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<u>Peering into Intimate Spaces: Psy Scientists and their Observations of Child Rearing Practices</u> <u>in Uganda (1940-1970s)</u>

Introduction

Nestled within the confines of this flat, provided by Makerere Institute of Social Research, (formerly known as East African Institute for Social Research), a sense of intangible connection envelops me. The space I occupy seems to transcend time, transporting me to the early 1950s when this building was first constructed. In this setting, where I now write, echoes of a bygone era reverberate—a time characterised by the twilight of colonialism and a landscape swarming with political, social, and economic shifts. Against the backdrop of the distinct rattling of marabou storks' bills, I am jolted to peek through the window, reflecting on the endeavours that extend beyond these walls into the surrounding areas, which include a library, teaching spaces, pavilion and offices. Here the ""psy" scientists, ¹ convened, planned their research and exchanged ideas aimed at grappling with perceived pressing social issues plaguing East Africa. As I peer through the window, surveying the lush green gardens below, I am drawn into contemplation, pondering the lives of the researchers, the subjects and objects of their study. Their narratives intertwine with the intricate tapestry that extends beyond the confines of this institution's history and permeates into the broader fabric of Ugandan society. These psy scientists and their observations firmly lodged into themselves into the most intimate spaces of homes, family relationships, emotional well-being, personal identity, memories, thoughts and physical selves-leaving an indelible mark over the decades.²

This story delves into the period following the Second World War, when psychologically inclined scientists travelled to East Africa to gain an understanding of child rearing practices in contexts different from their own. The Ugandan Protectorate emerged as a bustling research hub for them, keen on investigating how modernisation impacted social structures, particularly in the upbringing of future Ugandan citizens. They deemed the protectorate ideal for multiple reasons: It was highly missionised, had extensive medical facilities compared to other British colonies in Africa, and hosted East Africa's

¹ In this research, I employ the term "psy science" to encompass disciplines such as psychology, psychiatry, psychotherapy, and psychoanalysis. Additionally, I include anthropology and pediatric medicine in my investigation. By focusing on these broader disciplinary areas, I aim to gain a comprehensive understanding of those who observed children and their development using "psy" science tools and methods. This included conducting longitudinal, cross-sectional, and cross-cultural studies to deepen an understanding and contribute to the field of child development.

² "Intimate" is a complex concept that often invokes a cluster of related concepts such privacy, familiarity, love, sex, informality, and personal connections. Intimate stems from the Latin etymology of "innermost" (Stoler, 2002). In this story, I explore the notion of intimate spaces that delve into the "innermost" aspects, extending beyond the physical spaces such as the home and spaces for health and wellbeing like welfare clinics. Additionally, I engage with abstract ideas of spaces that include the emotional, social and mental.

sole university and research hospital.³. Within this context, these scientists observed in different environments, rearing practices and the factors they believed impacted children's development. They, measured, analysed and reported on aspects as varied as family structures, feeding practices, weaning methods, toilet training, extended family fostering, childhood diseases, and cognitive and physical development, were observed and addressed by these scientists across various settings. The spaces ranged from the intimate confines of family homes to the clinical environments of hospitals, outreach of mobile welfare clinics, communal spaces of women's clubs, educational arenas of schools, and the welfare networks of orphanages. The observations were further operationalised and facilitated by institutional spaces such as the EAISR, where scientists from different walks of life were deployed to delve into the political, social and economic dimensions of Ugandan family lives. Through their work, they entered the most intimate aspects of the human experience, scrutinising the mind, body, environment, and soul of both parents and children. In this paper, I firstly deal with the physical environments where "psy" scientists conducted observations, setting the stage for a contextual understanding of observations into Ugandan family life and the way children were brought up.⁴

I then redirect the paper's focus towards examining the use of mediums, materials, and methods, particularly shedding light on the role of photography in observing children. I argue that the intentional or unintentional colonial gaze, embedded in these images, subjected the daily lives of parents and children to scrutiny. Through an analysis of these visual representations, the paper continues to examine the tonal reverberations of how these "psy" scientists constructed the colonial other in ways that enabled the contrasts between "Africans" and "Europeans." Additionally, by capturing families through the lens, scientists created colonised subjects, firstly through the unequal power dynamic between the observer and the observed, compounded by the permanence of the images beyond the moment of observation. Also, this the construction of colonised subjects was perpetuated by the detachment of the resulting findings from the observed context, particularly as photographs often found their way into journal articles, inaccessible to the observed but open to the external scientific observers' gaze, further reinforced this colonial dynamic. As a result, there was a non-negotiable transfer of knowledge about the subjects to the investigators, completing the cycle of colonial knowledge production and dissemination.⁵

³ Doyle, "Peer Learning and Health-Related Interventions."

⁴ See for example the works of psychologists, anthropologists and pediatricians working in Uganda. Mair, *An African People in the Twentieth Century*; Welbourn, "The Danger Period during Weaning"; Geber and Dean, "Psychological Factors in the Etiology of Kwashiorkor"; Geber and Dean, "Gesell Tests on African Children."; Geber and Dean, "The State of Development of Newborn African Children"; Southall and Gutkind, *Townsmen in the Making; Kampala and Its Suburbs*; Ainsworth and Ainsworth, "Acculturation in East Africa. III. Attitudes toward Parents, Teachers, and Education"; Hebe Welbourn, "Manuscript of a 'Buganda Childhood' or 'Another Way of Bringing Up Children"; Richards, "Traditional Values and Current Political Behavior"; Fallers, *The King's Men; Leadership and Status in Buganda on the Eve of Independence*.; Richards, *The Changing Structure of a Ganda Village*; Ainsworth, *Infancy in Uganda*. ⁵ Varga, "Look-Normal."

Colonialism inherently involved peering into the intimate lives of those they governed. Arguably, the colonial context provided an avenue for the scientific gaze into various aspects of Ugandan society. Seizing the opportunity provided by the colonial context, "psy" scientists skilfully harnessed their expertise to carve out a specialised space for themselves, effectively extending their influence far beyond the confines of the colonial era. With the advent of independence, there was a concerted effort to "Africanise" all aspects of life, particularly in response to perceived changes affecting family dynamics. In order to maintain relevance in this shifting political climate, "psy" scientists viewed their role in Africanisation as crucial, providing materials and training to the newly liberated subjects of colonialism. Furthermore, as new actors like international organizations such as the World Health Organization sought to establish their presence, they collaborated with these scientists to gain access to observe Ugandans. Reserved for the discussion, I further explore the interventionist role of "psy" scientists, focusing on the materials they produced based on their observations of children's development. This includes advisory and preventative medicine resources such as infant and parenting manuals, training materials for mothers, nursery nurses and health visitors delivered at welfare clinics, as well as columns in newspapers.

The paper follows the trajectory of psy scientists as they engage with different intimate spaces: from their arrival in Uganda, to the places they conducted their observations, the methods they used to peer into these spaces and how they came immerse themselves, transitioning from outsiders to quasi-insiders, within these spaces they once observed. Through this multi-layered analysis of the spaces, I shed light on the intricate and multifaceted ways in which "psy" scientists' observations influenced child-rearing practices and family life in Uganda during the critical historical period of late colonialism.

