkana Maina, Othaya, on 13 August 2015.

range of issues that include family separation during deployment, and the anxiety and worry over the possibilities of death or injury to the soldier.²⁵⁶ Further to worrying, spouses assume sole responsibilities of managing the family single-handedly, a role that was previously shared. As espoused in the theory of systemic stress, this can lead to psychological and behavioural problems that affect the well-being of the family system.²⁵⁷ A distinct effect of military deployment is readjustment. The spouse left behind is forced to make adjustments due to the loss of partnership. Some adjustments can be difficult to reverse upon the soldier's return, ultimately causing relational problems and disruption of marriages.²⁵⁸

In examining the impact of deployment separation on military families, it became useful to look at deployment by its distinct stages of pre-deployment, survival and reunion. Every stage presented a unique set of stress to the soldier and the family.

3.6.1 Pre-Deployment

Pre-deployment is a period when the soldier prepares for going to combat and the family prepares for separation, during which important family issues such as finances are discussed. According to Caforio, it is a period that is filled with emotional upsets and anxiety over the anticipated loss of the partner.²⁵⁹ During the interviews, members of both the immediate and extended families expressed profound sadness and helplessness at the notification of deployment to Somalia. One respondent said;

When he told me that he had been included among the soldiers who were to go to Somalia, I felt like energy had been sapped out of my body. I felt so weak. I told him "Let's hold hands and pray". We then held hands and prayed as a family. Deep inside, I was so worried because we had been married just for two years and I had a very young child. But I kept encouraging myself remembering that he and I met even before he joined the military, and remembering that we prayed for God to open the door for him to join the military, and therefore trusting that

²⁵⁶ A. J. Marvasti, (2012). *War Trauma In Veterans and their Families: Diagnosis and Management of PTSD, TBI and Cormorbidities of Combat Trauma*, Illinois, Charles C Thomas Publisher Ltd., p.18.

²⁵⁷ D. Halpern, and S. Murphy, (2005). *From-Work Family Balance to Work-Family-Interaction: Changing the Metaphor*. Lawrence Erlberum Associates Inc, Publishers, p. 87.

²⁵⁸ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (doctoral dissertation). p.29. Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.32.

²⁵⁹ G. Caforio, *Handbook of the Sociology of the Military*, (New York, Springer, 2006). pp. 214-215.

the same God who opened doors for him to join KDF, would bring him back safely.²⁶⁰

Echoing the same, an informant who lost her husband in the Somalia war described her experience as;

I felt so afraid and weak, but I had to gather courage because he told me that it was part of his work, and since others had been there, it was now his turn to go. I just prayed for God to bring him back safely. But my prayers were not answered, because he did not make it back alive.²⁶¹

The general reaction by spouses to the anticipated loss of companionship due to deployment was one of shock and sadness. The need for early interventions that target families in order to enhance their resilience needed to be introduced at the pre-deployment stage. Such interventions should, however, make provision to reach military families wherever they may be based in the whole country.

3.6.2 Survival Period

Survival period starts from the period the soldier departs home for the battle front and lasts until a few weeks before the soldier returns home. Henry contends that, during such period, spouses experience mixed emotions and residual anger at tasks left undone. Needs during this stage are both emotional and physical.²⁶² It is a period when role reversal and adjustment issues occur and established family pattern is disrupted.²⁶³ Most spouses interviewed for this research reported that they had to assume the role of the head of the house during the soldier's absence. A respondent narrated her experience and the role overload during deployment as;

I became everything after he left. I paid rent, paid for water, electricity and school fees. I was never concerned with such issues when he was around. I became the father and mother in the house. However, it was not so difficult to manage because he regularly called to instruct me on what I needed to do. For me, though he was away, it was like he was always around.²⁶⁴

²⁶⁰ Oral Interview. Ann Karani, Thika, on 14 June, 2015.

²⁶¹ Oral Interview. Mrs Florence Obech, Homa Bay, on 15 July 2015.

²⁶² S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (doctoral dissertation). p.29. Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.31.

²⁶³ T.S. Knapp, and S.J. Newman, (1993). "Variables Related to the Psychological Well Being of Army Wives During the Stress of an Extended Separation." *Journal of Military Medicine*, 158 Vol 2. p.78.

²⁶⁴ Telephone Interview, Mrs Fatuma Hassan, Garissa, on 14 July 2015.

Within the scope of such changes, some spouses got overwhelmed and disoriented and suffered sleeplessness, loss of appetite, irritability and fatigue, but still continued to be concerned about the safety of the soldier.²⁶⁵ When asked about her experience during her husband's deployment to Somalia, one spouse responded;

I was restless the entire time. I couldn't eat; I couldn't concentrate. I took to praying the way we used to do with him whenever he was around. Whenever he got an opportunity to call me, he told me that he just wanted us to keep talking to each other. We could talk for so long and about very many things. A few times he could ask me to sing for him. I used to feel so good after talking to him. Then I used to pray for him after our telephone conversations.²⁶⁶

Keeping in touch with family members was observed to encourage coping by both the soldier and the family. Information regarding the well-being of the family and knowledge that the soldier was well reduced the level of stress in both parties. Respondents reported that they found communication from KDF on the status of the deployed soldiers inadequate. This could be due to structural issues on the part of KDF or security considerations. Families had to make their own efforts to communicate with the soldier, which in most cases was infrequent. Inability to regularly keep in touch with the soldier was observed to have caused stress and anxiety on KDF military wives. Out of all the 15 wives interviewed, none of them had sought mental health treatment.

3.6.3 Re-union

Re-union entails bringing together families that had been separated by the war deployment. According to Mateczun and Holmes, the parties concerned grow and change during the course of their separation. They contend that individuals acquire new habits of daily life during the separation that becomes easily noticeable to those who have been apart.²⁶⁷ Demers argued that the person who goes to war experiences things that change him/her in profound ways.²⁶⁸ Equally,

²⁶⁵ D. Halpern, and S. Murphy, (2005). *From-Work Family Balance to Work-Family-Interaction: Changing the Metaphor*. Lawrence Erlberum Associates Inc, Publishers, p. 89.

²⁶⁶ Oral Interview. Ann Karani, Thika, on 14, June, 2015.

²⁶⁷ J. M. Mateczun and E. K. Holmes. Return, Readjustment, and Reintegration: The Three R's of Family Reunion. In R. Ursano, and A. E. Norwood.(Eds)(1996). *Emotional Aftermath of the Persian Gulf War: Veterans, Families and Communities*. Washington D C, American Psychiatric Press, p.378.

²⁶⁸ A. Demers, (2008). "TheWar at Home: Consequences of Loving a Veteran of the Iraq and Afghanistan Wars." *Journal of Mental Health*, Volume 6 (1). 1-12.

the person left behind also changes due to the newly gained independence. These changes make re-union not to be a neatly-fit-back together process and can be stressful for some couples.

During this study, most participants stated that they were filled with relief and excitement as they prepared to receive their loved ones as they prepared to return home. Their testimonies corresponded with the findings of Veneisha that; in the final stages of deployment just before soldiers return back home and post-deployment activities begin, families fantasize about a perfect home-coming and re-union.²⁶⁹ It was revealed that some families devised positive parental practices to create greater sense of security and predictability that compensated for the absence of the soldier husband.²⁷⁰ One spouse stated: “He wasn’t here, so I had to be there for them. Doing homework with them and praying together with them before going to sleep.”²⁷¹

As an event, re-union was noted to be an emotional period for both the soldiers and the families. Soldiers interviewed indicated that they were excited and looked forward to being united with their families. Families were equally anxious to receive the soldier back as captured in a statement by one respondent who said;

I kept counting days and the days were not moving fast enough. He called me when he got to Garissa that he would be home the next day in the morning at Langata Barracks. I could not get sleep that night at all, and when morning came, the children asked me when the father would be home. That day, I decided that the children would not go to school and all of us went to Langata Barracks to receive him. I was surprised when I got to Barracks to see so many women and children waiting to receive their loved ones.²⁷²

However, the joy and excitement of re-union was not felt in all families. Special challenges were identified in three main situations; where the soldier had sustained serious combat injuries with residual impairment, where the wife was suspected of marital infidelity, and financial mismanagement. In the case of battle injuries, the physical changes made some soldiers who were previously independent to become dependent on others for routine matters of daily life.

²⁶⁹ J. Veneisha, (2008). *Military Wives Whose Husbands Are Deployed During Operation Iraqi Freedom*. Florida, Universal Publishers, pp. 1-2.

²⁷⁰ G. Caforio, (2006). *Handbook of the Sociology of the Military*. New York, Springer, pp. 216-218.

²⁷¹ Oral Interview. Mrs Mary Mbeki, Nanyuki, on 14 July 2015.

²⁷² Oral Interview, Mrs Alice Mugana, Nairobi, on 12 July 2015.

This became intolerable to the soldier, and in some cases intolerable to the family. Expressing his frustration and deep emotion, one respondent stated;

Niangalie vile niko. Siwezi kujifanyia chochote bila kuomba msaada. Sikua hivi kabla ya kwenda Somaliai. Hii naelewa hali ya vita, ila watu wangu hawaelewi. Wanaona ni kama nawasumbua. Naelewa ugumu uliopo. Kinachonitia hasira ni kwamba kwa sasa shemeji zangu wanajaribu kumshawishi mke wangu aniache. Hata yeye naona tabia zake kwangu zimebadilika. (Look at how I am. I cannot do anything for myself without asking for assistance. I was not like this before going to Somalia. I understand this is the reality of a war situation, but my family does not understand it. They see me as a bother. I know it is not easy. However, what angers me is that my in-laws are persuading her to leave me. I have notice changes in her behaviour).²⁷³

Some of the female participants nursing injured soldiers indicated that interaction with with the soldier husbands was stressful. One participant said;

He is always angry with almost everything and everybody. He keeps more to himself and talks to no one. You really can't discuss anything with him. We are no longer a functional family. Sometimes I feel so defeated knowing that there isn't much I can do help beyond what I was doing as a wife.²⁷⁴

Issues related to marital infidelity and financial mismanagement were expressed by some of the male participants. They spoke of tension at home between them and their wives which lead to communication difficulties, and in some cases, even separation. Testifying about the situation in his family, one informant said;

When I came back from Somalia, the money I had almost died for was nowhere. I had left her with the ATM and instructions on how to use the money. Each time I called, she would tell me that she had removed some little money for use in the house. It didn't bother me because we have children. However, upon return, there was no money and there was nothing to show where she had put the money. I became really angry, but because of the children, I could not do much. However, the anger just couldn't go away. Many a time I have felt like killing her.²⁷⁵

²⁷³ Oral Interview. Pte Ali Dire, Langata, on 19 August 2015.

²⁷⁴ Oral Interview, Mrs Joyce Kongolo, Nanyuki, on 14 July 2015.

²⁷⁵ Oral Interview, Sgt Charles Kibett, Langata, 8 August 2015

These outcomes agree with some scholars who contend that re-unions are not always blissful for many families and can be a period of immense stress for most couples. Once the initial excitement has waned and the reality of the changes set in, the relationship begins to experience strain, particularly in cases of serious injuries or mismanagement of resources. At this point, most female participants expressed inadequacy and frustration in dealing with their loved ones, and repeatedly indicated their desire to seek support. However, they confessed lack of knowledge with regard to where such support could be obtained.

When the responses are contextualized, what comes into mind is the need for well coordinated programs and social support systems to facilitate re-union within KDF and at the community level. Such programs and systems should target to prepare families to deal with the stresses associated with re-union. Just like soldiers train so as to be ready, families equally need to prepare in order to be ready to face the uncertainties of post-deployment re-union.

3.7 When a Loved One is killed in Combat

According to Caforio, death is an inevitability of war and war is an inherent aspect of the military profession.²⁷⁶ In spite of this reality, the death of any soldier is hard to accept, not only by his family, but even by society.²⁷⁷ LaMorie *et al*, contend that the ripple effect of a single loss runs through multiple layers of social networks that include military commanders, political leadership, immediate family, extended family and friends.²⁷⁸ The people affected by the death of a soldier validate the theoretical underpinnings of this study, that of systemic stress.

Consistent with combat deaths, a spouse loses a husband and the father of her children. Parents lose a son, while siblings lose a brother. In most of the families interviewed, including extended families, the loss of a soldier meant the loss of their sole bread winner. Caforio contends that this

²⁷⁶ G. Caforio, (2006). *Handbook of the Sociology of the Military*, New York, Springer, pp. 214-215.

²⁷⁷ J. H. LaMorie, and M. M. Murphy, Traumatic Death in the United States Military: Initiating the Dialogue on War-Related Loss. In R.A. Neimeyer, H. Winokuer, D. Harris & G. Thornton (Eds.), *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*. New York, Routledge. Available at: <http://www.goccp.maryland.gov/victim/documents/TraumaticDeath.pdf>. Accessed on 3 September 2014, p.3.

²⁷⁸ Ibid.

category of people bears the greatest burden during loss and their grief does not fade away even with time.²⁷⁹

While investigating the impact of death in a family, the respondents interviewed, who included immediate family members, parents and siblings, expressed emotions of intense grief and profound loss. For them, the loss was physical, emotional, economic and social. One respondent narrated her experience as follows;

You know, even though he was hardly ever here, I could easily reach him on the phone and consult him whenever something came up. Now I can't. I can only consult my children, but you know there are things you cannot consult your children about. Sometimes I wish he was still around. Sometimes it does not look like he will never come back. It is hard to accept that it is real.²⁸⁰

From an economic point of view, the death of a soldier destabilized his family's social security. As already indicated, most spouses were housewives and the soldier was the sole bread winner. The loss left many families financially vulnerable, as indicated by a respondent who stated;

I was in deep shock. I cried a lot. I was mostly concerned about the children because they were very young and we didn't have any other means of survival. Willy was the bread winner of our family.²⁸¹

The future of the children following the death of a soldier father was a general concern of all the spouses interviewed. Many of their children were mainly in primary school. As housewives, they expressed fear that their children may end up not accessing quality education due to the absence of the soldier. It was noted that providing for the children was proving to be a challenge as some of the children were already out of school due to lack of school fees. Describing her situation, one respondent stated;

I have four children aged between 2 and 15 years. The first one is supposed to be in form two, but he has not been to school for the whole of this year. None of my children is in school as at now. The younger one was in a private school which I now can't afford. My brother assisted me initially, but he can't any more. I do not have anybody else.²⁸²

²⁷⁹ G. Caforio, (2006). *Handbook of the Sociology of the Military*. New York, Springer, pp. 216-218.

²⁸⁰ Oral Interview. Mrs Florence Obech, Homa Bay, on 15 July 2015.

²⁸¹ Ibid.

²⁸² Oral Interview, Mrs Fatuma Hassan, Garissa, on 14 July 2015.

Frustration over delay in processing dues and insensitivity of officers along the chain were also notable complaints. An informant narrated her experience with some officers as follows;

After waiting for a few months, I went back to check on the progress and one of the officers told me that I should just wait and that even the Mau Mau freedom fighters were still waiting for their compensation. That's when I decided to go to DOD in person since at that time, we didn't have any means of survival; we were literally begging for food.²⁸³

The manner in which compensation matters are handled is critical in influencing how families view the circumstances that led to the death of the soldier, and can either contribute to difficult grief or aid in healing. Attaching a human face to the process and empathizing with the survivors can help ease the pain in military families.

3.7.1 Social Disruption

Military families are entitled to certain benefits that are enjoyed for as long as the soldier remains in active service. These benefits include DEFCO facilities, on-base housing and medical care for the immediate family members.²⁸⁴ On-base housing means that rent is catered for by the government. Residing in the barracks affords a military family the support of a military community. However, upon the death of a soldier and once the burial process is completed, the enjoyment of service benefits comes to an end and the family must move away from the supportive military community.²⁸⁵ During the interviews, some families reported having been torn between staying in town and relocating to the rural village. Relocating to the rural home meant transferring the children from urban schools to rural ones. Such relocations had a destabilizing effect on the family, particularly the children. During the interviews, a respondent spouse stated:

²⁸³ Oral Interview. Mrs Barnice Njoroge, Nanyuki, on 11 July, 2015.

²⁸⁴ DOD Personnel Policy.

²⁸⁵ S. J. Cozza, R. M. Lerner, and R. Haskins, (2014). "Military and Veteran Families and Children: Social Policy Report. Policies and Programs for Health Maintenance and Positive Development." *Social Policy Report*, Volume 28 (3). 1-17. Available at: https://scholar.google.com/scholar?q=Military+and+Veteran+Families+and+Children:+Social+Policy+Report+by+cozza&hl=en&as_sdt=0&as_vis=1&oi=scholart&sa=X&ved=0CBwQgQMwAGoVChMIpoycm92SyQIVxrgUCh1Aqgov Accessed on 9 June 2015, p.9.

When he died, I had to move to the rural home. I could not afford to keep the family in town. I took the children out of the barracks school and transferred them to a rural one. I had no other option.²⁸⁶

The death of a soldier thus translated into loss of regular income and the supportive military community for the immediate family. However, the economic loss was observed to have been felt beyond the immediate family. Since most of the soldiers were noted to come from modest backgrounds, they were also financially supporting other relatives such as parents and siblings. Thus death of a soldier not only robbed a wife of a husband, but also robbed the extended family members of a critical element of their survival. This reality indicates how deep the impact of war can run. Yet, other than the soldier, the other victims of this war may never become part of the official war casualty list.

3.7.2 Family Disintegration

Wadsworth and Briggs state that deployment that results in death is more stressful and damaging to marriages of enlisted service members who on average tend to be younger, and more likely to be exposed to more violent combat as compared to the marriages of officers who are normally older, and less exposed to the dangers of combat.²⁸⁷ During this study, it was noted that out of the 15 fallen soldiers, only 2 were officers. Among the officers, one was married. Of the remaining 13 servicemen, 12 were married, 11 of them having left behind very young families. 3 out of the 11 young soldier's spouses left the original home and got married elsewhere. A grandmother who was taking care of a grandchild left in her care stated, "She brought this child and left him here with me. She got married to somebody else. Now look at me, what do I have to bring up this child with?"²⁸⁸

In another related case, the parents of a young married woman reclaimed her and married her off to somebody else while the soldier husband was still in Somalia. During the interview, the soldier said;

I came back and found out that she had left. I had left my ATM with her. All the money was gone too. I followed her to her home, and her parents told me that

²⁸⁶ Oral Interview. Mrs Barnice Njoroge, Nanyuki, on 11 July 2015.

²⁸⁷ S. M. Wadsworth, and D. Riggs, (Eds).(2011). *Risk and Resilience in US Military Families*. New York, Springer.

²⁸⁸ Oral Interview. Mwanaisha Said., Mombasa, on 10, September, 2015.

they did not marry off their daughter to be staying alone. It was painful coming back to an empty house.²⁸⁹

These cases highlighted some of the challenges faced by young couples. They demonstrate how absence due to war can impact on marital relationships. All these instances involved young people. Being so young, both in age and in relationships, implied that the victims had not developed a strong sense of community within the areas where they lived that could offer emotional support and a sense of security that would promote coping. Such outcome is supported by Wadsworth's argument that how a spouse copes with the stress of deployment is influenced by variables such as available circle of friends, extended family support, financial ability, age, and the quality of marital relationship, among others.²⁹⁰ The poor coping responses displayed by some spouses could be attributed to financial related issues, influence from family and inexperience with deployment. Unavailability of social support at the community level, as well as lack of specific military family support services, may also have contributed to poor coping.

3.8 Impact of War Trauma on Children

Military children are affected by many experiences of military life that can present opportunities as well as hardships for them.²⁹¹ From an early age, military children endure periods of family separation due to the requirement for the soldier to undergo training locally and even overseas.²⁹² The frequent separation can contribute to resilience in the children during deployment. However, the stress of a parent being away from home for peace time deployment is different from separation due to combat. During war time, children worry over the safety of the father, and may develop pervasive concern that the father may return injured, or perhaps never return at all.²⁹³ According to Jensen and Shaw, the trauma of war can cause emotional grief in children whose symptoms include regressive behaviours, depression and anxiety.²⁹⁴

²⁸⁹ Oral Interview. Pte Aggrey Shitoli, Nanyuki, on 15 June 2015.

²⁹⁰ S. M. Wadsworth, and D. Riggs, (Eds).(2011). *Risk and Resilience in US Military Families*. New York, Springer, pp.24-26.

²⁹¹ P. Lester, and E. Flake, (2013). "How Wartime Military Service Affects Children and Families." *Journal of the Future of Children*, Vol 23(2). 121-41. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/25518695> . Accessed on 11 Jan 2015, p.122.

²⁹² Ibid.

²⁹³ Ibid, p.122.

²⁹⁴ P. S. Jensen, and J. A. Shaw, (1996). The Effects of War and Parental Deployment Upon Children and Adolescents. In R. Ursano. and A. E. Norwood, (1996). *Emotional Aftermath of the Persian Gulf War: Veterans, Families and Communities*. Washington D C, American Psychiatric Press, p.84.

During the interviews carried out for this study, it was noted that some KDF children suffered regressive behaviours, intrusive images and depression. These conditions corresponded with the findings of Jensen and Shaw, and were confirmed by a respondent mother who stated;

Chege's performance had already dropped just when his father went to Somalia. After his death, it deteriorated. He could even forget details of the assignments given at school. It is a neighbour's child that could tell me the assignments given, then I would sit with him to help him do the assignments.²⁹⁵

The need for mental health intervention was observed to be acutely necessary to assist the children. In the prevailing circumstances, the mothers, who were also dealing with their own grief became the counsellors to their children. While this appeared a remedy to the problem, the mothers did not possess requisite counselling skills to holistically address the problem. How the problem might affect the children in the years ahead might need further investigation.

The extent of the behavioural effect of the Somalia war on academic performance was supported by the headmaster of Nanyuki Garrison Primary School. During his interview, the headmaster indicated that the overall performance of the school which has an 80% population of military children and 20% civilian²⁹⁶ had significantly dropped.²⁹⁷ He stated;

The worst period for the children is when news of an attack is received with no details of the casualty. They are so anxious and only relax after confirming that their parents have not been affected.²⁹⁸

These cases highlight the anonymity of military children in civilian schools and the deficiency of social support infrastructure in schools and at the community level. Military children are the minority in such schools and have nobody to empathize with their situation. This is different from military schools where the bulk of the pupils are from military families where some of the children may have parents deployed in Somalia. Being close to somebody who shares the same experience can aid in coping.²⁹⁹ In civilian schools, support for military children may not exist, a situation that would affect their academic performance. The overall impact of depressed

²⁹⁵ Oral Interview. Mrs Barnice Njoroge, Nanyuki, on 11 July, 2015.

²⁹⁶ This is a policy requirement because KDF sponsored schools are established to cater for special needs of soldiers.

²⁹⁷ Oral Interview. Mr James Mburugu, Headmaster Nanyuki Garrison Primary School, Nanyuki, on 18 July 2015.

²⁹⁸ Ibid.

²⁹⁹ P. Lester, and E. Flake, (2013), "How Wartime Military Service Affects Children and Families." *Journal of the Future of Children*, Vol 23(2). 121-141. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/25518695> . Accessed on 11 Jan 2015, pp.127-128.

academic performance in school is likely to be reflected in the children's later life outcomes. Such observations agree with the findings of Kesternich *et al.*, that children exposed to combat show depressed quality of life and are more likely to suffer from depression with overall lower levels of life satisfaction in their adulthood life.³⁰⁰

In as much as deployment can be disruptive to the stability and social security of children, it also provides the military children a meaningful identity associated with strength, service, and sacrifice, which is a basic component of military culture.³⁰¹ This identity and the larger military community, particularly for children living in the barracks, are an important source of resilience and support. The support and comfort the children receive from those who are in the same situation helps in coping. According to Lester and Flake, deployment provides an opportunity for adolescent military children to be more independent and to develop self-confidence.³⁰² Huebner *et al.*, in their study of the impact of Iraqi War on American children, validated this argument when they found that the children assumed more demanding responsibilities due to the absence of the father.³⁰³

During the interview, it was noted that over 90% of KDF military children had not attained the age of comprehending the separation, hence could not fall within the findings of Huebner *et al.* However, the adolescent children were observed to have taken prominent roles and responsibilities in helping their stay- behind parents in line with Huebner's finding. A testimony by one mother supported this statement when she testified that one of her sons had become the man in the home. The respondent mother stated, "He has been our source of strength. He is always thinking of what we can do as a family. In Tom, we felt very secure."³⁰⁴ Active involvement of the children in family activities was observed to aid coping.

³⁰⁰ I. Kesternich, B. Siflinger, J. P. Smith, and J. K. Winter, (2012). "Effects of World War 2 on Economics and Health Outcomes across Europe". *Discussion Paper* No. 6296. Available at: <http://ftp.iza.org/dp6296.pdf> . Accessed on 16 December 2014, p.22.

³⁰¹ P. Lester, and E. Flake, (2013). "How Wartime Military Service Affects Children and Families." *Journal of the Future of Children*, Vol 23(2). 121-41. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/25518695> . Accessed on 11 Jan 2015, p.123.

³⁰² Ibid.

³⁰³ A. J. Huebner, J. Mancini, R. Wilcox, S. Grass, and G. Grass, (2007). "Parental Deployment and Youth in Military Families: Exploring Uncertainty and Ambiguous Loss." *Journal of Family Relations, Special Issue: Vol. 56(2)*. Available at: <http://www.jstor.org/stable/4541654> Accessed on 20 July 2015, pp.116-117.

³⁰⁴ Oral Interview. Mrs Florence Obech, Homa Bay, on 15 July 2015.

3.9 Impact of Loss on Parents and Extended Family

Intense grief and great emotional trauma was observed on the parents of the fallen soldiers. During the interviews carried out for this study, it was noted that the soldiers were the pride of their parents and their death robbed the family of that pride, replacing it with deep emotional pain and a situation of hopelessness. Pain, compounded by anger over the loss, was more pronounced on the mothers than the fathers. Some of the mothers questioned the wisdom of KDF in deploying only young soldiers to the battle field, arguing that such young soldiers did not have the necessary experience to face an enemy. Such reaction was motivated by the ages of the fallen soldiers, most of whom had been very young. The KDF soldiers who died during the war were between 20-42 years of age.³⁰⁵ The experience of KDF during Operation Linda Nchi with regard to age mirrored closely the Iraq War outcome in which most of the war deaths were adolescents to young adults aged between 18-40 years old, and all were survived by equally young families.³⁰⁶

A further factor that compounded the loss for parents and exposed them to complicated grief was that most of the deaths had been sudden, untimely and violent. Within an extended family household, conflicting and sometimes confusing emotions were observed. Fathers were more guarded with their emotions, while emotions from the mothers flowed freely. One mother expressed guilt for having let her child join the military. She said, “I would never have allowed him to join KDF if I knew it would end this way. He was so young to have died like this.”³⁰⁷

The degree of emotional pain expressed by parents was also found to vary from family to family, and was greatly influenced by the marital status of the fallen soldier and the age of the surviving children. Out of the 15 families interviewed, only 2 had adult children. The rest were survived by very young families, or not married at all. Parents of fallen soldiers with adult children were less emotional as compared to the parents of unmarried soldiers or soldiers with young families. Parents with adult grand children were observed to grieve less compared to parents with very young or no grandchildren. This observation contradicted the findings by Fontana *et al.* that

³⁰⁵ Classified KDF Operation Records.

³⁰⁶ S. Cozza, and M. Goldenberg and R. J. Ursano, (Eds) (2014). *Care of Military Service Members, Veterans and their Families*. Arlington, American Psychiatric Publication, p. 260.