Places and Spaces of Observation

Different Ugandan communities, particularly the Ganda people were depicted by the interwar period as "an African people exceptionally receptive to external influences," and were placed under the microscope to understand how these "modern" influences were shaping their social, economic, and political lives, allowing observers to peer deeper into the intricacies of their society.⁶ By the end of the Second World War, the Ugandan protectorate, centred in Buganda had lost its former status as the British Empire's shining star. The colonial office, missionaries, and the Ugandan administration had gotten over the ideas that "Ugandans were simply innocent children who could be protected and guided to maturity by a paternal British Empire."⁷ At this time there was an increase in political mobilisation and anticolonial sentiment that challenged British Imperial authority. As such the social sciences were deployed

⁶ Doyle, "Social Disease and Social Science: The Intellectual Influence of Non-Medical Research on Policy and Practice in the Colonial Medical Service in Tanganyika and Uganda." P.138.

⁷ Summers, "Adolescence versus Politics." P. 122.

through research institutes, possibly as a gamble in the refiguring of the empire.⁸ Taking a less bleak approach, Doyle demonstrates, despite the backlash against administrative authorities during this time, there was a contrasting effect with the flourishing of medical and social science research. During the War, the leave patterns of the Ugandan Medical Service was disrupted, leading to a stabilisation of staff, in turn sustaining studies. Moreover, Mulago and Mengo hospitals in Kampala received more "visiting research-oriented doctors," who forged connection with the hospitals and new research institutes with plans to return at the end of the war.⁹ A revised health strategy prioritised a community-based approach, establishing a network of health centres and placing significant emphasis on health education and preventative medicine. This approach played a pivotal role in integrating medical with research in the social sciences.

To address perceived social and medical challenges, initiatives were undertaken to expand healthcare and welfare services, alongside the establishment of higher education institutions. These spaces became crucial for monitoring the health of Ugandans and East Africans' general adaption to mounting economic pressures and new forms of political organisation. Institutions such as the East African Institute for Social Research (EAISR), attached to then Makerere University College, hospitals such as Mengo and Mulago, as well as welfare clinics, parents' clubs, schools, orphanages became spaces for collaborative efforts between medical professionals and social scientists. Their collaboration intensified as medical issues, particularly child malnutrition, became intertwined with social concerns such as impact of extended family fostering, breastfeeding duration on children and the effects of urban and agricultural problems. To address society needs and tackle the "most pressing problems," medical professionals and their academic counterparts placed emphasis on addressing "increasing family instability," the lack of "strong primary attachments" for children and the general health and well-being of children.¹⁰

In the academic sphere, the EAISR (Figure 1) set up after the Second World War was one of three Institutes for research in the social sciences under the Colonial Social Science Research Council of the Colonial Office. Once established in 1948, its mandate was to engage in ethnographic and linguistic field studies, gathering and analysing documentary material on East Africans (Kenya, Uganda, Tanganyika and Zanzibar).¹¹ Nestled within the grounds of Makerere College, the EAISR swiftly broadened its scope to include comparative anthropology, economics, history, psychology and demographic studies. At its core lay a central function: to "conduct research studies on the social,

⁸ Mbalibulha, "The History of Makerere Institute of Social Research (MISR) and Her Place in the Study of the Social Sciences in Africa."

⁹ Doyle, "Social Disease and Social Science: The Intellectual Influence of Non-Medical Research on Policy and Practice in the Colonial Medical Service in Tanganyika and Uganda." P. 138

¹⁰ Southall and Gutkind, *Townsmen in the Making ; Kampala and Its Suburbs*; Welbourn, "Weaning among the Baganda." P.23.

¹¹ International African Institute, "News and Notes: East African Institute of Social Research."

political and economic problems of East Africa."¹² In its first six years of work, the EAISR perceived itself as producing and combining academically rigorous research which was practically applicable.¹³ Over time, the Institute evolved into an important site for affiliated and employed researchers to conduct research on East Africans, reaching into different sites of the lives of the region's citizens. This research gained credibility through endorsement from various political bodies governing Uganda in late colonial period. The work of the EAISR was seen as particularly relevant at a time when the "process of transfiguration, caused by the impact of Western Civilisation" needed to be harmonised with the "old order of things." There was a perceived need to protect the old, so that it was not completely replaced by the new.¹⁴ In 1957, as articulated by the then Minister of Health of the Kabaka government, Amos Kalule Sempa, the adoption of "Western Civilisation" while safeguarding traditional norms, required "minds imbued with a very high degree of detachment: in other words it is a scientific approach." Sempa believed that the research conducted by the EAISR was invaluable, and its findings would greatly benefit administrators, "whether white or black, and to any other person occupying a position of leadership in this country."¹⁵ From urban centres to rural landscapes, the anthropological and psychological research outputs concerned with factors shaping this process of change, particularly as it interfered with family life, including how children were raised, emerged as one of the focal points of EAISR's work.



Figure 1: Photo of the EAISR in 1955¹⁶

¹² AR/ MAK/113/1 - EAISR annual report academic year 1964-65.

¹³ AR/ MAK/112/6 Reports Directors report and 55/56.

¹⁴ Sempa, foreword to Southall and Gutkind, Townsmen in the Making; Kampala and Its Suburbs.

¹⁵ ibid

¹⁶ AR/ MAK/112/6 Reports Directors report and 55/56.

Audrey Richards, a British anthropologist and the driving force behind the EAISR assumed directorship of the Institute following the resignation of Australian anthropologist William Stanner in 1949.¹⁷ While Richards was poised to become the inaugural director, entrenched sexism and the need for support from all regional collaborators of the Institute, hostility from local administrators particularly in Kenya tipped the scales in favour of Stanner.¹⁸ Still, Richards remained influential and had supporters such as Andrew Cohen, the governor of Uganda and Bernard de Bunsen, the deputy principal of Makerere College.¹⁹ The EAISR's real operational journey started in 1950. Under Richards' stewardship, she commences work straight away, ensuring the completion of the first by August 1951. By the end of 1953, the institute boasted of a growing infrastructure, including a library – now with a proudly mounted framed picture of Richards – a conference room, seven offices and ten residential flats, one of which I write this paper in.²⁰ Richards played a significant role in various projects, including convening conferences and actively conducting and supervising research, such as the fertility and urban surveys.²¹ The surveys included intimate questions about sexual habits, migration and wages. Richards and her colleagues proceeded to ask them anyway, despite finding that respondents often found them intrusive and responded with laughter.²² For the fertility survey conducted in 1952, for instance, Richards noted the profound emotional significance attached to answering questions about fertility and children in general. Despite any hesitations from respondents, the EAISR and its staff persisted in asking questions, gaining personal insights into the inner workings of Ugandan family life.²³

One of the seminal early works to emerge from the EAISR was "The King's Men: Leadership and Status in Buganda on the Eve of Independence," an edited volume conceptualised in 1953, and published in 1964 under the guidance of Richards and Fallers.²⁴ This publication drew extensively from the "leadership project" carried out by key collaborators of the EAISR from diverse disciplinary backgrounds in the 1950s.²⁵ Although the research included political scientists, historians, religious experts and importantly psychologists Mary Ainsworth and Leonard Ainsworth, "The King's Men" offered "an anthropological vision of Buganda."²⁶ These researchers sought to address one of the

¹⁷ For more on the EAISR and Richards see: Vaughan, "Anthrolpology and History"; Moore and Vaughan, Cutting Down Trees; Schumaker, Africanizing Anthropology; Mills, "British Anthropology at the End of Empire"; Mills, "How Not to Be a 'Government House Pet': Audrey Richards and the East African Institute for Social Research"; Schumaker, "Women in the Field in the Twentieth Century: Revolution, Involution, Devolution?"; Mbalibulha, "The History of Makerere Institute of Social Research (MISR) and Her Place in the Study of the Social Sciences in Africa."

¹⁸ Mills, David, "How Not to Be a 'Government House Pet': Audrey Richards and the East African Institute for Social Research."

¹⁹ *Ibid.* p.102

²⁰ AR/MAK/112/6 Report EAISR 1950-53 report of three years of work.

²¹ Ibid.

²² See for example Marcelle Ger's reflection in the interview with Iny and Sturm, "Soigner les bébés d'Afrique avec leurs mères"; Ainsworth, Infancy in Uganda.

²³ Richards and Reining, "Report on Fertility Surveys in Buganda and Buhaya, 1952."

²⁴ Fallers, *The King's Men; Leadership and Status in Buganda on the Eve of Independence.*

²⁵ the timeframe within which the research for "The King's Men" was conducted serves as an indicator of the EAISR's geographical focus on Buganda. ²⁶ Summers, "Adolescence versus Politics." P.128

prevalent issues of the colonial period, the perceived weakening of familial ties within the Ganda community..²⁷ As such, for anthropologists like Richards and psychologists such as the Ainsworths, they wanted to explore this phenomenon by observing how children were raised in different settings and investigating how these settings impacted the children in their later lives.²⁸ Richard's contribution to the volume drew on research based on life histories, memories, surveys and interviews with young people describing their upbringing as well as with school staff.²⁹ In 1956 for example, a survey was sent out to teachers and other school staff to ascertain what behavioural patterns and attitudes towards authority the students were developing.³⁰ Additionally, Richards tasked secondary school students with delving into their memories and documenting their intimate childhood experiences in essays. A total of 68 students participated in this exercise, reflecting on their upbringings and the changes they perceived when observing contemporary child rearing practices.³¹ Richards was interested in the "social phenomenon with particularly psychological effects" of children who were sent away by their parents to live with extended family members.³² Peeking into the memories and thought of those she observed, Richards interpreted and described that children who were sent away experienced "hatred and jealousy of the father...in Ganda institutions" since "a man can only achieve ... authority by ousting his father."33 As such, Richards, concluded that as "most psychologists" she too "would claim that attitudes to authority are based on the patterns formed . . . in early childhood."34

Richards aligned her thoughts with psychologists who asserted that personality and attitudes towards authority were rooted in early childhood experiences. In a subsequent essay following Richards' in the volume, Leonard Doob, an American social psychologist, delved into themes on "Leaders, Followers, and Attitudes Toward Authority."35 The Ainsworths explored these ideas further, in a series of four essays on leadership and "acculturation in East Africa." This research, based on fieldwork conducted in 1954-55, aimed to understand the personality and attitudes of East African secondary school students towards "Western culture as mediated by the British, largely through administrators and educators" during the political transitions towards flag independence.³⁶ They concluded that the more acculturated the students were, the more politically aware.³⁷ The research occurred against the backdrop of numerous political crises. Of particular note was the anti-colonial sentiment among the Baganda people, exacerbated by the actions of the Governor of Uganda, Andrew Cohen. In 1953, Cohen expelled the

²⁷ Doyle, Before HIV.

²⁸ Ibid.

²⁹ See for example: Richards, "Some Notes on the Figures of the Survey"; Richards, "Students' Upbringing Essays Collected by EAISR."

³⁰ Richards, "Discipline and Attitudes to Authority in Buganda Schools Survey."

 ³¹ Richards, "Students' Upbringing Essays Collected by EAISR."
³² Richards, "Letter to Sally Chilvers," October 24, 1955.

³³ Richards, "Traditional Values and Current Political Behavior."P.266

³⁴ *Ibid.* .265.

³⁵ Doob, "Leaders, Followers and Attitudes Toward Authority."

³⁶ Ainsworth and Ainsworth, "Acculturation in East Africa. I. Political Awareness and Attitudes toward Authority." P.391.

³⁷ Ainsworth and Ainsworth, "Acculturation in East Africa. IV. Summary and Discussion."

Kabaka (King) Edward Mutesa II from Uganda, a move that sparked widespread discontent in the region. During this period, EAISR's academics' perspective was particularly important as they had to report directly to British officials in the colonial office, providing reports, background papers, and interpretation to both the governor and Sir Keith Hancock, the British government expert tasked with examining constitutional questions in Uganda.³⁸ Their contributions were particularly crucial during Hancock's visit to Uganda in 1954, which occurred at the height of the Kabaka crisis. The colonial context opened up a space, which allowed scientists to gaze into the lives of the colonial subjects. ""Psy" scientists were regarded as more suitably positioned than political representatives to examine emerging issues, particularly amid political crises. Mills however notes that the EAISR maintained a "scrupulous detachment," during this time, perhaps due to the friendship between Richards and Cohen.³⁹ Yet, privately in letters to her political scientist and anthropologist friend Sally Chilver's of the Colonial office, Richards wished that Cohen would have made a better choice by not expelling the Kabaka, him being entirely "unmindful of protocol in a protocol conscious tribe."⁴⁰ The political climate, shaped by events such as the expulsion of the Kabaka, undoubtedly influenced the work of the "psy" scientists. Still, unlike political representatives, who lacked the insider status enjoyed by scientists, the "psy" scientists were perceived to occupy a space of scientific neutrality. This status allowed them greater leeway in their investigations and analyses.

While in Uganda, Mary Ainsworth's primary concern was however in infant development and how caregiver relationships impacted the child's development rather than leadership study, which she was eager to move on from.⁴¹ She embarked on a longitudinal study into child development in Uganda, which primed her to become one of the foremost proponents of the attachment theory. Audrey Richards "scraped together enough money" to make her study possible, with the condition that there needed to be anthropological component in the study, focusing on maternal care practices and the mother infant interaction.⁴² Thus, Ainsworth did an ethnographic study of 28 infants from villages located about fifteen miles from Kampala. As a personality and developmental psychologist, her primary concern was understanding how children progress emotionally and cognitively. However, gaining access to the families proved challenging due to the cautiousness of the local chiefs, especially amidst the ongoing Kabaka crisis and Ainsworth's status as a "European woman."⁴³ Still, she remained convinced that the Ganda people would recognise the value of her study, which aimed to provide insights into the

³⁸ Summers, "Adolescence versus Politics."

³⁹ Mills, "How Not to Be a 'Government House Pet': Audrey Richards and the East African Institute for Social Research."

 ⁴⁰ Richards, "Letter to Sally Chilvers," October 24, 1955.
⁴¹ Ainsworth, "1962 Correspondence."

⁴² Ainsworth, "Mary D. Salter Ainsworth: an autobiographical sketch."

⁴³Ainsworth noted that in Uganda all White people called Europeans regardless of their country of origin, therefore she adopts this usage. Ainsworth, Infancy in Uganda.

traditional childcare practices that had been influenced by European methods through acculturation.⁴⁴ As per her request, she gained access to mostly unweaned children.