³⁰⁷ Oral Interview. Mrs Anna Maina, Othaya, on 13 August 2015.

younger parents, with the ability to get children grief less than those who are beyond child bearing years.³⁰⁸

According to this study, the younger the parents, the less the likelihood of having adult grandchildren, hence the more the pain caused by the worry of losing their historical lineage. This observation was validated by the testimony of a respondent mother who expressed her emotional distress on the death of her son. She said,

I cannot even look at his picture on the burial programme. How can I accept that he is gone? He was so young. It is hard to accept. Indeed I look alive, but I think I died with him when we received the news that his body had been recovered. For three months we were hopeful until it was confirmed that it was him. The day I buried my son is the day I buried my heart.³⁰⁹

Emotions in this statement compares with the emotions expressed by Winnie Mandela at the time of Mandela's arrest when she wrote, "I knew at that time that this was the end of any kind of family life, as was the case with millions of my people - I was no exception. Part of my soul went with him at that time."³¹⁰

Similar feelings were expressed by other parents and respondents regarding the loss of a soldier member of their family. It was noted that close and extended families heavily depended on the soldiers due to their steady income. Just like the arrest of Nelson Mandela affected the lives of many South Africans, the death of these soldiers in similar ways impacted on the future of many other people, as captured in a statement by a respondent who said;

He was the bread winner and the only one educated in the whole family. He was supporting many other people. His sister had a child, and she wasn't financially able to take care of the child because her husband too wasn't financially able. We used to do some shopping for her and the family or send her money to take care of her family. When Mwai died, she used to cry helplessly. I decided to give to her and mum-in-law the piece of land that we had bought near our home which they shared equally and out of it they have been able to farm and earn a living.³¹¹

From these revelations, it became evident that the victimhood of a soldier affected more than his immediate family. It was observed that grief following death cascaded several layers of social

³⁰⁸ A. Fontana, and J. Keene, (2009). *Death and Dying in America*, Malden, Polity Press, pp. 131-132.

³⁰⁹ Oral Interview: Mrs Anna Maina, Othaya, on 13 August 2015.

³¹⁰ W. Mandela, (1985). *Part of My Soul Went With Him*. New York, W. W. Norton & Company Inc, p.76.

³¹¹ Oral Interview. Ann Karani, Thika, on 14 June, 2015.

networks from the immediate family through the extended family to the soldier's community. The impact of loss on the community can be seen in the context of the African reality that when one person is employed, the whole clan is 'employed'. The testimonies indicate the pain and emotional distress siblings and other relatives endured as secondary victims of war.

Impact of deployment is however not always negative for all families. During the interviews carried out for this study, some respondents testified that the war had a positive impact on their lives. Soldiers revealed that from the deployment, they were able to make extra money which they used to improve the homes of their families and parents. Financial gain was noted as an important incentive for soldiers on deployments as confirmed by a respondent who stated; "I am so grateful that I was part of AMISOM 1. At least I managed to put up a small house for my parents back at home. I always feel good when I go back home."³¹²

During the interviews, it was observed that deployment did not only have positive economic impact, but positive relational impact as well. Absence away from home and the constant threat of danger made some soldiers to be very close to their families. Intermittent communication with loved ones opened a whole new page for some soldiers who realized just how important their families meant to them. One wife said; "At first I just couldn't believe this was happening. He became so concerned with the children and he just wanted to be with us all the time. I never thought he would change, but Somalia changed him. I thank God for it."³¹³

Such transformation is not unique to KDF soldiers. Similar outcomes were observed by Henry on US soldiers who had returned from Afghanistan and Iraq and their families.³¹⁴

The separation and the limited communication under constant threat of danger provided an opportunity for some soldiers to reflect on their lives and their families. Such reflection provided new revelations to them about the importance of their families in their lives. This reality of war helped to strengthen some struggling relationships, but conversely it also created an opportunity for others to disintegrate.

³¹² Oral Interview. Pte Mohammed Jamal, Nakuru, on 12 July 2015.

³¹³ Oral Interview. Mrs Grace Kaluma, Nakuru, on 15 July 2015.

³¹⁴ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (doctoral dissertation). Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.80.

To mitigate the effect of deployment on both the soldier and the military family in order to promote resilience for proper family functioning, strategies at the institutional level and at the individual family level become a necessity. The next chapter addresses intervention strategies put in place by KDF and coping methods adopted by individual family members to enhance their resilience and to aid them in coping.

3.10 Conclusion

The impact of war affects not only the soldier, but the military family as well. The soldier is affected not least by having his life subjected to enemy threat, but by a variety of battle field hazards. The violence of combat and the long absence away from family exerts enormous pressure on the soldier. However, soldiers do not exist in a vacuum. When they deploy in the battle front, families deploy at the homefront. Upon their return home, soldiers bring the war back home with them, only this time, it is a different kind of war. They return to interact with family members who are already engaged in their own emotional turmoil. The impact of this interaction weighs heavily on families. Yet there are those who never returned, and their families had to make several life changing adjustments to make up for the loss of a loved one.

However, the impact of the war was not exclusively negative. There were families whose circumstances improved due to the extra allowances paid to the soldiers. Some soldiers used the additional pay to build houses for their parents while others invested in businesses ventures for their families. In terms of family relations, the absence away from home made some families to develop closer bonds and the soldiers became more involved in parenting activities unlike before the war. Overall, during war, everybody attached to the soldier is affected, either negatively or positively.

CHAPTER FOUR

INTERVENTION AND COPING MECHANISMS

4.0 Introduction

The impact of war on both the soldier and the family does not start when the troops get into the battle field, but immediately the notification for deployment is issued and lasts long after the war is over. To minimize the effect of war on both the soldier and their families, militaries have institutionalized support services to enhance resilience and to ease pain and stress in military families. For the KDF, it was observed that even though such programmes and services exist, they were more targeted to addressing the needs of the soldier than the family. To enhance resilience, military families, and in some cases, even soldiers, devised their own strategies to mitigate the effect of stress associated with the war. This chapter addresses the institutionalized intervention mechanisms, as well as individualized coping strategies, adopted by both the soldier and family.

4.1 Institutionalized Interventions

Prior to deployment, most militaries avail services and conduct various programmes targeted at the troops in order to prepare them physically, spiritually and mentally for the mission ahead. These programmes and services are offered during the pre-deployment stage and are sustained throughout the course of deployment. Mental health support services are offered to soldiers with the full understanding that they will not only be separated from their families, but will also be expected to be deployed in life threatening situations.³¹⁵

³¹⁵ S. J. Cozza, R. M. Lerner, and R. Haskins, (2014). "Military and Veteran Families and Children: Social Policy Report. Policies and Programs for Health Maintenance and Positive Development." *Social Policy Report*, Volume 28 (3). 1-17. Available at: https://scholar.google.com/scholar?q=Military+and+Veteran+Families+and+Children:+Social+Policy+Report+by+cozza&hl=en&as_sdt=0&as_vis=1&oi=scholart&sa=X&ved=0CBwQgQMwAGoVChMIpoycm92SyQIVxrgUCh1Aqgov Accessed on 9 June 2015.

Separation from family and the threat to life can lead to intense pressure on the soldier.³¹⁶ Without proper mental and psychological preparation, the stress can distract the soldier from the mission ahead. To fully focus on the mission at hand, a psychological distancing between the soldiers and the families is created during mission preparation, making the families to feel as if the soldier is already deployed.³¹⁷

4.1.1 Chaplaincy/Imam Services

Chaplaincy and Imam Services are the first-line intervention measures undertaken by militaries in dealing with stress on both the soldier and family. Their roles include conducting appropriate religious services, rites and ministrations.³¹⁸ Such roles are performed for the benefit of the entire unit and the military family. According to the military Chaplain Father Maswili, there are programmes for both the soldiers and families which are aimed at developing the moral character of a soldier as well as cementing family values in the families.³¹⁹ The Chaplain contends that the broader objective of the programmes is to emotionally prepare both soldiers and families for separation during deployment and continue to be offered to soldiers during deployment. The priest however, expressed the view that the programmes, though well-intended, have lacked support from unit commanders, and family specific programmes do not take place in all units as some commanders have converted the spiritual hour into camps cleaning time.³²⁰

Other important programmes formulated by Chaplaincy/Imam during times of conflict include development of a comprehensive stress management programme for soldiers during pre-deployment as well as acting as the first-level combat casualty ministry.³²¹ In the unfortunate

³¹⁶ A. R. Drummet, M. Coleman, and S. Cable, (2003). "Military Families Under Stress: Implications for Family Life Education" *Journal of Family Relations*. Vol. 52 (3). 279-287. National Council on Family Relations. Available at: https://reachmilitaryfamilies.umn.edu/sites/default/files/upload_material/Drummet,%20et%20al.%202003.pdf Date accessed: 16 June 2014, p.281.

³¹⁷ S. Pincus, B. Leiner, N. Black, and T. W. Singh, The Impact of Deployment on Military Families and Children. *Combat Operational Behavioural Health*. Available at: <http://aumf.net/pdf/CBM-ch30-final.pdf>. Accessed on 20 February 2015, pp. 489-490.

³¹⁸ FRSA Resource Guide. US Army Family Readiness Support Assistance. Edition 1, 2007, pp. 25-27.

³¹⁹ Oral Interview. Father Benjamin Maswili, Nairobi, on 9 September 2015.

³²⁰ Ibid.

³²¹ Ibid.

event of death, Chaplains and Imams become an important part of the notification team as well as offering ministry of presence and post-burial spiritual care and counselling.³²²

The testimonies attest to the existing facilities and programmes within KDF for spiritual and moral well-being of the soldiers and their families. However, the testimonies also highlighted inadequacies in the provision and monitoring of spiritual services due to institutional weaknesses thereby compromising the desired benefit, particularly to the military family before and during deployment.

Such a scenario affects the link between family readiness and combat effectiveness of a force which is important in the execution of combat missions. Soldiers who are deployed knowing that elaborate religious programmes and other family support services to assist their families are in place are better focused on the mission than soldiers who do not. The latter group is easily distracted, thereby increasing its vulnerability to stress and low resilience during combat.

4.1.2 Pre-deployment Training

Pre-deployment training is a training activity undertaken prior to committing troops into the battle field.³²³ During such periods, commanders undertake common-sense activities that are not only aimed at reducing the risk of stress, but also carry the advantage of promoting combat effectiveness.³²⁴ According to the United Nation (UN), letting troops know what is to be expected during deployment greatly reduces the physical and emotional demands that contribute to stress in them.³²⁵ Providing relevant information during pre-deployment training enables troops to focus on the realities of separation, and to better cope with actual issues involved in the deployment.³²⁶

³²² Ibid.

³²³ T. C. Helmus, R. W. Glenn, (2005) *Steeling the Mind: Combat Stress Reactions and their Implications for Urban Warfare*. RAND Arroyo Center. Arlington, Rand Corporation, p.93.

³²⁴ Ibid.

³²⁵ United Nations, (1995). UN Stress Management Booklet. 1995. Turin. The International Training Centre of the ILO, Turin, Italy, p.5.

³²⁶ Ibid.

Training on mental health and screening activities undertaken during pre-deployment period aim at promoting resilience in soldiers and to ensure that only fit soldiers are deployed.³²⁷ For KDF, the researcher was informed that stress awareness training for KDF contingents to Somalia was conducted by a team from the medical corps with the assistance of contracted professionals from the private sector. A team from the medical corps was integrated into the combat force and deployed into the war theatre to provide mental health care support to the troops.

The respondents appreciated the decision to have mental health care providers deployed with a combat unit, but suggested that the mental health care personnel should undergo intensive combat training prior to deployment in order for them to be hardened enough to withstand the ravages of the battle field. According to one respondent, lack of combat training on the part of the personnel undermined their ability to offer effective services during combat engagements. The respondent stated;

When we drove into an ambush, it became really chaotic. We lost two soldiers in the ambush. The mental health care personnel who were part of the convoy were so shaken that one of them was unable to be comprehensible for some time. Some of us had to assure him that all was well. His task was to counsel, but he ended up needing to be counseled himself.³²⁸

Dr. Judy Kanini confirmed the difficulties faced by mental health care personnel under situations of combat, saying that indeed it is something that they are not accustomed to. According to her, “moving from a medical facility in peace time location into a war theatre without regular combat training, and then be caught up in an ambush, can be traumatizing to anyone.”³²⁹

It was observed that, while there were deliberate efforts to arrange for pre-deployment workshops on stress management and spiritual care for the soldier, there were no corresponding enthusiasm to incorporate the military family in these programmes. The view held by most of the respondents was that the existing KDF mental health care services are biased towards the soldier and have completely left out the families. This view is captured in a respondent’s testimony when she stated;

³²⁷ Ibid.

³²⁸ Oral Interview. Lt Lucas Luta, Nakuru, on 15 August 2015.

³²⁹ Oral Interview. Maj (Dr) Judy Kanini of DFMH, Nairobi, on 19 August 2015.

Like now, we have soldiers in Somalia. KDF should assemble their families and sensitize them on the battle front scenarios so that they are counselled and they know that the exchange of fire is not the same as exchanging blows. KDF should also put in place structures for families to receive or solicit for information regarding their kin. In the event of injury or death of a soldier, official communication and counselling of the family members should be done properly.³³⁰

A respondent who was part of the team that plans for pre-deployment training confirmed that the need to include the families has been identified.³³¹ Despite this realization, the current arrangement locks out an important group of victims who needs to be incorporated in the pre-deployment training. A mechanism to educate the families on the stresses of deployment would not only enhance the general well-being of the military families, but also make families identify with the mission and offer moral support. Making families understand the mission and identifying with it helps them in coping with deployment separation.

Lessons on financial management are an important aspect of pre-deployment training.³³² Available records indicate that the lessons aim at preparing soldiers to make necessary financial arrangements for the family during deployment separation.³³³ According to a respondent, training on financial management was offered in collaboration with non-military consultants.³³⁴ The respondent, a beneficiary of the programme, stated,

“Before we left for Somalia, we were given tips, not only on how to undertake financial planning by making arrangements on how the family will access cash while we are away, but also how to ensure there is some savings. We were also advised to write a will. For me, I left my ATM card with my mother. You know when you are at the battle front, death can come to you any time.”³³⁵

It was, however, noted that despite the importance of such training for the soldier and spouse, at no time were spouses invited for the training. Locking them out, yet they were the ones to manage the funds once the soldier was gone, might have been responsible for finances related

³³⁰ Oral Interview. Mrs Barnice Njoroge, Nanyuki, on 11 July, 2015.