All the families were either Christian or Muslim and did not speak English. Ainsworth, though she managed to pick up some of the local language, Luganda, relied heavily on an interpreter named Katie Kibuka. Kibuka, educated in the United States, conducted most of the interviews while Ainsworth observed.⁴⁵ By enlisting Kibuka to bridge the linguistic gap, she became a vital intermediary, facilitating deeper insights into the lives of the families under study. Together, they visited the families in their homes for two hours every two weeks for nine months. The home became a space for these researchers to gather information about breast feeding, toilet training, thumb sucking, cleanliness, sleeping and mothering practices amongst other things. In their homes, Ainsworth and Kibuka, surveyed the care of young children, providing a measurable analysis into the quality of care being provided.

The observations during this period reshaped standards and interventions for child welfare, integrating insights from medical, sociological, and psychological perspectives to address malnutrition and promote general wellbeing.⁴⁶ For example, in return for the mothers' cooperation, Ainsworth offered transportation to the welfare clinics and strongly encouraged the provision of medical care not just for the mother and baby but for all the children in the family.⁴⁷ The primary focus of these visits to the welfare clinics was to address issues of malnutrition, as "nutrition was obviously an area in which European knowledge was known to be of benefit to a baby; to withhold help might have harmed the baby and would have been judged in this light."48 During the period spanning the late 1940s to the 1970s, Uganda emerged as a significant site for research in the field of nutrition. By the 1950s, there was a growing concern over the perceived epidemic of protein malnutrition deficiencies, such as Kwashiorkor.⁴⁹ Doctors were convinced that Kwashiorkor was the "common cause of death in tropical Africa."⁵⁰ Driven by this concern, medical professionals and researchers disseminated their biomedical expertise to Ugandan mothers in spaces such as welfare clinics and women's clubs. This was often merged with sociological and psychological analyses, as they sought to untangle the multifaceted factors contributing to malnutrition. One of the prevailing hypotheses held among "psy" scientists was that trauma experienced during the weaning process in early childhood led to deficiencies such as Kwashiorkor, and other developmental problems.

⁴⁴ Ainsworth. P.20.

⁴⁵ Karen, *Becoming Attached*.

⁴⁶ Burman, *Deconstructing Developmental Psychology*.

⁴⁷ Ainsworth, Infancy in Uganda.

⁴⁸ *Ibid.* P.22

⁴⁹ Doyle, "Peer Learning and Health-Related Interventions."

⁵⁰ Hubert Carey Trowell, J.N.P Davies, and R.F.A Dean, *Kwashiorkor* (London, 1954),19.

Ainsworth found that the most "generally useful medical facility" available was Hebe Welbourn's mobile child welfare clinics.⁵¹ British paediatrician with "anthropological and psychological leanings,"⁵² Welbourn offered "authoritative accounts of what it means to be a child and what is appropriate in terms of quality child care."⁵³ She arrived in Uganda at the end of the 1940s after accepting a role with the Colonial Medical Service at Mengo Hospital. Once in Uganda, she helped Richards conduct the fertility survey⁵⁴ and started child welfare clinics which attempted to convince Ganda mothers of preventative medicine. These became increasingly popular and enabled her to conduct longitudinal studies of the development as well as to observe and treat the same families regularly "over a period of time in the hoped of raising their standards of child rearing practice." ⁵⁵ She first reported the results in her 1952 doctoral thesis titled *The Danger Period during Weaning*. As part of the project, she pioneered the use of growth charts, tracking babies' height and weight. In a revised paper with the same title, she noted that although Ganda children "start life as great eaters" growing rapidly to six months "as they stuff themselves with mother's milk," this growth was just as rapidly stalled. ⁵⁶ This ultimately led to "many African children of weaning age becom[ing] ill with the disease …kwashiorkor."⁵⁷ Her findings underscored the importance of nutritional interventions.

In the interwar period, nutrition, work, as well as sexuality and child development became the most important topics across the human sciences, which was essential for colonial development plans and European governments' growing social welfare programs at home.⁵⁸ These topics remained crucial beyond the interwar period. By the 1950s, EAISR anthropologists Aidan Southall and Peter Gutkind selected urban areas for "intensive investigation" into the prevailing social conditions, outlining some of the "general problems posed by these conditions."⁵⁹ They were concerned with the psychological wellbeing of children due to conditions such as inadequate dietary provision, marital instability resulting from a high number of female-headed households, and the absence of a father figure.⁶⁰ Additionally, the "psy" scientists believed that malnutrition resulting from weaning practices was influenced by the Ganda's fostering traditions and cultural beliefs, which hindered children's cognitive, emotional, and physical development.⁶¹ In Richards' survey of school children, she reported that 53 percent of Ganda and 55 percent of Ugandan boys were sent to live with relatives before their twelfth birthday to gain an

⁵¹ Ainsworth, Infancy in Uganda.

⁵² Ainsworth. Akron Archives.Letter to J.M. Whiting Dec. 10th, 1962 M3167 Folder 3

⁵³ Martin Woodhead, "Reconstructing Developmental Psychology—Some First Steps," *Children & Society* 13, no. 1 (1999): 3–19, https://doi.org/10.1111/j.1099-0860.1999.tb00097.x, 5.

 ⁵⁴ Richards, *The Changing Structure of a Ganda Village*.

⁵⁵ Doyle, 'Social Disease and Social Science: The Intellectual Influence of Non-Medical Research on Policy and Practice in the Colonial Medical Service in Tanganyika and Uganda'.

⁵⁶ Welbourn, Hebe "The Danger Period during Weaning," *Journal of Tropical Pediatrics* 1, no. 1 (June 1, 1955): 34–46, https://doi.org/10.1093/oxfordjournals.tropej.a057338,34.

⁵⁷ Welbourn, 34.

⁵⁸ Schumaker, "Women in the Field in the Twentieth Century: Revolution, Involution, Devolution?"

⁵⁹ Southall and Gutkind, *Townsmen in the Making ; Kampala and Its Suburbs*.

⁶⁰ Doyle, "Social Disease and Social Science"

⁶¹ Doyle, "Peer Learning and Health-Related Interventions."

understanding of clanship.⁶² These children then developed superficial yet ostensibly strong bonds with their "surrogate," impacting the child's personality formation, as the abrupt weaning processes led to some kind of "trauma" through the mother-infant relationship being disrupted.

For Welbourn this type of fostering which had increased through weaning practices demonstrated that the "framework of "traditional" family life ... [was] falling to pieces." She continues that in the "old days the child lived at home with his "father, mother, father's wives and grandparents...with someone available when the mother was sick." Now children "change homes several times ... never really trust anybody and seem to make difficulties in every home they stay in for long, including their own homes when they grew [sic] up and marry." Accordingly, surrogacy led to a disruption in mother-infant relationships which led to prevalent social problems such as "marital instability, promiscuity, theft, crime and the revival of tribal religion."⁶³ Scientists like Southall and Gutkind observed that marriage instability often resulted in surrogacy, while Welbourn reported the opposite causal effect. Thus, from all angles, they endeavoured to identify solutions to address perceived challenges related to fostering and marriage instability.

Ainsworth and French child psychologist Marcelle Geber, similarly investigated the "detrimental effects" of separation between children and their mothers, particularly during the weaning process when children were sent to live with relatives. Separation from mothers at the time of weaning "made matters worse ... too often the child moved to a household where he belonged to no one in particular."⁶⁴ Social destruction, was a result of psychological trauma experienced through weaning which triggered malnutrition experienced. Geber who went to Uganda in 1954, conducted research for decades focused on the "psychomotor development of African children" as well as the psychological causes and effects of Kwashiorkor.⁶⁵ As Ainsworth, Geber independently observed remarkable precocity⁶⁶ among breastfed Ganda infants, which rapidly changed when the child is weaned.⁶⁷ According to Geber the result of trauma weaning led to nutritional problems showing itself as Kwashiorkor as well as "to a loss of these children's advanced physical state, and severe unhappiness, frequently demonstrated through

⁶² Richards, "Some Notes on the Figures of the Survey."