³³¹ Oral Interview. Maj Godana Gabo, Nairobi, on 7 Sep 2015.

³³² Ibid.

³³³ Classified DOD Records.

³³⁴ Oral Interview. Maj Godana Gabo, Nairobi, on 7 September 2015.

³³⁵ Oral Interview. Pte Mohammed Yusuf, Nakuru, on 12 July 2015.

conflicts noted in some families during the interviews. The interviews revealed that some spouses and parents mismanaged the family's account. A testimony by a respondent who had left his ATM with his parents for not trusting his wife revealed his shock when he found out that the parents had squandered all the money. Narrating his experience, the respondent stated;

Each time I called, they (parents) told me that they were working on a housing project. When I eventually went back home, I was shocked when I saw what had been constructed. I took the ATM from my mother and gave it back to my wife. At least she is the mother of my children even if she were to misuse all the money.³³⁶

Another respondent with a similar experience narrated how his spouse misused all the money. The respondent stated,

I was deeply disturbed when I got to know what she had done. Eventually when I got permission to come back home, I was given ten days, but I spent the first five days drinking in Wajir. I could not gather enough courage to go and confront the reality. At last when I got to the barracks, I asked her for the money, and she told me that she had used it all. I think I lost my head and hit her severally. It later became a discipline case, and I was punished for it. We eventually broke up.³³⁷

4.2 Key Challenges

The main consumers of stress at home are the families. However, all KDF services and programmes to enhance resilience have targeted the soldier to the exclusion of the family. It is understood that part of the challenge facing KDF in accessing families is the geographical spread of military families. Not all military families are housed in barracks. However, even for the families in barracks, it was noted that there was no deliberate effort to include them in such training. Cases highlighted in this study can thus be attributed to the inability to appreciate the emotional impact of deployment on families. A comprehensive programme that creates awareness on service providers, but also one that targets families during pre-deployment and post-deployment training sessions, can mitigate such outcomes.

4.3 Decompression

³³⁶ Oral Interview. Cpl Ezekiel Wafula, Langata, on 23 August 2015.

³³⁷ Oral Interview. Pte George Sisaka, Langata, on 15 August 2015.

Decompression is an intervention approach for supporting the mental health of soldiers before being reintegrated back to their families. According to Fertout *et al.*, decompression takes place at a third location that is neither in the theatre nor back at home, and is designed to allow for the process of transition to begin.³³⁸ Essential elements to decompression include allowing troops to unwind together in a structured, but informal way in order to encourage mutual support in a safe location. Fertout *et al.* contend that it should be conducted in a location that is environmentally superior to the conditions experienced during deployment.³³⁹ The various recreational activities available to soldiers during decompression are aimed at promoting social support beneficial to their mental health. This approach was found by a United Kingdom military report to be useful before soldiers returning from combat are reunited with their families.³⁴⁰

The technique of decompression was observed not to be commonly practised by KDF troops. Respondents revealed that, in many instances, they were directly re-united with their families before being invited for post-deployment training several days later. Semblance of TLD was noted to have been established in a Thika military base where counselling and other mental healthcare services are offered to soldiers and families through a collaboration between KDF medical staff and the Kenya Association of Psychologists. The pioneer of the centre confirmed that the facility is to be utilised as a decompression facility.³⁴¹

The challenge, however, is that the existence of the centre is not known to the victims who may need to benefit from the services offered. Once soldiers and their families become aware of the facility, the next difficulty would be access. Since soldiers are drawn from units across the entire country, travelling to Thika from places such as Mombasa or Eldoret at their own expense for mental health care services may not be attractive to most soldiers. Thus to maximise the benefit of the centre, the need to decompress troops should be institutionalized and be made part and

³³⁸ M. Fertout, N. Jones, N. Greenberg, K. Mulligan, T. Knight, & S. Wessely, (2011). "A Review of United Kingdom Armed Forces' Approaches to Prevent Post-Deployment Mental Health Problems." *International Review of Psychiatry*, Vol. 23: 135–143. Available at: <http://www.kcl.ac.uk/kcmhr/publications/assetfiles/interventions/Fertout2011-preventionmentalhealthproblems.pdf> . Accessed on 19 March 2015, p.136.

³³⁹ Ibid.

³⁴⁰ N. Greenberg, E. Jones, N. Jones, N. T. Fear and S. Wessely, (2010). "The injured Mind in the UK Armed Forces." *Journal of Royal Society of Biological Sciences*, Vol 366, 261-267. Available at: <http://www.kcl.ac.uk/kcmhr/publications/assetfiles/deployment/Greenberg2011-injuredmind.pdf> . Accessed on: 3 June 2015, p.265.

³⁴¹ Oral Interview. Maj Gen George Owino, Arusha, on 11 September 2015.

parcel of a deliberate process to prepare soldiers to transition from combat life back to normal family life. This would ensure that, irrespective of which unit the soldiers originate, they all must transit through the Thika centre before proceeding to their respective units.

In as much as decompression is good for soldiers, it is critical for the soldier's family too, especially the soldier's wives. During the soldier's absence, the wives are adapted to a different lifestyle; a lifestyle of independence and making all important family decisions by themselves. Having been used to be the sole head of the family, it becomes necessary that the wife is counselled and guided on how to give room to the head of the house who is now back so that he does not feel unneeded or unimportant. This can greatly reduce unnecessary conflicts between the husband and the wife and promote peace in homes. Therefore, as the soldiers decompress, arrangements should be made for the wives to do the same in an identified facility where most of them can attend. This would, however, require the backing of command and policy directive to be adopted.

4.4 Counselling

Counselling is an important service for troops and families during deployment.³⁴² Its benefit is found in its ability to provide regular time and space for victims with issues to talk about their troubles and explore difficult feelings in an environment that is dependable, free from intrusion and confidential.³⁴³ During the US operation in Iraq, 17% of American soldiers and families needed counselling services before, during and after the deployment.³⁴⁴ Due to injuries suffered by soldiers, families of Iraqi veterans suffered stress related to adjusting to someone much more different from before the injuries.³⁴⁵ Despite this glaring need for counselling, only 23% of the American military families sought help.³⁴⁶ This outcome was associated with fear of stigmatization and the damage exposing their condition would have on the soldiers' careers.³⁴⁷

³⁴² Aldridge, S. (2014). *A Short Introduction to Counseling*. Los Angeles. SAGE Publication Inc.

³⁴³ Ibid.

³⁴⁴ J. J. Mathewson, (2012). How Have the Wars in Iraq and Afghanistan Impacted the Troops, Their Families, and the Mental Health Community? American Counseling Association. Available at: <http://www.counseling.org/docs/default-source/vistas/how-have-the-wars-in-iraq-and-afghanistan-impacted-the-troops.pdf?sfvrsn=14> Accessed on 25 September 2015, p.3.

³⁴⁵ Ibid.

³⁴⁶ Ibid.

³⁴⁷ Ibid.

During the course of this study, it was noted that there was need for counselling services to KDF soldiers and families. Many of the families interviewed were nursing either physically or mentally wounded soldiers or both. Issues of relationship distress and intimacy were expressed by some respondents who showed their interest for counselling support. Unfortunately, they could not be offered this crucial service because it was not widely and readily available. A respondent soldier said, “We requested for counsellors, but we were told that they would be sent. It is now three years, and we are still waiting.”³⁴⁸

Expressing the need to be counselled, another respondent stated, “Families of injured soldiers should also be counselled before, during, and after the injury so that it becomes a bit easier for them to deal with the whole situation.”³⁴⁹

Unable to access this service from the military, some families opted on their own to hire private counsellors. However, this became unsustainable because the bread winner was either dead or injured, thereby presenting difficult choices between spending the little money on managing the injured or in the provision of other basic necessities. This is an important service whose provision should be decentralized to the units for ease of access and follow up.

4.5 Post-Deployment Training

Post-deployment training is the ‘normalization’ phase once the troops return home during which the soldiers are re-trained to prepare them to re-enter into the society.³⁵⁰ The training is characterized by a period of structured activities of re-training and post-operational psychological screening.³⁵¹ The screening process is aimed at identifying soldiers who may require mental health care so that health care resources can be directed to the identified cases.³⁵² Post-deployment screening serves as an early intervention for individuals who are at a high risk

³⁴⁸ Oral Interview. Pte Yoram Mwema, Nanyuki, on 11 July 2015.

³⁴⁹ Oral Interview. Zenna Iddi, Nanyuki, on 12 July 2015.

³⁵⁰ American Psychological Association. “Post-deployment Military Mental Health Training: Cross-National Evaluations.” *Psychological Services* 2013, Vol. 10, No. 2, 152–160. Available at: <https://www.kcl.ac.uk/kcmhr/publications/assetfiles/deployment/Foran2013postdeployment.pdf>. Accessed on 15 September 2015, pp.152-153.

³⁵¹ Ibid.

³⁵² Ibid.

of suffering mental health problems. The practice is common with many militaries such as the UK, US, Dutch, Australian militaries and others.³⁵³

KDF was noted to have such an arrangement in which soldiers returning from deployment are taken through normalization training activities before total re-integration into respective units. The activities to prepare the soldiers back into the normal family life involved lectures offered by a combination of teams from diverse professional fields from within and without the military on financial management, stress management, integration challenges, among others. One of the trainers confided that the post-training model currently in use is, however, modeled on Peacekeeping Operations (hereafter PKO), with the primary focus being financial management and military culture.³⁵⁴

The reality is that PKO are very different from combat situation such as the Somalia war. Threat to life is real in combat operations as compared to PKO. Correspondingly, stress levels during combat operations for both the soldier and the family are higher in combat operations than in PKO. With this reality, post-deployment training for the two situations should not be a carbon copy of the other, but should be tailor-made to address specific needs unique to each situation. Thus borrowing a PKO post-deployment training model for use in post-combat training cannot effectively address the unique experiences of a real combat environment. Post-combat training model that aims to address the challenges faced by both soldiers and their families need to be formulated and efforts should be made to incorporate military families in the training.

4.6 Family Support Services

Most militaries have a range of family support services and compensation for soldiers and their families that are designed to promote coping and resilience in the families and to reduce the pain

³⁵³ M. Fertout, N. Jones, N. Greenberg, K. Mulligan, T. Knight, & S. Wessely, (2011). "A Review of United Kingdom Armed Forces ' Approaches to Prevent Post-Deployment Mental Health Problems." *International Review of Psychiatry*, Vol. 23: 135–143. Available at: <http://www.kcl.ac.uk/kcmhr/publications/assetfiles/interventions/Fertout2011-preventionmentalhealthproblems.pdf> . Accessed on 19 March 2015, p.138.

³⁵⁴ Oral Interview. Lt Col Charles Kipyegon, Nairobi, on 21 August 2015.

in the event of loss or injury.³⁵⁵ As a form of intervention, there are a variety of services designed to provide the surviving family the highest level of support. The nature and scope of support vary from one military to another, but the common denominator is to mitigate the loss and lessen the pain of surviving families. According to KDF personnel policy, families should access services such as medical, housing and DEFCO facilities during deployment without any hindrance.³⁵⁶ Other services provided include burial services in the event of death.

During the course of the study, respondents expressed dissatisfaction with medical and compensation services. According to the respondents, families got frustrated when seeking medical services at unit facilities during the soldier's absence compared to when the soldier was present. One lady informant stated;

Yani unasumbuliwa sana. Mara wanakuuliza mbona unazidi kuja hapa mara kwa mara, kwani huoni. Nyakati fulani inachukua mda mwingi kabla ya kupewa huduma. Unasumbuliwa kamakwamba ni huduma ya bure, labda ni kwa sababu hailipwi. (You really get frustrated. Sometimes they ask you why you keep coming back to the facility, and why you cannot get better. Certain times they take too long before they can attend to you. They frustrate you as if they are doing you a favour. May be they behave that way because it is not paid for.)³⁵⁷

Medical services offered to families are intended to help families cope with their situation until they are re-united with the soldier. It was, however, observed that most of the respondents in the junior ranks felt harassed and discriminated when seeking medical services at unit level facilities. The inability of unit medical staff to empathise with the situation of those left behind can be attributed to the limited awareness and lack of understanding on the emotional battle by the families. Educating personnel on the needs of families during deployment and how they, as medical staff, can contribute to assist families can greatly enhance coping and promote resilience.

³⁵⁵ US Department of Defence Publication, (2012). A Survivor's Guide to Benefits: Taking Care of our Families. Available at: http://www.uscg.mil/baseportsmouth/Decedent_Affairs/Survivors_Guide.pdf Accessed on 2 February 2015, pp.13-14.

³⁵⁶ Personnel Policy. DHQ Personnel Documents. Available at the Department of Defence Personnel Branch.

³⁵⁷ Oral Interview. Mrs Getrude Kitavi, Langata, on 19 August 2015.

4.6.1 Compensation

It was observed that KDF has an elaborate system on compensation. However, many families interviewed expressed frustration with the handling of the benefits and the compensation process. The concerns raised touched on insensitivity by officers and frustrations endured by wives or parents when they had to be referred from one office to another. One respondent stated;

No one gave me any directions. After I returned from upcountry, I went to the barracks and inquired from the other soldiers' wives how the process of following up is done. They are the ones who informed me where to begin from. I moved from office to office. The Nanyuki barracks officers told me that Willy's documents had been forwarded to the relevant offices at defence headquarters (DOD) and that I should wait. After waiting for a few months, I went back to check on the progress and one of the officers told me that I should just wait and that even the Mau Mau freedom fighters were still waiting for their compensation. That's when I decided to go to DOD in person since at that time, we didn't have any means of survival; we were really, really suffering.³⁵⁸

Another respondent said;

A Major who was in charge called me and told me to travel to Eldoret to collect some forms that the chief should sign and then travel back to deliver the same documents plus the burial permit to them before they could process Karari's dues. I asked him if KDF could send me the documents by Securicor so that I do not have to travel all the way given my poor health condition, but he told me that KDF did not have a budget for that. It was shocking. Can KDF really lack Kshs.700.00 to pay for the postage of documents to a parent of their fallen soldier who was killed at the battle front? He told me to send him the money if I needed the documents to be sent to me by Securicor and so it was. I spent about Kshs.3,000.00 which I could Mpesa him back and forth until all the documents that were needed were with them at 9KR.³⁵⁹

Similar sentiments were expressed by a military health worker who shared his concern over the frustration and embarrassment families are exposed to before they can be compensated. He described one incident in which the spouse was literally begging in order to feed the children. He said, "If there is anything that needs to be streamlined, it is the compensation process. These widows suffer a lot. You know the salary is stopped immediately"³⁶⁰

³⁵⁸ Oral Interview. Mrs Barnice Njoroge, Nanyuki, on 11 July, 2015.

³⁵⁹ Oral Interview. Mr Elkana Maina, Othaya, on 13 August 2015.

³⁶⁰ Oral Interview, Sgt Timothy Kinyua, Nanyuki, on 14 July 2015.

In other instances, soldiers themselves took the initiative of raising sustenance funds to help a military family to survive. Even though it is normal in the context of African culture to contribute money during such situations, respondents revealed that the picture they witnessed in some homes compelled them to do more than just contributing money. He said, “When we arrived at the home for burial, the situation was very bad. All of us resolved to forsake our one day’s lunch to help the family.”³⁶¹

This statement was confirmed by the widow during the interview. Part of her statement is captured here verbatim;

Willy’s colleagues raised Kshs.32,000.00 which they gave me when they came to the house to condole with me a few days after the burial. Besides that, no other assistance was given to me until after I raised the concern through the media. After my plight was aired in the media, I was summoned at DOD and arrangements were made for me to be compensated for his death. I was paid an equivalent of USD 50,000. This act helped other families to also get compensation.³⁶²

Frustrations encountered during the process of grieving undermines the very reason for which the structures that aim at assisting in recovery exist. Difficulties encountered after the loss of a loved one on account of an individual officer’s indifferent attitude or ignorance can complicate the grief and make the families be resentful of the government as demonstrated by one parent who commented, saying, “If I had another child, I would never allow him or her to join KDF. If they must join, it would be against my will.”³⁶³

4.6.2 Burial Services

Burials with full military honours is a tradition practised by most militaries as a sign of respect to the fallen active duty soldiers. Due to the circumstances that surround combat deaths, they tend to attract more attention than deaths from other causes.³⁶⁴ The public’s focus is normally directed at how the military handles burial processes. Traditionally, militaries nominate an officer who liaises with the surviving family members on all matters pertaining to burial preparation and

³⁶¹ Oral Interview. Pte Allan Theuri, Nakuru, on 26 August 2015.

³⁶² Oral Interview. Mrs Bernice Njoroge, Nanyuki, on 11 July 2015.

³⁶³ Elkana Maina in Omwandho, K. (2014). *Scars of War*. Nairobi, KTN Production.

³⁶⁴ T. Britt, A. B. Adler, and A. C. Castro, (2006). *Military Life: The Military Family*. West Port, Greenwood Publishing Group Inc, p.225.

informs the family of the many benefits and entitlements due to them.³⁶⁵ This service ensures that the family, already stressed by the traumatic incident, is cushioned from the stress of burial activities. Having the military to play an active role in the burial process gives honour and meaning to the loss.³⁶⁶

The management of the burial process and the handling of the surviving family after the burial not only influence the family's perception of the military, but also assist the family in recovery.³⁶⁷ During the interview, some respondents testified that some KDF officers handled them in a rather hands-off manner during their grieving period. Expressing his displeasure with KDF, a respondent father stated;

On the eve of my son's burial day, I was called by a captain who was responsible for organizing for the burial. He told me that we (the family) should wait at home for them to bring the body because they want to leave the DFMH mortuary at 4 AM in order to arrive at Othaya by 8 AM and be done with the burial by 9 AM. I told the Captain that if they (the military) needed to leave at 4 AM, we shall leave Othaya at 1 AM and be there just in time for the departure. And when they deliver our son's remains to us, since he is no longer important to them in his death and therefore they are in a hurry to go back and do important things, they should leave and allow us to have a proper burial service for our son. When the captain realized that I was hurt by his remarks, he changed his tone and when the body was brought home, the military was with us all the way to around 3pm, when they finally laid our son to rest.³⁶⁸

The manner in which families of deceased soldiers are handled can either promote healing or prolong grief. The testimony of most families revealed that in certain instances, the handling of the burial process only managed to cause more stress as opposed to easing the pain of the survivors.

4.7 Leaves and Passes

³⁶⁵ US Department of Defence Publication, (2012). A Survivor's Guide to Benefits: Taking Care of our Families. Available at: http://www.uscg.mil/baseportsmouth/Decedent_Affairs/Survivors_Guide.pdf Accessed on 2 February 2015, p.12.

³⁶⁶G. Caforio, (2009). *Advances in Military Sociology: Essays in Honour of Charles C Moskos Part A*. Bingley-UK, Emerald Group Publishing Limited, pp.13-15.

³⁶⁷ Ibid.

³⁶⁸ Oral Interview. Elkana Maina, Othaya, on 13 August 2015.

Buckman *et al.* contend that extended absence from home during combat deployment causes stress in both the soldier and family.³⁶⁹ The prevalence of stress in US troops in the Balkans was found to increase with extended periods of deployment.³⁷⁰ Helmus and Glenn attributed this to both physical and mental fatigue endured by soldiers.³⁷¹ They suggested that withdrawing soldiers from the front line for rest before re-injecting them back into battle can reduce stress.³⁷² The experience of the UK military indicated that soldiers that were given regular break from combat coped better with stress.³⁷³

The KDF experience was observed to be similar to the experience of the UK military. A respondent who was a commander of a unit stated that his soldiers were relieved periodically from combat environment to return to peace time location to be with their families. He stated;

I ensured that the troops would go back home to refit and to be with their families after every three months. As a commander, I felt the soldiers always came back more motivated and eager to move on with the mission.³⁷⁴

This statement was confirmed by another respondent who testified that depending on the security situation in the battle field, troops would always be given a 10-day break from the combat zone to safer areas. He said;

It was always a good feeling to get back home and be with the family. They wanted to know everything that is happening there, but you know, you can't tell them everything. However, before you know it, the days are over and you have to get back to work.³⁷⁵

Regularly giving soldiers time-off from the violence of the battle field helps to build confidence in the family and the soldier. Being able to get a break from the battle field provides the soldier with the opportunity for mental rest and to maintain physical contact with his family. Such

³⁶⁹ J. E. Buckman, J. Sundin, T Greene, N. T. Fear and C. Dandeker, (2011). "The Impact of Deployment Length on the Health and Well-being of Military Personnel: A systematic Review of the Literature," *Journal of Occupational Environmental Medicine*, Vol.68(1), 69-76. Available at: <http://oem.bmj.com/content/68/1/69>, Accessed 5 June 2014, pp. 73-74.

³⁷⁰ Ibid.

³⁷¹ T. C. Helmus, R. W. Glenn, (2005) *Steeling the Mind: Combat Stress Reactions and their Implications for Urban Warfare*. RAND Arroyo Center. Arlington, Rand Corporation, pp.34-36.

³⁷² Ibid.

³⁷³ Ibid.

³⁷⁴ Oral Interview. Lt Col Aden Mohammed, Nakuru, on 16 May 2015.

³⁷⁵ Oral Interview. Pte Ali Dire, Langata, on 19 August 2015.

breaks and re-union, brief as they may be, are desirable in aiding both the soldier and family to cope with combat related stress.

4.8 Visits by Commanders

Combat zone visits by commanders have a motivational effect on troops and contribute towards enhancing the faith and confidence of troops in the mission.³⁷⁶ According to Helmus Glenn, troops that lack faith and confidence in command are more likely to adopt poor coping strategies, hence becoming more vulnerable to stress and mental breakdown.³⁷⁷ Visits by commanders and important personalities demonstrate to soldiers that they are not alone in their situation and that others who may not be deployed in the combat zone appreciate their sacrifice. Such recognition motivates soldiers and may facilitate positive coping with stress.³⁷⁸

During KDF deployment in Somalia, it was noted that the Chief of Defence Forces (hereafter CDF) and other senior commanders made several visits to the battle field during which they interacted with the troops. One field commander who shared a moment with the CDF described the impact the visit had on his troops. He said: “As the field commander, seeing the CDF in full combat gear in Somalia made me feel that the entire KDF is with us”.³⁷⁹ Such visits may not offer much materially, but they go a long way in offering mental resilience in soldiers, especially when they get to know that commanders are concerned about the mission.

The key challenge is that while commanders visit troops at war front, there is no arrangement for similar visits to the military families that are stationed in and outside the barracks. This disparity stems from the original thinking that it is only the soldier in the field who suffers the ravages of combat. Yet, the reality is that the home front is just as much of a battle ground as the war front, and families that take care of this front need reassurance from the commanders to help them cope.

³⁷⁶ T. C. Helmus, Glenn, R. W. (2005) *Steeling the Mind: Combat Stress Reactions and their Implications for Urban Warfare*. RAND Arroyo Center. Arlington, Rand Corporation, p.27.

³⁷⁷ Ibid.

³⁷⁸ P. T. Bartone, (2006). “Resilience Under Military Operational. Stress: Can Leaders Influence Hardiness?” *Military Psychology*, 18 (Suppl.), 131–148. Available at: <http://hardiness-resilience.com/docs/Bartone.pdf> .Accessed on 13 September 2015, pp.137-139.

³⁷⁹ Oral Interview. Capt Kevin Kiprotich, Nakuru, on 13 August 2015.

4.9 Remembrance Celebrations

Holding ceremonies and passing on the tradition of remembrance, is one of the important ways militaries have of showing appreciation to the fallen soldiers and their families for the losses and sacrifices they have endured.³⁸⁰ In addition to the ceremonies, monuments are erected with names of the fallen soldiers inscribed on them. These activities are carried out to keep alive memories of the fallen and to help family members accept the loss with dignity.³⁸¹ These measures are necessary so that family members and the society at large can continue to support the military mission and accept their loved ones' honourable devotion to the state. The experience of Israeli military and the Israeli society is that death of a soldier is treated as the ultimate sacrifice offered to the society so that the society can persist.³⁸² The parents of the dead soldiers are also regarded as heroes and accorded special status in the society because their nearest and dearest has been taken away from them so that the society could survive.³⁸³

KDF conducts similar ceremonies and according to an informant from the personnel department, remembrance monuments have been constructed in barracks such as Kahawa, Laikipia Airbase and Moi Airbase, to preserve memories of the fallen. To honour them, memorial ceremonies are held every year in selected barracks during which family members are invited. Available records indicate that, the Miheso family was invited in the 2012 celebration.³⁸⁴

Inviting surviving families of fallen soldiers is a demonstration of appreciation and recognition of the sacrifice they made in their own individual way in the defence of the nation. The gesture has a psychological effect on the family in that even though the soldier died, his contribution in the defence of the nation is recognized, and that the death was not in vain. This act by the military helps to reduce the pain the family has and contributes towards healing. However, considering that the soldier died in the defence of nation, holding remembrance celebrations in the barracks locks out the wider society, yet it is the same society that should participate in

³⁸⁰ Veteran Affairs of Canada. A Guide to Commemorative Services. Available at: http://www.veterans.gc.ca/public/pages/publications/system-pdfs/CommGuide_e.pdf. Accessed on 15 September 2015, p.5.

³⁸¹ T. Wyatt, and R. Gal. (1990). *Legitimacy and Commitment to the Military*, Westport, Greenwood Publishing, 107-109.

³⁸² Ibid

³⁸³ Ibid

³⁸⁴ KDF Personnel Records. Available at the Department of Defence Personnel Branch.

remembering its lost heroes. Letting the society to participate in the ceremonies would make it identify with this war and any other future wars. This will, however, require a policy direction.

4.10 Messages of Goodwill

“Though we are America’s protectors, we are only as strong as your love and support for us. Please do not forget!”³⁸⁵ This statement describes the importance of citizen support to soldiers in the field. According Operation Gratitude, recognition and appreciation by the citizenry lifts the morale of soldiers and inspires them to forge on despite the adversities of combat environment.³⁸⁶ To inspire their soldiers, American citizens sent gift packages that contained an assortment of items, including snack foods, entertainment items and hygiene products, as well as letters from caring adults and students.³⁸⁷

During this study, it was established that KDF soldiers received messages of good will from leaders and letters and poems from students. One respondent described his feelings upon receiving the letters as, “Out there in Somalia, you feel like you are thousands of miles away from home, all alone and in a dangerous wilderness. Receiving such letters made us feel a sense of joy and that there are others with us.”³⁸⁸

The uniform theme in most of the messages of good will was about sacrifice and risk taking for others. Scholars opine that expressing appreciation and physically demonstrating concern for soldiers motivates them and helps to facilitate resilience in troops. Reading the letters and poems acted as a therapy from boredom and loneliness, thereby promoting the soldiers ability to cope. Some of the messages are;

Thank you for putting your lives at risk for our safety. Lots of love. – Amira.³⁸⁹

It is really hard for someone to lay down his or her life for a country. So thank you.-

³⁸⁵ Operation Gratitude, (2008). Sending Care Packages to US Military. Annual Report. Available at: <http://www.operationgratitude.com/wp-content/uploads/2011/04/Operation-Gratitude-2008-Annual-Report.pdf>
Accessed on 25 September 2015, p.1.

³⁸⁶ Ibid

³⁸⁷ Ibid

³⁸⁸ Oral Interview. Capt Patrick Kimeto, Langata, on 25 August 2015.

³⁸⁹ Braeside Group of Schools. Annual Peace Messages to KDF presented on 2 June 2012 at DOD.