⁶³ Welbourn, "Weaning among the Baganda."

⁶⁴ Ainsworth, Infancy in Uganda. P.27

⁶⁵ Geber and Dean, "Psychological Factors in the Etiology of Kwashiorkor"; Geber and Dean, "Gesell Tests on African Children."; Geber and Dean, "The State of Development of Newborn African Children"; Geber, "The Psycho-Motor Development of African Children in the First Year, and the Influence of Maternal Behavior," May 1, 1958; Geber, "L'environnement et le développement des enfants africains."

⁶⁶ Both physical and mental precocity among breastfed Ganda infants, whose motor, language and social skills were weeks or months ahead of their European peers'. See for example Doyle, "Social Disease and Social Science: The Intellectual Influence of Non-Medical Research on Policy and Practice in the Colonial Medical Service in Tanganyika and Uganda." ⁶⁷ Shane Doyle, *Social Disease and Social Science: The Intellectual Influence of Non-Medical Research on Policy and Practice in the Colonial Medical Service in Tanganyika and Uganda*, in *Beyond the State* (Manchester University Press, 2019),

anorexia or bulimia."⁶⁸ These nutritional problems had psychological impacts on the child which would manifest itself in adulthood.⁶⁹

Despite efforts to look at the phenomenon more holistically, the treatment of Kwashiorkor remained predominantly clinical. By the early 1960s, the limitations of clinical treatments became apparent, as evidenced by the frequent readmissions of children to Mulago Hospital, even after they had been discharged following treatment.⁷⁰ Biomedical practitioners started to shift from highly technical intensive hospital-based treatment to programmes which focused on health education targeted at mothers.⁷¹ To disseminate information about "appropriate" child rearing practices, different spaces were targeted. Welbourn run mobile welfare clinics, Geber continued her work in hospitals. The EAISR dispatched its researchers into homes, children's institutions such as orphanages and hospitals, conducting interviews and survey with those they observed. By the 1970s the EAISR faced its own internal challenges that necessitated adjustment and reinvention. Despite this, the scope of research expanded, with the "psy" scientists developing a complex network that facilitated observations in intimate spaces.

Modes, Methods and Materials

This section of the paper delves into the mediums, materials and methods, with a focus on photos used to observe children. The photos spanning from the 1950s-1970s were taken by psy scientists in different settings. I argue that the intentional or unintentional colonial gaze, embedded in these images, subjected the daily lives of parents and children to scrutiny. ⁷² These images served as more than mere visual documentation; they became conduits for expressing and negotiating broader concerns in the socio-political landscape. The colonial and scientific gaze, encapsulated in these visual representations additionally reflected heightened political and anxieties around issues such as "social decay" and the growing movements for self-determination.⁷³ Consequently, the imagery transcended its immediate observational purpose, becoming a complex intersection of lives intertwined with overarching societal and political narratives.

Throughout the twentieth century, normality evolved as an analytical counterpart to deviance or pathology into a coveted ideal for the general public.⁷⁴ Children came to be transformed into individual data as their developmental journey was mapped out which in turn reified their connection to all children

⁶⁸ Marcelle Geber, 'The Psycho-Motor Development of African Children in the First Year, and the Influence of Maternal Behavior', *The Journal of Social Psychology*, 1958, 185-195

https://www.tandfonline.com/doi/abs/10.1080/00224545.1958.9919238, 194.

⁶⁹ Geber and Dean, "Psychological Factors in the Etiology of Kwashiorkor."

⁷⁰ Doyle, "Peer Learning and Health-Related Interventions."

⁷¹ Tappan, "The True Fiasco: The Treatment and Prevention of Severe Acute Malnutrition in Uganda, 1950 –74."

⁷² Jennifer Beinart, "Darkly Through a Lens."

⁷³ Ann Stoler, Carnal Knowledge and Imperial Power.

⁷⁴ Ossmer, "Normal Development."

who were to be classified as normal or not.⁷⁵ The production of the idealised type of the normal child arose from technologies of photography that captured numerous children undertaking the same tasks which "could be juxtaposed, compared and synthesised into a single scale of measurement."⁷⁶ The observations captured in these moments traversed from the lens to tangible materialisation, which facilitated further observations into normality. Visual technologies thus served a dual function, enabling "psy" scientists to conduct research while also facilitating intervention efforts.⁷⁷ In Uganda, research efforts and the resulting imagery not only aimed to understand childhood but also promoted normality

as the ultimate goal.



Figure 3: Jelliffe and Bennet Photos capturing the "Norms of childhood behaviour." Children described as respectful as the psy scientists visit them in their home.⁷⁸

The mediums employed to observe the lives of children and families serve to affirm that childhood is "the most intensively governed sector of personal existence."⁷⁹ During the mid-twentieth century, the socio-medical collaborations ensured the regulation of diverse aspects of childhood including on child-rearing practices, health and welfare more generally. This era marked a concerted effort to standardise and govern the experiences of children within society, reflecting the increasing importance placed on childhood as a subject of regulation and intervention.

Those observing and creating an understanding of the evolving child proved instrumental in family governance. Consequentially, their "scientific" expertise dictated developmental norms based on the idea of progression through naturally determined stages.⁸⁰ Their photographic depictions aimed to

⁷⁵ Varga, "Look-Normal."

⁷⁶ Burman, Deconstructing Developmental Psychology. P. 23

⁷⁷ Ossmer, "Normal Development."

⁷⁸ Jelliffe and Bennett, "Aspects of Child Rearing in Africa."

⁷⁹ Rose, Governing the Soul.p.123

⁸⁰ Hollway, "Family Figures in 20th-Century British 'Psy' Discourses."

provide families with benchmarks against which they could measure their children's cognitive, physical, and emotional development. By presenting an idealised notion of development, these images reinforced societal standards and expectations, guiding parents in their efforts to raise "well-adjusted" children within the parameters of normative childhood.⁸¹ In 1955, as part of the research group convened by the International Children's Centre (Centre international de l'Enfance), on the "longitudinal study on the Growth and Development of Normal Children" (l'Etude longitudinale sur la Croissance et le Développement de l'enfant normal), Marcelle Geber was tasked to undertake research on the pace of the development of Ugandan children to compare the results with Children from Belgium, UK, France, Sweden, Switzerland and the United States. A study began in Senegal in 1955 which was integrated into the International Children's Center study. According to Geber, this confirmed that the results in Uganda that "little African children were more precocious than European children, particularly before six months and this was rapidly lost after two years."82 As such, she aimed to visually validate the outcomes of the study by distributing these images through international journals, thereby lending credibility to her findings (Figures 3 and 4). Additionally, the resulting aspect of these images also serve to inscribe difference, ultimately othering the observed, either through the labelling of "African" and "European" or normal development versus not (Figures 4 and 5)



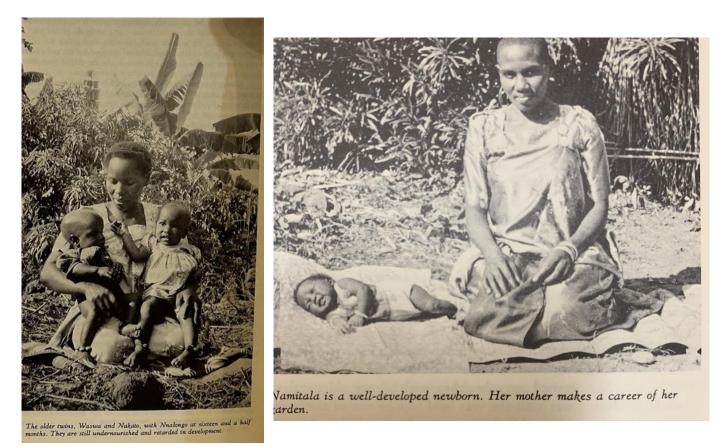


ELEVEN MONTHS OLD, CLIMBING THE STEPS ALONE (European child, 15 months)

Figures 2 and 3: Geber photos showed clusters of characteristic behaviour situation with descriptions highlighting the development differences between the "African" and "European" child⁸³

⁸¹ Rose, Governing the Soul. P.155

 ⁸² My translation from French to English Geber, "L'environnement et le développement des enfants africains." P.145.
⁸³ Geber, "The Psycho-Motor Development of African Children in the First Year, and the Influence of Maternal Behavior," May 1, 1958.



Figures 4 and 5: Photos that depict the difference between children with "retarded development," left and a "well developed child," right.⁸⁴

The use of photographs by "psy" scientists and their collaborators went beyond merely demonstrating differences between normal and abnormal conditions. These images served to underscore the impact of their interventions on Ugandan society (See figures 6 and 7). By juxtaposing photographs of sick children with later images showing improved health, these scientists highlighted their role in positively influencing the well-being of children and, by extension, the future of the nation. As they operated within both the medical and social realms, these scientists occupied an interventionist role. The visual demonstration of their ability to change the fates of children through their interventions became powerful tools for legitimising their actions within Ugandan society. It allowed them to showcase tangible outcomes of their work and reinforce their authority in shaping child-rearing practices, health policies, and social interventions.

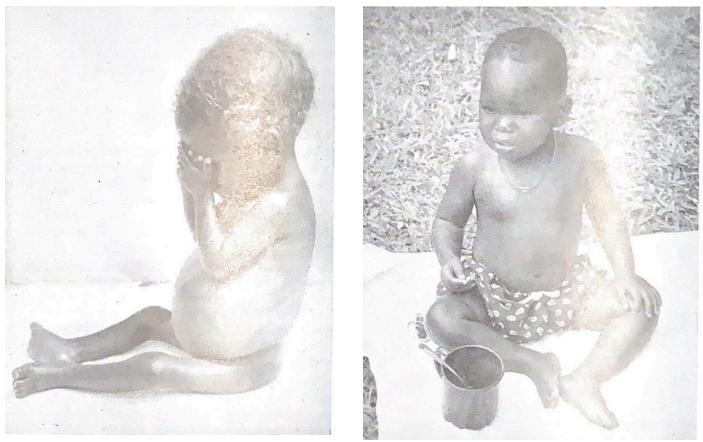
These researchers were not oblivious to the implications of visually documenting and portraying specific bodies, in particular contexts. In environments they hailed from they acknowledged the ethical implications of using instruments to capture visual material cultures. Yet in environments different from

⁸⁴ Ainsworth, Infancy in Uganda.

their own such as in Uganda, the circumstances emboldened. In a letter sent to her colleague, for example, Ainsworth expresses this very sentiment:

"We got a movie camera this year and have been doing some filming. The thing that we shall give most film to is a record of infants' behavior... I think I would get more excited about this, were it not for the fact that I get depressed whenever I think of the limits imposed by the ethics of confidentiality. Some of our best film we could never show except to restricted audiences. Although one can monkey around with written reports...a photograph is uncompromisingly unanonymous. It was OK when working with Ganda families who are unlikely to see the publication – but now that I am working with middle-class families [in Baltimore] ... the whole business gets very difficult"⁸⁵

Ainsworth's reflection in the late 1960s some ten years after her observations in Uganda succinctly captures an othering experience through hierarchisation. The scientific lens through which they viewed their subjects in Uganda produced the intentional/unintentional colonial gaze alluded to earlier.



Figures 6 and 7: Hebe Welbourn photos of the same child, Nsubuga. Welbourn states that due to Nsubuga Mother bringing her to the child welfare clinics she has become a fat and healthy little girl. Here the scientists' intervention is evidenced through the cup and spoon used to demonstrate that the child is now being appropriately taken care of and well fed.⁸⁶

Although the photographs themselves were to demonstrate "typical behaviours" they were accompanied by instructions on how they were to be read. The accompanying captions such as "sitting," "climbing",

⁸⁵ M3170 (Folder 1), Ainsworth to Rudolph, 24 February 1967.

⁸⁶ Threadgold and Welbourn, H

ealth in the Home. Obulamu Mu Maka, Kyawandiikibwa.

"well-developed newborn" function as directions, indicating aspects of the photographs that should be paid attention to. The visual objects highlight that only that which was deemed pertinent were worthy of description. The background work being brought to the foreground under the "rubric of the important context" and yet "the scope of possible pertinent features of the child and its actions has been radically simplified through its rendering into a photograph."⁸⁷

The children depicted in these images have aged into elderly individuals, having long moved on from being subjects of observation, testing, and documentation. However, remnants persist in the form of records, photographs, graphs, and measurements. As Rose emphasises, these traces, along with those of many other similar children, have been "accumulated, combined, correlated, graded, and consolidated into the object" of the "psy" sciences of child development.⁸⁸ The powerful alliance between these images and their minimal descriptions solidified to those concerned with the health and wellbeing of the child the developmental markers that should be observed and more importantly desired.

In the photos captured by psy scientists, children served as "go-betweens,"establishing a dialogue between their parents and the colonisers who had growing concerns about the movement for self-determination.⁸⁹ In a similar way, Ann Stoler's (2002)⁹⁰ dissection of the colonial archive of the then Dutch East Indies (Indonesia), pictorially illustrates "how the colonial authority saw the intimacy and everyday features of children's daily lives as vital to scrutinise and monitor in order to maintain control."⁹¹ The visual representations captured by these psy scientists similarly give access to the everyday features of Ugandan children and their parents' lives.

The photographic records of children further played a vital role helping mediate ideas of unity amidst fraught political situations in Uganda. As the country moved towards flag independence, visual representations of childhood continued to be instrumental in attempting to shape the national identity and define the role of the decolonising nation and its citizens for future generations. The first Prime Minister Milton Obote saw his role as uniting Uganda into a single nation, particularly as the Buganda kingdom had enjoyed a special status in Uganda, positioned in a place with unrivalled superiority during the colonial period. Uganda was to "become one nation in which tribal differences would ultimately disappear."⁹² Obote came to believe that Buganda would "constitute the main threat to national unity until its special position was abrogated and its monarchy abolished," and therefore made a concerted effort to bring about the kingdom's demise.⁹³ By March 1966, king Mutesa, who had returned from

⁸⁷ Rose, Governing the Soul. P.147

⁸⁸ Ibid.

⁸⁹ Beinart, "Darkly Through a Lens."P. 237.

⁹⁰ Stoler, Carnal Knowledge and Imperial Power.