4.11 Coping Strategies by Families

Coping, in the context of this study, is the ability of a family to live through the stress associated with deployment. Caforio contends that the coping behaviour adopted by a family determines whether that family lives through the stressful event with no adverse effects on any individual member in that family.³⁹¹ Coping behaviours vary from one family to another and are influenced by a variety of factors. Positive coping in which families remain intact is aided by flexible gender roles, community and social support while negative coping is accelerated by young and inexperienced families, and families that have a pile-up of unresolved issues or traumas.³⁹²

Findings on spouses of American soldiers in Iraq and Afghanistan indicated that spouses who resisted expressing negative emotions in favour of positive ones, had clear allocation of roles in the family and were flexible enough to adjust to those roles to cater for the absence of the husband, coped better with deployment.³⁹³ Such families practised good financial management and stayed close together to ensure that the warmth in the family is maintained.

The experiences of KDF military families were similar to the experiences of US military families. Many of the wives interviewed testified that they managed to keep the families together during the separation. For some, there was no transition required as the nature of the military profession kept the husbands away from home most of the time prior to the war. The wives were, therefore, already accustomed to being the ones taking care of the households. This was particularly evident with wives who reside in the rural areas and were used to being independent

³⁹⁰ Ibid.

³⁹¹ G. Caforio, (2006). *Handbook of the Sociology of the Military*. New York, Springer, p.213.

³⁹² E. Mauritzen, (2011). *The effect of war-deployment on at-home spouses and partners: A support group manual for group facilitators*. (Doctoral Projects. Paper 6) Minnesota. University of St. Thomas. Professional Psychology. Available at: http://ir.stthomas.edu/cgi/viewcontent.cgi?article=1007&context=caps_gradpsych_docproj . Accessed on 10 November 2014, p.35.

³⁹³ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (Doctoral dissertation). p.29 Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.109.

as revealed by a respondent who stated, “I loved working on the farm, so I preferred staying at home and not in the barracks. He only used to come and visit us whenever time allowed.”³⁹⁴

Such families represented a segment of military families that opted to have their families remain in the rural homes. For them, the destabilization due to deployment had little impact on their daily routines. From their own testimonies, the main challenge they faced was the inability to regularly call and consult with the soldier. A respondent supported this when she said, “I was always the one living with the children. So when he went to Somalia, the only thing that changed for me was that I could not call him the way I would when he was back here.”³⁹⁵

The rural military families that engaged in subsistence economic activities were noted to have coped better than urban military housewives. Being absorbed in such activities corresponded with Britt *et al*'s contention that, getting involved in productive work and work related activities promoted positive coping.³⁹⁶ The rural families engaged in different kinds of subsistence economic activities. There were those who diverted their energies to working on the farms, while others traded at the local markets. The activities not only served as an additional source of income to sustain the families, but also contributed towards promoting a healthy life style by distracting their minds from focusing on the stressor event, thus contributing to their general well-being. A respondent stated;

I am so busy working on the farm. You know we grow nappier grass and keep two dairy cows. Most of my time is spent looking after the farm. Sometimes the children join me to cut the grass, some of which we sell to the neighbouring homes.³⁹⁷

Activities that generated additional income to the families cushioned the family from facing financial difficulties during the soldier's absence. According to the theoretical underpinning of this study, how a family adapts to a crisis is influenced by adaptive resources. One of such

³⁹⁴ Oral Interview. Anne Karani, Thika, on 14 June 2015.

³⁹⁵ Oral Interview. Mrs Obech, Homa Bay, on 16 July 2015.

³⁹⁶ T. Britt, A. B. Adler, & A. C. Castro, (2006). *Military Life: The Military Family*. West Port, Greenwood Publishing Group Inc, p.180.

³⁹⁷ Oral Interview. Mrs Beth Mutwiri, Meru, on 18 July 2015.

resources is finances.³⁹⁸ During the course of this study, it was evident that families that had financial stability coped better than families that were financially unstable.

Children within a family were noted to be a source of joy and comfort for families. During the separation and in situations of loss, children played an important role as a source of hope and expectation in the lives of those left behind. The presence of children provided warmth and made families less emotionally distressed. Having children playing in the house with all their innocence provided emotional balance and fulfilment to many families. Deriving joy from the children comforted many families. An informant, a mother of three, stated;

They have been my inspiration. I don't know how I would be if I didn't have them. Every day when I wake up and see them, it gives me the encouragement to go another day. Sometimes I just hold the little one in my arms, and it makes me feel encouraged.³⁹⁹

In other families, especially those that had lost loved ones, the children had special significance. For such families, the soldier died, but his image and spirit lived in the children. This interpretation was based on a statement by a respondent who stated that; "I love her so much and I can't stand being away from her. She is also the living memory I have of her late father. When I look at her, I see him in her."⁴⁰⁰

On the other hand, children were also noted to be a burden to other families. Unemployed housewives who resided in urban centres experienced the greatest challenge in providing for the children after losing a loved one in the war. It was observed that over 80% of military wives are housewives who depended on the soldier as the bread winner. One respondent said; "I had three kids when he died. His salary that we used to depend on was stopped almost immediately. Before I got the compensation money, I had no means of feeding them. I was literally begging for food."⁴⁰¹

Irrespective of the circumstances of a family, the presence of children provided the motivation for the stay-behind parent to be courageous, knowing that the children looked up to them. This

³⁹⁸ G. Caforio, (2006). *Handbook of the Sociology of the Military*. New York, Springer, p.222.

³⁹⁹ Oral Interview, Mrs Fatuma Hassan, Garissa, on 14 July 2015.

⁴⁰⁰ Oral Interview. Ann Karani, Thika, on 14 June, 2015.

⁴⁰¹ Oral Interview. Mrs Barnice Njoroge, Nanyuki, 11 July, 2015.

reality that the children had nobody else to care for them inspired wives to be strong, thereby enhancing their resilience.

Drawing support from family members during deployment and even after the loss of a loved one was observed to be a common coping strategy for many families. It was noted that military families grew closer to their children and extended family, benefiting from their comfort, solace and support. The family provided the platform for interaction from where family members freely expressed their feelings, thus aiding in coping. Rural military spouses were noted to have developed a closer relationship with their mothers-in-law, thereby offering emotional support to each other. The close bond between spouses and mothers-in-law was attributed to the fact that both the spouse and parents-in-law were in similar situations and shared a concern for the deployed soldier. One of the informants said;

My mother-in-law and I used to talk a lot. Most of the times we could encourage each other and remember the sweet moments we shared with him like the jokes he used to crack, and the things we did together and the way we used to go the church together.⁴⁰²

Urban families, particularly those based in the barracks, benefited from other members of the larger military community who were going through the same experience. Close contact and communication with people who share the same experience provided emotional support, thus encouraging resilience and coping.

Talking to somebody else outside the family, but one who understands what military families go through has been noted to be helpful. Spouses of US and UK soldiers in Iraq and Afghanistan, who interacted with Family Readiness Group (hereafter FRG) recorded better overall well-being on individual spouses and their relationships.⁴⁰³ Sharing one's grief with someone who

⁴⁰² Oral Interview. Mrs Teclar Kiptoo, Kericho, on 18 July 2015.

⁴⁰³ S. B. Henry, (2003). *Walking on Egg Shells: A Qualitative Study on the Effect of Trauma and Deployment in Military Couples*. (doctoral dissertation). Available at: <http://krex.k-state.edu/dspace/bitstream/handle/2097/9157/StaceyBlalockHenry2011.pdf?sequence=1&isAllowed=y> Accessed on 11 November 2014, p.82.

understands what one is going through enhances emotional satisfaction and helps in letting off the pressure.⁴⁰⁴

KDF military families did not have the experience of a platform such as the one provided by organizations like FRG. However, military families that had a loved one deployed in Somalia visited each other, offering support and encouragement to the other. Due to the geographical dispersion, families not located within the barracks utilized church membership and women groups for prayers, emotional support and encouragement. One respondent mother stated; “When I heard that Daniel was going to Somalia, I called our local pastor to pray for him. My church has since been dedicating prayers for our soldiers. Sometimes I would call the church members to come and pray with me in my house.”⁴⁰⁵

Another informant stated; “There is a group in my church that normally prays with me and visits me to encourage me through difficult times. So whenever I feel too low, I talk to a group member and I move on.”⁴⁰⁶

These statements demonstrate the important role that neighbours and friends within a community can play to help victims cope. The presence of friends that offer moral and emotional support can provide encouragement and the feeling that there are others who care and want to share in one’s pain. Being in the midst of friends can never bring back a life that has been lost. Friends, however, help to reduce the mental and emotional pressure, thereby reducing vulnerability to stress. It was observed that rural families that were in constant contact physically with in-laws coped better than urban families.

The church provided a platform where military families met and prayed as a community. During the course of the study, military families based in the barracks were noted to benefit from church programmes, but also sought special sessions with the pastor for prayers and counselling. According to a respondent, the experience of the Somalia deployment made some families to be more committed to the church unlike before the deployment. He said;

⁴⁰⁴ United States Military, Department of Defence. The Days Ahead: Essential Papers for Families of Fallen Service Members. Available at: www.militaryonesource.mil/casualty. Accessed on 5 June 2015, pp.1-4.

⁴⁰⁵ Oral Interview. Mrs Cysilia Masale , Kilifi, on 11 September 2015.

⁴⁰⁶ Oral Interview. Mrs Barnice Njoroge, Nanyuki, on 11 July, 2015.

We have been receiving requests for prayers and bible teachings from soldiers and families, especially when the soldiers come back home for short breaks. Others continue to come even at the end of deployment. Some of these soldiers have become faithfuls and very committed to the Gospel more than before they left for Somalia.⁴⁰⁷

Turning to the church was not confined to soldiers and their families that were based in the barracks. Military families residing outside the barracks, and even those in the rural village confirmed that the church uplifted their spirits and reduced the emotional pain through collective prayers and community support. A respondent informed the researcher that the emotional support provided by church elders and ordinary church members made her situation bearable. Narrating her experience, the informant said,

Whenever I could call him and hear gun shots being exchanged in the background, or whenever I could hear through the media of an attack during which some KDF soldiers were seriously injured in an area where he was, I could text my Bible Study Group members to pray for him. On most of the occasions, I would be too anxious that I wouldn't even manage to make a phone call. But I felt confident that since my brethren had prayed, the Lord has heard their prayers and it will all be ok.⁴⁰⁸

The church played a significant role in offering pastoral and spiritual care to soldiers and their families. The role of the church, as the place to run to for emotional support, aided the military families to cope with combat related stress.

4.12 Coping in Children

Military children do not exist in a vacuum and are deeply influenced by the experiences of their families and interaction with other systems around them, such as schools, neighbourhoods and the military itself.⁴⁰⁹ Military children serve and sacrifice alongside their soldier parents. However, because they do not wear uniforms, their contributions often go unrecognized. In non-military schools, teachers may not be aware of the presence of military children. Having knowledge of this identity may be important with regard to care and assistance during situations of war. The lack of intervention mechanisms in schools, and depending on their families'

⁴⁰⁷ Oral Interview. Ssgt David Samoei, Nairobi, on 8 September 2015.

⁴⁰⁸ Oral Interview. Immaculate Kukubo, Nairobi, on 13 June 2015

⁴⁰⁹ P. Lester, and E. Flake, (2013), "How Wartime Military Service Affects Children and Families." *Journal of the Future of Children*, Vol 23(2). 121-41. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/25518695> . Accessed on 11 Jan 2015, p.122

stability and resilience, military children may fall behind in school, regress in their development, or display emotional or behavioural problems that may indicate anxiety, anger, sadness, resentment, and fear.⁴¹⁰ This outcome was encountered during the course of this study when several respondents opined that KDF deployment in Somalia significantly impacted on the performance and behaviour of their children.

Emotional and behavioural problems exhibited by children are greatly influenced by the mother. A mother, who has difficulty managing daily activities, is not involved in social activities, and has a low sense of personal independence, translates into difficult coping for the children. Children are deemed to cope well when the mothers express a positive attitude about the separation, are satisfied with their marriage before the separation, and have internal coping skills to deal with the separation.⁴¹¹ Interventions targeting children should thus focus on helping spouses learn to cope with military-induced family separation. This strategy indirectly assists children to cope.⁴¹²

During the course of this study, most of the families interviewed had young children whose views on their coping strategies could not be obtained directly from them. Over 99 % of the children were below the age that could be independently interviewed. Therefore, the observations expressed in this study are based on information provided by children's care givers, such as parents and teachers. The information offered by respondent mothers indicated that children who had access to news media and those who resided in the barracks had difficulties in coping as compared to children in rural settings. One respondent urban mother stated:

Our daughter became so withdrawn and would be quiet for days especially after watching any news item on the war. She constantly asked me if those bad people would kill papa. I kept reassuring her that papa would come back home soon, but the whole absence of her father really affected her to the extent that I was summoned to her school by her class teacher just to find out if everything was well at home. Her grades and participation in class activities had significantly dropped.⁴¹³

⁴¹⁰ Ibid

⁴¹¹ G. W. Black, (1993). "Military-Induced Family Separation: A Stress Reduction Intervention." *Journal of Social Work*, Vol. 38(3), 273-280. Available at <http://www.jstor.org/stable/23716931>. Accessed on 17 July 2015, p.275.

⁴¹² Ibid, p.277.

⁴¹³ Oral Interview. Carol Mutesi, Nairobi, on 15 December 2015.

Another informant mother who had two young boys in the same school narrated how difficult it was for the children to cope, not only with the absence of the father, but also after the father suffered serious battlefield injuries. The respondent stated:

The children just changed. They became absent minded in class and their grades dropped. The situation worsened when their father came back in crutches. The older one would once in awhile break into tears while the younger one rejected the father. The headmaster called me to school and told me that there was a problem with the boys. He asked me to talk to them, and I did not know what to tell them. Here I was, worried about the health of their father while at same time thinking about what was happening to my children. I just got confused.⁴¹⁴

Coping in rural children was noted to be significantly different from that of urban children. For the rural child, deployment absence of the father was regarded as an extension of the usual absence of the father from home, as stated by a respondent who said;

Initially when they heard that the father would be going to war in Somalia, they were worried, but after sometime, they got back into their routine of going to school and helping me with some work in the shamba or looking after the cows and in the house. There was no significant change in them until their hear news of an attack from the neighbours or over the radio. Then they would ask me about their father.⁴¹⁵

The study thus observed that the coping strategies of the mothers reflected significantly on the children. Children in urban areas whose mothers were persistently under stress performed poorly in school compared to the rural children whose mothers were used to being on their own most of the time. From the interviews, it was noted that the majority of the school-going children in the urban areas were struggling with grief reactions that affected their performances in school. This was largely attributed to situational influences coupled with the absence of a mechanism to track such children who needed various forms of mental healthcare interventions and the coping strategies adopted by the mothers. Kesternich *et al.* argued that absence of early intervention services to assist such children can affect their future mental development and general well-being.⁴¹⁶

⁴¹⁴ Oral Interview, Mrs Joyce Kongolo, Nanyuki, on 14 July 2015.

⁴¹⁵ Oral Interview. Mrs Beth Mutwiri, Meru, on 18 July 2015

⁴¹⁶ I. Kesternich, B. Siflinger, J. P. Smith, and J. K. Winter, (2012). "Effects of World War 2 on Economics and Health Outcomes across Europe." *Discussion Paper* No. 6296. Available at: <http://ftp.iza.org/dp6296.pdf> . Accessed on 16 December 2014, p.21-22.

4.13 Individualized Coping Mechanism

At the individual level, it was noted that soldiers and families employed a variety of mechanisms to help them cope with the stress of deployment. Some of the coping mechanisms were thought to be positive, while others were considered negative. Negative coping mechanisms were observed to have been adopted by some soldiers, young spouses or male parents. The negative coping mechanism that was found to be uniform in all the groups was drinking. During the interviews for the study, a respondent revealed that the stress of combat engagement and the feeling one gets that you are on your own can cause mental breakdown. To avoid that, you drink.⁴¹⁷

Another respondent whose son died in the war chose to drink as an escape route from the stress of losing a loved one. The respondent said, “They took away my son, what else do I have left? Nothing. Let me drink, because this is all I have left.”⁴¹⁸ Drinking as a mechanism to cope with stress was found to be common among soldiers and fathers.

Reading and storytelling were also identified as part of the individualized coping mechanisms adopted by soldiers during deployment. Most of them found comfort in telling each other stories and reading different books, but mainly the bible. One informant stated his experience as follows;

A few of us would sometimes gather in one foxhole and just tell each other stories. It was however not easy because one could not talk or laugh loudly. We were just talking in low tones most of the time.⁴¹⁹

Another respondent stated:

The only thing that kept me going was the bible. I had never been interested in it before but when I got to Somalia, people were dying almost every day, and I decided that if I will be the next to die, let me die having known what the bible says. I found out that it is such an interesting book. I

⁴¹⁷ This information was provided on condition of anonymity.

⁴¹⁸ Kipng’etich Lang’at in K. Omwandho, (2014). *Scars of War*. Nairobi, KTN Production.

⁴¹⁹ Oral Interview. Pte Frederick Okoth, Langata, on 23 August 2015.

used to go to the chaplain to help me understand certain verses that were too complicated. Since I came back from Somalia, I have not stopped going to church.⁴²⁰

The effectiveness of these individualized coping mechanisms lies in diverting the victim's mind from focusing too much on the stressor event and replacing it with something different. Compared to the others, engaging in excessive drinking is negative, but the terminal objective which is to keep the mind away from the stressor event is the same. For soldiers, allowing new activities other than the stress, to occupy the mind keeps the mind away from thinking about the next engagement which ultimately aids in coping.

Other soldiers found comfort in holding family gathering to celebrate their return from Somalia alive. Interacting with the wider extended family and friends in such a setting was noted to be a strategy of coping employed by soldiers. The parties were held both in town and in the rural villages. According to a respondent who organized one of the parties, holding the party in the rural village was intended to include the ancestors in the celebration. The respondent held the view that it is the ancestors who guided him to safety all the time in Somalia. During the interview, he testified that danger lurked everywhere in the battle field and when one is able to come back alive, that calls for a celebration. He stated;

I saw my colleagues get injured. I saw my colleagues die, but I survived, not because I was stronger than them. I guess it is because somebody was watching over me and each time guided me away from danger. I know my late father who was also a soldier together with my ancestors were all there. When I got back safely, I wanted to celebrate with them. So I slaughtered a bull and invited all my sisters and the wazee from my area so that together we eat and drink the little that I had. It was a good feeling to share with them.⁴²¹

Celebrating together with relatives and friends in an informal setting that facilitates verbalization of the events of the battle field can aid in coping. Sharing with the elders provided psychological satisfaction, thus enhancing resilience and promoting a positive general well-being.

⁴²⁰ Oral Interview. Pte Alfred Odinga, Nairobi, on 3 September 2015.

⁴²¹ Oral Interview. Cpl Ezekiel Wafula, Langata, on 16 July 2015.

4.14 Closure

Verbalizing or stifling emotions as forms of closure have been considered as methods of coping with stress.⁴²² According to Boermans, verbalizing psychological difficulties enhances psychological safety, thereby promoting coping resilience and recovery.⁴²³ During the course of this study, respondents indicated that they used a mixture of emotions to cope with their situations. There were soldiers who found it consoling to freely verbalize their experiences in Somalia, and considered their exploits as heroic. Others opted to keep their experiences to themselves and stifle their emotions in the belief that the less you talk about them, the faster the memories of the traumatic battle events fade. A respondent said;

I feel good when I discuss with my relatives the things that we went through in Somalia, you know, being rained on throughout and the little difference between day and night. Sometimes they ask me whether I killed any Al Shabaab. When I say I did, others look at me strangely like it is not normal. They don't know that it was a situation of who gets who first, just like you see in the movies.⁴²⁴

Another respondent who did not wish to engage in any discussion on his experience in Somalia informed the researcher that;

I don't want to remember anything to do with it. Initially, everybody around me was curious, asking me all types of questions, but I requested my family to just assume it never happened.⁴²⁵

The responses from soldiers on closure varied significantly from families, especially families that lost loved ones in the war. One respondent, a parent said; "If only anybody could tell us what happened,"⁴²⁶ Another respondent parent said; "they came, buried him and left. It is like he was only important to them when he was alive. Every day, I ask myself what happened to my

⁴²² S. Manorcha, (2012). "Military Wives' Transition and Coping: Deployment and the Return Home." *Journal of ISRN*. Volume 2012, Article ID 798342. Available at: <http://www.hindawi.com/journals/isrn/2012/798342/>. Accessed on 15 September 2015.

⁴²³ S. Boermans, R. Delahajj, H. Korteling, and M. Euwema, (2011). "Training Resilience for High - Risk Environments: Towards a Strength-Based Approach within the Military." *Journal on Organisational and Personnel Psychology*, Vol 20, 313-329. Available at: https://lirias.kuleuven.be/bitstream/123456789/410293/1/Training+resilience+under+acute+stress_Boermans_De_lahajj_Korteling_Euwema.pdf . Accessed on 29 October 2015, p.11.

⁴²⁴ Oral Interview. Pte Alex Kasaine, Nakuru, on 16 August 2015

⁴²⁵ Oral Interview. Cpl Willis Ogutu, Langata, on 22 August 2015

⁴²⁶ Oral Interview . Julius Korir, Mogotio, on 21 July 2015

son, but I have no one to give me answers.”⁴²⁷ These responses demonstrated that to the families, assisting with the funeral arrangements was not enough. The desire to know the circumstances under which the soldier died was noted to be unfulfilled void in the lives of many surviving families.

Constant thoughts of the circumstances under which a loved one died reduces the chances of healing. Opportunities to heal would be enhanced with information on what happened. This provides room for verbalizing as a form of closure which ultimately promotes healing. These are areas that require a review by KDF in an effort to determine what information needs to be passed on to the families.

4.15 Conclusion

The institutionalized stress reduction programmes and the existing family support services envisage the dangers inherent in armed combat and the stress associated with it. Spiritual training during peace time and pre-deployment training before deployment and post-deployment training creates wider awareness of the stress and the possible strategies of lessening its impact. The training programmes are, however, designed mainly to cater for soldiers at the exclusion of families. The exclusion of families is partly due to the fact that they do not wear uniform and partly because their victimhood is hardly openly visible. The anonymity in their suffering explains the insensitivity with which some officers along the command chain handle their issues. This chapter has noted that due to their intimate association with the soldier, families are affected much more than the soldier. The suffering for families begins immediately the notification for deployment is given and does not end for some even after the deployment is over. Despite this reality, institutionalized services to address specific needs of families during the course of deployment in order to promote resilience were observed to have been unavailable. In order to cope, families were compelled to improvise own mechanisms and engaged in activities that aided them in coping with their situations. Considering the critical role that family readiness plays in achieving combat effectiveness, support programmes and services targeted at addressing the needs of families during the entire course of deployment need to be given more attention.

⁴²⁷ Oral Interview. Rosemary Ngome, Kisii, on 29 August 2015

The study set out to examine the effects of war on military families. During the course of study, certain problem areas were identified that require to be addressed in order to better mitigate the impact of war on military families. A summary of the findings and suggestions to policy makers are captured in the next chapter.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the findings of this study on the impact of war on KDF military families that used operation Linda Nchi as a case study. The chapter addresses the extent to which the study's objectives- namely; examining the effect of Somalia war on KDF soldiers, secondly, the effect of the war on KDF quasi-soldiers and their coping mechanisms, and finally, examining the benefits of the existing KDF family support services to the military families, were achieved. The chapter also critically examines whether the hypotheses of the research had been validated or invalidated and makes recommendations to address the identified problem areas.

5.2 Research Findings

The findings in this study were arrived at through the analysis of themes and patterns that emerged from the primary data and findings from other works from secondary sources. Primary data was collected from a sample of 45 respondents that was purposively drawn from three KDF units.

The findings were consistent with the theoretical frameworks of family stress theory and systemic stress theory. The two theories had two underlying principles that suggest that how an individual member of a military family responds to stress of deployment affects the other family members and how their ability to cope with such stress is influenced by adaptive resources that a family possesses. As espoused by the two theories, it was confirmed that stress due to deployment, injury or death of a soldier completely disrupted relations and family functioning in most military families. The testimonies and experiences of the respondents supported the validity of the theoretical framework and the extent to which each objective was achieved. The findings thus agreed with the assertion that during war, there is no real victory. Even if one side claims victory, there is widespread gloom and the songs of triumph are subdued by the sighs of the

weeping.⁴²⁸ Indeed the impact of KDF's incursion into Somalia was felt far and wide, within KDF and in many villages in the country, and the general mood was that of stress and distress.

The study found that all soldiers returning from the war suffered visible and invisible injuries. The common outcome of the operation across rank and file was PTSD. Acute stress disorder was indicated in soldiers who had survived IED attacks and those that had been involved in serious combat engagements. Others were found to be emotionally scarred. Extended periods of deployment without maintaining regular physical contact with loved ones back at home impacted negatively on the stability of some marital relationships, with some relationships completely disintegrating.⁴²⁹

The demography of KDF soldiers who died in Somalia indicated that majority of them were very young, came from modest backgrounds, and the sole bread winners of their families-immediate and in some cases, the extended families. A soldier losing his life in the conflict was found to have impacted the lives of many other people. With their deaths, the only source of income for these families was permanently disrupted. Dying young meant that the soldiers left behind very young families that would require consistent support for proper mental and physical development.

Military families were found to have been the first casualties of the conflict. Their emotional distress started immediately upon the receipt of deployment notification, and continued long after the deployment was over. The stay-behind families, particularly the wives, were not only responsible for managing the home front, but were also emotionally disturbed over the well-being and safety of the soldier. Thus, whenever families were unable to communicate with the soldier, their anxiety level heightened, which correspondingly increased stress in such families.

In situations of injuries or death, the wives and mothers became the primary care givers to such soldiers, and looked after the children of dead soldiers. The impact of severe injury or death was profound, and was felt beyond the immediate family membership. The social networks of

⁴²⁸ Kohli, S and Showkat, K. (May 2013). "The Impact of War on Mental Health of Civilians: An Overview." *International Journal of Innovative Research and Studies*. Vol.2(5), 262-275. Available at: http://www.ijirs.com/vol2_issue-5/21.pdf . Accessed on 16 May 2015, p.263.

⁴²⁹ For further details of the effect of the operation on soldiers, see chapter 3, pp. 55-77.

extended families that relied on the soldier for support were completely disrupted with such outcomes.

The greatest impact was however observed on families living in urban areas that depended entirely on the soldier than families in the rural village that had other relatives who could provide some form of support. The war thus caused acute emotional distress in most families, and contributed to family destabilization, especially in situations where the bread winner suffered serious injuries or lost his life. Despite this victimhood, it was found that there were no specific intervention services targeting the families. Therefore, the residual effects of this war were noted to have interrupted social relations, thereby leading to increased individual stress, relationship distress, and mental health problems in most military families.⁴³⁰

The study further found that the existing support services are appropriate for use only during peace time situations in which anxiety or stress level on the family over the soldier's safety is low. However, combat environment where a soldier's life is constantly under threat, like Operation Linda Nchi, placed a heavy psychological and emotional burden on the families, thereby necessitating the need to have appropriate intervention services and mechanisms to assist them cope.⁴³¹ Dedicated and sustained institutionalized services and programs to address mental health care needs of families during the course of deployments were lacking. Services offered to assist families, such as counselling, were on a one-off basis, and were only available to families residing within the barracks in Nairobi and its environs. Since most military families reside in the rural village, only a few who reside within the vicinity of a barracks could benefit from such services. In spite of this, many urban military families who needed assistance had no knowledge of the existence of such services.

The situation of military children was observed to be no different as there existed no children-specific intervention measures within or without KDF facilities that could help them cope with their emotional stress. This could be attributed to their invisibility as victims and the limited knowledge of their suffering as casualties of war. Children, especially those with the ability to comprehend the events around them, and whose fathers had visible injuries or died were found to be acutely traumatized, a situation that not only affected their relations with other people, but

⁴³⁰ For further details on discussion on the effect of war on quasi-soldiers, see chapter 3, pp. 78-86.