⁹¹ Burman, Deconstructing Developmental Psychology. P. 24

⁹² Sathyamurthy, "Ugandan Politics." P.2124

⁹³ Sathyamurthy, The Political Development of Uganda. P.468

exile since the crisis in the 1950s was once again ousted by Obote and in September 1967, a new constitution was enacted, strongly enhancing the power of the central government and abolishing the Kingdoms of Buganda, Ankole, Bunyoro and Toro, effectively turning Uganda into a republic.⁹⁴ Prior to the breakdown of the relationship between these two political leaders, newspapers often liked to photograph their children together.⁹⁵ Mutesa and Obote's children were visually placed as mediators between opposing political camps, they represented the ideal of the future national unity.

By this time, the EAISR was already taking a more "applied" approach to research and their other colleagues working on child rearing, health and welfare continued taking images that connected theoretical ideas to practical applications, influencing societal norms and expectations surrounding childhood. The images captured during Uganda's transition towards independence could serve as a powerful tool in advancing Obote's vision of national unity. By depicting childhood experiences across diverse communities and regions, these images emphasised the commonalities and shared aspirations among Ugandan children, regardless of their ethnic backgrounds. The photos moved beyond cultural boundaries and served as educational tools for how children were being brought up across Uganda. The portrayal of childhood in visual media served not only as documentation but also as a means of reinforcing the values and aspirations of the emerging nation-state and its aftermath.

It takes a village of experts to raise Uganda's children

So far, have demonstrated the intimate spaces the psy scientists worked from and in as well as illustrated the mediums used to peer into family life. Building on this, I contend that the psychologically inclined scientists' peering into intimate spaces facilitated their entanglement and integration with lives they observed as well as with broader Ugandan society.

In Uganda, the socio-medical knowledge generated by the "psy" scientists became a vital resource for parents and their children. Beginning in the late 1940s, medical and social research efforts rapidly advanced specialised knowledge on child development and health, closely tied to social practices aimed at identifying and preventing normative deviations.⁹⁶ To counteract such deviations, "psy" scientists offered prescriptive notions regarding appropriate parenting styles and child-rearing practices, which became widely accepted. Additionally, preventative medicine and health education, particularly targeted at mother's became widespread.⁹⁷ This specialised knowledge produced and translated into the local dialects by these "experts" was disseminated in the forms of advisory booklets, manuals,

⁹⁴ Mutibwa, Uganda since Independence.

⁹⁵ Robertson, Uganda's First Republic.

⁹⁶ Urwin and Sharland, "From Bodies to Minds in Childcare Literature."

⁹⁷ Popkewitz and Bloch, "Administering Freedom: A History of the Present."

newspaper columns, radio shows, and classes. These resources played a crucial role in guiding Ugandan parents on how to raise children in the lead-up to flag independence and its aftermath.

Initiatives to address issues related to "defective" child rearing and malnutrition involved both internal and external efforts in Uganda. Externally, collaborative programs initiated by organizations such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), in partnership with institutions like the EAISR, Mulago and Mengo hospitals, and the Sanyu Babies' Home, were underway. In July 1954, the Government of the Uganda Protectorate, WHO and UNICEF prepared an agreement concerning the extension of maternal and child health services and the development of health education in the Ugandan Protectorate.⁹⁸ Signed in 1960, this agreement outlined responsibilities including providing preventative and curative infant and pre-school child clinics to promote child health as well as have home visit programmes in which they would "promote good sanitary practice."⁹⁹

To equip the WHO with necessary information required to intervene in Uganda, a series of research projects were commissioned focusing on various aspects of child care, including psychological attachments, standard behaviours of African families (with emphasis on mother-child relationships), transitions of families in urban environments, and the effects of malnutrition on child development.¹⁰⁰ In 1955, for example, the WHO commissioned Marcelle Geber and Rex Dean, then director of Mulago's Infantile Unit to write a paper on the "psychological factors in the etiology of Kwashiorkor."¹⁰¹ For this study, the authors examined babies that attended Unit, raising the alarm to the representatives of the WHO that close attention must be paid to maternal behaviour as a significant contributing factor to the psychological changes associated with malnutrition ¹⁰²

To support Uganda in addressing social and health challenges affecting children, representatives of the WHO conducted regular targeted visits to study health services, particularly focusing on health education, nutrition, and training methods.¹⁰³ These visits coincided with the preparation for formal independence as the WHO believed it could aid Uganda in the transitional period. As such, at the visit WHO officials spoke to key stakeholder including representatives from the Ministry of Health, Makerere College, the Infantile Malnutrition Unit at Mulago Hospital, and experts like Derrick Jelliffe, a professor of Pediatrics at Makerere and Mulago, and Derrick Stenning, an applied anthropologist and the then director of EAISR. During these meetings, WHO representative John Burton engaged in

⁹⁸ WHO, "Revised Plan of Operations for Training of Maternal and Child Health Personnel and for Development of Health Education in The Uganda Protectorate."

⁹⁹ Ibid. P.3.

¹⁰⁰ Walker-Said, "Science and Charity."

¹⁰¹ Geber and Dean, "Psychological Factors in the Etiology of Kwashiorkor."

¹⁰² *Ibid*.

¹⁰³ Burton, "Report on Duty Travel."

"several discussions" with Jelliffe and Stenning on the possibility and methods of carrying out health education, particularly on child rearing and nutrition.¹⁰⁴ It was proposed that investigating Ugandan lives, particularly focusing on educational factors in the causation of social and health problems affecting children, would provide valuable insights. They believed the lessons learned from such studies would likely have broader applicability beyond Uganda, offering principles for addressing similar issues elsewhere.¹⁰⁵ Unfortunately, Stenning died suddenly in 1964. However, Jelliffe continued his work, taking on the responsibility of traveling around Uganda with colleagues such as Welbourn to observe and document their lives as well as teach families about child-rearing practices. He reported his findings in several articles, contributing to the understanding of child development and health in Uganda (Figures. 8 and 9).



Baganda children in a home. Only the breast fed baby is with his own mother, the other children have been given to aunts to look after following weaning.



Toro family from western Uganda showing generation contrast, with the traditional grandmother, the westernized emancipated unmarried daughter and her three children, being reared with no male influence at all.

Figures 8 and 9: Jelliffe's travels throughout Uganda allowed him to capture images that he believed represented Ugandan family life and the practices of raising children.¹⁰⁶

just as Jelliffe did, Welbourn travelled to different welfare clinics, offering her advice to mothers on the most intimate aspects of child rearing, including feeding practices. Prior to conducting their observations, figures like Geber, Ainsworth, Richards, Jelliffe, and Welbourn consulted with one another. Eventually, they created a demand for advice and instruction on child rearing, as evidenced by the growing number of children attending welfare clinics. In 1954, for example, Welbourn reported

¹⁰⁴ *Ibid.* 18

¹⁰⁵ *Ibid.* 18

¹⁰⁶ Jelliffe and Bennett, "Aspects of Child Rearing in Africa."

7,719 children in attendance, this figure also owing to the referrals from colleagues such as Ainsworth.¹⁰⁷ Over the years, the advice provided by "psy" scientists became increasingly sought after and ubiquitous, entrenching their advisory roles in Ugandan society. However, this was not always the case. Initially, the "psy" scientists observed and sought the wisdom of Ugandans in order to understand the "traditional methods" child rearing. For example, they inquired about traditional breastfeeding practices and learned that children were typically breastfed for between three and three and a half years.¹⁰⁸ Once they learned about this, they criticised mothers for the being overly responsive to the child's needs.