⁴³¹ For further details on discussion on KDF support services and programmes, see chapter 4, pp. 97-114.

also interfered with their overall behaviour and performance in school. The responsibility to provide necessary intervention and to offer care was left to the mothers, some of whom were already dealing with their own war related stress.⁴³²

The mental and emotional healthcare services offered were not only found to be inadequate, information on the limited services available was also found to be insufficient. For instance, none of the respondents interviewed had any knowledge of the existence of the trauma centre in Thika. Due to the uncertainties that surrounded the military sponsored services, frustrations that arose from nursing wounded soldiers at home, while at the same time taking care of the children compelled some families to secure mental and emotional healthcare services privately. Timely and accurate information on the available services was therefore considered a key factor in the effort to deal with the trauma of war in military families.⁴³³

These findings support the theoretical underpinnings of this study which states that a family unit is like a system with interrelated parts. Removing one part destabilizes the equilibrium in the whole system. Therefore when soldiers are deployed, they are removed from the family and their absence distabilizes the system, thereby causing stress on the remaining elements of the system. How the spouse or the soldier reacts to the stress of deployment impacts on the other family members that include the children, parents, extended family members and others. The response of each of these components with regard to either injury or death can promote resilience or be a source of distress which ultimately impacts on the well-being of others within the system.

The findings have validated the first two hypotheses that guided this study, but invalidated the third hypothesis. The first hypothesis was that, Somalia war negatively affected military families. Based on the testimonies of the respondents, the war left many families stressed out, nursing the injured, or stricken with grief following the death of a loved one. Some families disintegrated, while for many others, normal functioning was adversely affected as their emotional pain continued even after the soldiers came back home.

⁴³² For further details on discussion on the effect of war on children of soldiers, see chapter 3, pp. 89-90.

⁴³³ For further details on discussion on family own coping mechanisms, see chapter 4, pp. 115-120.

The second hypothesis was that, KDF families coped well with the deployment. The study has demonstrated that families faced challenges in coping, but on the whole, the majority of the families devised their own coping mechanisms that enhanced resilience during deployment. The church, family and friends provided the warmth and emotional support that made the situation bearable to most families. However, this does not negate the general finding that the period of deployment was a difficult time for all families.

The third hypothesis was that, the current KDF family support programs greatly helped families to handle effects associated with deployment. This hypothesis was invalidated by findings of the study that most families did not benefit from KDF offered services and programs since they had no knowledge of their existing KDF. The few families that managed to access some assistance expressed dissatisfaction with response and quality. Other available programs such as pre-deployment and post-deployment training focused on the addressing the needs of the soldier to the exclusion of the family. Such an arrangement was perhaps based on the thinking that families do not go to war; hence do not need any form of pre or post-deployment training. The evidence gathered however suggested that families were the first victims of the deployment and continued to suffer even after the deployment ended.

5.4 Recommendations

The Somalia war has brought in new realities and challenges to the military family in Kenya. The Kenya military family may not have been deployed in the theatre, but the emotional stress of being attached to the soldier, and the trauma they endured during the course of the deployment placed them in the front row of those in need of mental health services. Therefore, to respond to their current and future mental and emotional health care needs, the researcher recommends the establishment of trauma centres in designated units. Having such a facility close to those who need its services would greatly benefit the many victims who require assistance, but are discouraged by the distances to Nairobi and intimidated by the bureaucracy at the DFMH.

Considering that most military families are not housed on-base, establishing a well-resourced welfare department at the defence headquarters with the responsibility of conducting medical outreach programmes to respond to the needs of military families while at the same time

counselling them on the realities of combat deployment and informing them of the nature of services KDF offers. Being that personnel in such a department would be in close contact with the families, policies on pre-deployment preparation should be reformulated to ensure that Welfare Department personnel are incorporated in the planning process of pre-deployment and post-deployment training programmes with a role to offer advice on the appropriate training requirements that would best address specific needs of the military family. The policy should also articulate the need to have military families (those that are willing) incorporated in pre-deployment and post-deployment training. The overall aim of preparing military families before deployment and after deployment is to develop their awareness on how to handle combat related stress.

The researcher further recommends that a deliberate effort be made to provide counselling services in a manner that allows both the soldier and his family to access the services conveniently and confidentially. This could be achieved by decentralizing counselling services to each unit and to also enter into partnership with the private sector to offer such services for the benefit of those soldiers and their families who may not be comfortable to openly share their traumatic experiences or family issues with a uniformed colleague.

Taking into account that soldiers normally deploy in the defence of the nation and the circumstances that normally surround the death of a soldier during such deployment, the researcher holds the view that there is a necessity to establish to assist bereaved families stabilize before compensation money is received and to transition from a military family to a civilian one. This suggestion would not be unique to KDF only, but it is a practice that has been adopted by other militaries of the world. Having such an arrangement would not only indirectly boost morale of the soldiers, but would also cushion the families and reduce the possibilities of begging as is currently the case, a situation that makes both KDF and the Kenyan society to appear unappreciative and insensitive.

During situations of conflict, soldiers risk their lives for the rest of the nation, and upon their death, most of them leave behind very young families. The demography of KDF casualties in this war was no different. In light of this, it is the researcher's opinion that since the soldiers laid their lives in order for the society to be safe, the society has the responsibility to give something in return. The researcher thus recommends that the responsibility of taking care of those left

behind, particularly the children, should be taken over by the society that the soldier was protecting. As a way of expressing gratitude for the sacrifices made, the responsibility to educate children whose fathers died in the defence of the nation should be taken over by the state at public expense as is the practice in other advanced militaries.

The above recommendation however calls for the whole society to identify with the war and to appreciate that the fallen soldiers died for it. This can only be achieved if KDF, in conjunction with the Office of the President of the Republic of Kenya sets aside a special day as a Veterans' Day to be celebrated annually in recognition of the selfless sacrifice and the immense contribution by the soldiers and their families. The annual event can be given a religious dimension to represent all faiths and be held as a public event outside the confines of military establishments. The President of the Republic of Kenya who is also the Commander-In-Chief of the Armed Forces of the Republic of Kenya should grace each annual event. Doing so would make the sacrifices made by the soldiers to become part of the history of this country.

Additionally, the monuments on which the names of dead soldiers are inscribed should be constructed in a public place as opposed to having it in the barracks. This would not only allow relatives and friends to lay flowers and offer prayers during memorial services, but would also help connect the society with the fallen soldiers. As things currently stand, the fallen soldiers are considered by the society as KDF soldiers with their names neatly inscribed on a stone within the barracks and the Somalia war remains largely a KDF affair. Involving the participation of the Kenyan society in marking the Heroes Day would greatly enhance its support for any post-war effort to assist those left behind.

On compensation procedures, the researcher recommends that post-burial contact between the soldier's family and KDF should be maintained and should not end until the compensation process is duly concluded. This could be done by assigning an officer to each deceased soldier's family with specific instructions on what his/her role is and when such role should come to an end. The designated officer would need to liaise very closely with the soldier's appointed kin for information or clarification so that the processes are handled as smoothly and efficiently as possible. The existing practice in which the bereaved families are left to do the 'chasing' on their own through a government bureaucracy that they hardly understand was noted to be quite stressful.

As stated in the findings, most of the deceased soldiers were the sole bread winners of their immediate and even extended families. Their deaths left the affected families financially exposed. When one considers the needs of a young family into the foreseeable future, such as education, health and development, among other needs; a compensation amount of USD 50,000 offered by AMISOM to bereaved families is insufficient. The researcher thus recommends that KDF adopts a one-for-one policy whereby a sibling or any other close relative to the deceased soldier is recruited into the military so that there is continued financial support, enhanced hope, and reduced stress to the families. Such a policy would portray KDF as an organization that is not only empathetic, but also one that appreciates the sacrifices made by its own members.

The researcher further recommends that the concept of military family be given a new definition specifically during war situations, and be expanded to include legitimate parents of soldiers. Such a policy would enable the parents to benefit from KDF mental health care and counselling services. The recommendation is based on the evidence adduced in this study that highlighted the experiences and feelings of parents. Due to the absence of community-based facilities that can offer need-based interventions, empowering parents to benefits from KDF offered interventions would help them in coping and lessening their pain, particularly in the event of serious combat injuries or losses.

Lack of consistent communication on the developments at the war front was identified as one of the key stressors. In order to overcome the challenge on communication and reduce the anxiety that families endure when they are unable to communicate with their loved ones, the researcher recommends that a functional communication office with toll-free telephone numbers be established in one specific KDF unit, preferably at DOD headquarter, from where families can seek information regarding their loved ones at the battle front. Information regarding these contacts and identities of those expected to call can be made available during pre-deployment training for both the soldier and the families. Proper management of the office in coordination with offices responsible for operations would significantly act as intervention mechanism and aid coping by families.

To demonstrate appreciation and acknowledge the sacrifice by combat troops in secure the country, soldiers returning from combat should not be quietly received back into the society as though they had just returned from a field trip. The researcher proposes that these soldiers should

be honoured for their gallant performance at the war theatre. The soldiers should be conferred with medals of honour, and be handed the national flag of Kenya, even if it is a miniature one, in recognition of their bravery. Such a gesture would be etched in their memories and be a constant reminder of the honour conferred upon them by the country.

Finally, the researcher recommends that in order to promote the general well-being of the military family, particularly the children, KDF needs to develop well researched intervention programmes for military children. Not only would such research address a critical gap in the support systems, but it would also provide greater insight into how KDF children were impacted by the war.

5.5 Benefits of the Study

The study has exposed the unknown challenges that the KDF military families had to deal with during the Somalia war, and the inadequacies in the KDF family support services. The information contained in this study can be used as a point of reference to improve KDF family support services with a view to better address emotional and mental health care needs of military families in future wars. Additionally, the findings of the study can be of benefit to other security agencies whose members may be deployed in combat zones, and may desire to ameliorate family support services or establish new structures that are targeted at meeting the needs of the families during such situations.

5.6 Future Research

This study has been a general one, and the findings indicate the need for further research on specific components of the military families. Research needs to be done on military spouses as a special category of victims and to bring out how battlefield injuries affect marital satisfaction in the family.

Further research is needed on the impact of this war on future development of the children. Some of the children were very young when their fathers died and may not comprehend the meaning of not having a father. The impact of growing without a father who died at war may become evident much later in life.

The general assumption that soldiers who are physically fit, well trained and supported by an efficient logistic system cannot suffer combat stress may have been responsible for the inconsistencies and inadequacies in the provision of support services aimed at promoting resilience within the KDF. A research study needs to be conducted on the existing programmes to evaluate their appropriateness with a view to improving their contents and quality in order to address the experiences of Somalia War.

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APPENDICES

APPENDIX 1: Oral Interview Guide

Oral Interview Guide: The Impact of Operation LINDA NCHI on KDF Military Families.

Spouse on General Impact of Deployment

General Questions

1. How did you feel when he told you that he would be going to Somalia?
2. What was your experience during deployment?
3. What was your most difficult moment during his deployment?
4. What were your concerns during deployment?
5. What did you do to keep going?
6. How frequent were you communicating during deployment and what mode were you using?
7. What would you say about the information provided by the military regarding his whereabouts?
8. Do you think his absence affected your relationship?
9. How did you feel when you heard the news that he would be returning home?
10. What did his return mean to you? Can you describe your feelings and reaction upon his return?
11. How did the military assist you during his absence and upon his return?
12. Have you had any problems in your relationship? If yes, how did you deal with it?
13. Did your partner help you recover from the effects of deployment?
14. Are you helping him recover?
15. Any other information you wish to share?

Questions to the Spouse/Mother/Father /Sibling of an injured soldier

1. How long have you been together as partners? (Qn to be answered by spouses only)
2. How did you get information about the soldier's injuries?
3. How did you react when you received the information?
4. How would you describe the whole event?
5. How did that event affect you?
6. How has his injuries affected your routine?
7. How do you feel about the soldier's injuries?
8. How have the other family members, relatives and friends reacted to his injuries?
9. Have his injuries affected him in any way?
10. How did the children receive the news about his injuries?
11. How can you describe the children's reaction to the news then?
12. How can you describe their behaviour now?
13. Have you noticed any general change on the children?
14. Has this affected their performance in school?
15. Do you think this injury has affected you and your family? If yes, in what way?
16. How helpful has the military been? Describe the nature of any assistance offered by the military.
17. How would you rate the assistance offered by the military? Do you think there are areas where the military should have done more? If yes, which areas?

Questions to the Spouses of Fallen Soldier

1. Have you always lived in this house? If no, state when you moved in.
2. Where were you staying before the soldier's death?
3. How many are you in the family?
4. Do you have children who go to school? If yes, state which schools.
5. For how long have they been in this school?

6. Have they been to other schools? If yes, state which ones.
7. Why were they transferred from their former school? (If applicable)
8. How would you describe their performance in this new school compared to the previous one?
9. How did you get the news of this incident? Briefly describe
10. What was your reaction to the news? How do you feel now?
11. What can you say about the assistance offered by the military?
12. Is there anything you wish would have been done differently by the military? If yes, explain briefly.
13. How would you rate the assistance offered by the military?
14. Are there any benefits, monetary or otherwise, that you are enjoying from the government in relation to the soldier's death? If yes, please describe them.
15. How have you managed to cope with the loss?
16. How helpful has family, relatives, friends and the community during your grief?
17. How has this loss affected your relationship with other family members?
18. Can you explain what this loss means to you? And to the family?
19. How has this loss affected you personally?
20. Have you lost any other family members before?
21. How do you compare the soldier's loss and the previous ones?

Questions Specific to Parents of Fallen Soldiers

1. Did he have other siblings?
2. Have you lost any other child before?
3. What would you say about that loss and this one?
4. Can you explain what this loss means to you? And to the rest of the family?
5. Has this loss revealed to you anything you wish to share?
6. Would you say his death was justified? If yes, state why. If no, why?

7. How do you regard the military as an employer?

Questions to Medical Practitioners at the Barracks

1. Have you noticed any significant change on medical visits by families during the operation? If yes, state what change.
2. What would be the general complaint of families during such visits (if any)

Questionnaire to Teachers at the Barracks School

1. How would you compare the performance of the children before, during and after the return of the parents?
2. Did injuries to/death of parents affect children's' performance? If yes, state how?