At the same time bottle feeding was gaining popularity in Uganda through the distribution of skimmed milk as a supplement to curb malnutrition such as kwashiorkor. In many cases it replaced breastfeeding. The unintended consequence of addressing child malnutrition through bottle feeding was that it increased the prevalence of undernutrition and marasmus.¹⁰⁹ As mothers curbed the lengths of breast feeding based on the advice of these "experts," this coincided with the increase of malnutrition. Welbourn was the first in the region to ring the alarm to this threat and by the 1970s Jelliffe played a crucial role in the successful campaign against bottle-feeding as a critical component in the prevention of malnutrition. They preached the "breast is best" but at the same time criticised mothers for the long periods of breastfeeding. This undoubtedly sent contradictory messages to mothers who slowly became convinced that their breastmilk and their child rearing was insufficient.

The messages sent out to mothers further caused great anxiety. Ainsworth noted that: "No other aspect of infant care was of more concern to the mothers . . . than supplementary feeding, and nearly all of them asked repeatedly for information."¹¹¹ The distribution and rise of skimmed milk coincided with maternal health education in the 1950s. The most intensive type of child welfare teaching was classes, given in the clinics or in meetings of women's groups (Figure 10). This became so standardised that at the end of these lecture style classes, mothers had oral tests and if successful they obtained certificates.¹¹² In this climate, mothers willingly and optimistically attended welfare clinics gaining insights into different aspects of child rearing and supplementing their own knowledge with that provided by "psy" scientists (Figure 11).

¹⁰⁷ Welbourn, "Child Welfare in Mengo District, Uganda."

¹⁰⁸ Welbourn, "The Danger Period during Weaning"; Ainsworth, *Infancy in Uganda*; Jelliffe and Bennett, "Aspects of Child Rearing in Africa"; Richards, "Manuscript and Typescript Field Notes."

¹⁰⁹ Tappan, *The Riddle of Malnutrition*.

¹¹⁰ In the 1970s there was a successful campaign to end bottle-feeding in the Global South, and campaigners called for Nestlé boycott. For more on this campaign see Sasson, "Milking the Third World?"

¹¹¹ Ainsworth.*Infancy in Uganda*.

¹¹² Welbourn, "Child Welfare in Mengo District, Uganda."

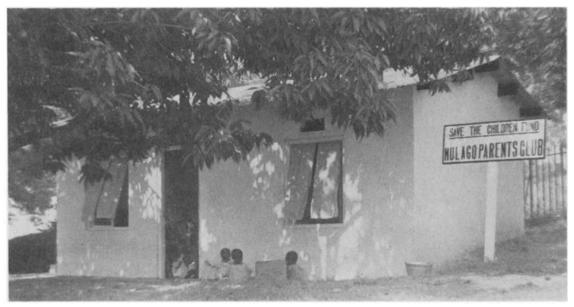


Figure 10: Mulago parents club where some child welfare clinics were held (1962)¹¹³

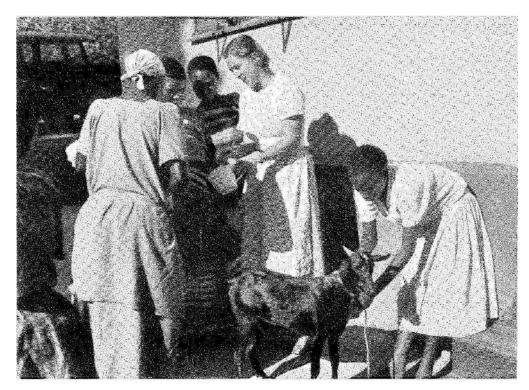


Figure 11: A class of women at a child welfare clinic watching a goat being milked (1953).¹¹⁴

Observations conducted in these clinics allowed Welbourn to gather pictures and materials necessary for creating numerous booklets and guides aimed at providing advice to parents on childcare. These manuals written for a "mass Ganda audience" were further accompanied by radio shows, newspaper articles and stories directed towards changing the way children were being raised (Figure 12). In 1963, she published in the *Transitions* magazine¹¹⁵ stating: "All ways of bringing up children are tough and traumatic. We are inevitably ejected from the womb and frustrated in our first loves and aspirations. Our adult personalities are formed by the way we adapt to trauma. An outsider often sees traumatic

¹¹³ Jelliffe, "Education for Child Health Workers in Developing Regions."

¹¹⁴ AR/MAKPHOTOS/31/7 - Makerere child welfare clinic 3rd December 1953

¹¹⁵ Transition, founded in Uganda in 1961 published "freshest, most compelling ideas from and about the black world."

aspects more clearly than one who has himself experienced them acutely. I wrote these little stories some years ago. They were translated into Luganda and circulated among women's groups in order to illustrate what I felt were traumatic aspects of Kiganda child-rearing."¹¹⁶

As an outsider, Welbourn felt best placed to inform Ganda mothers about child rearing. Vernacularising child rearing, moved instruction from the detached space of English and science to the intimate linguistic space where mothers are given clear instructions on how to be "good." These instructions prepared by the "psy" scientists, child institutions and voluntary organisations, came to be known as the mothercraft. The psychologists, anthropologists, doctors, nurses and health visitors all asserted their "superior knowledge and authority, establishing moral sanctions on grounds of health and the national interest, and denigrating traditional methods of child care."¹¹⁷ To improve the life of Ugandans enhanced mothercraft was needed, and domestic skills of women were introduced to displace the traditional methods of child care.¹¹⁸ These skills were seen by political representatives as vital for the survival of populations particularly in transitionary situations such as decolonisation. As such the survival of the post-colonial state depended on the mothercraft skills gained.

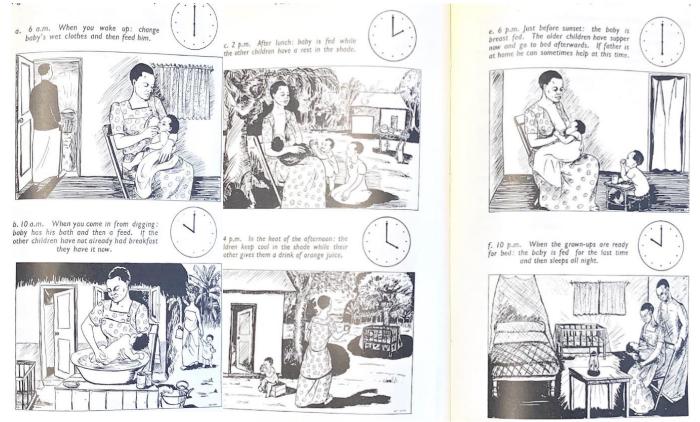


Figure 12: Illustrations that aimed at teaching mothers when and how they should feed children. These instructions were often translated into Luganda and published in vernacular newspapers.

¹¹⁶ Welbourn, "Three Stories for Adults."

¹¹⁷ Davin, "Imperialism and Motherhood."13.

¹¹⁸ McCulloch, Colonial Psychiatry and the African Mind.9.

Voluntary institutions such as the women's clubs and child institutional care facilities such as the Sanyu Babies' Home (SBH) became avenues through which the mothercraft ideas were transmitted. SBH is the first babies' home in Uganda, originally founded in 1929 by Milnes Walker, a British Midwife working at Mengo Hospital, "the Church of Uganda hospital."¹¹⁹ Throughout its history, SBH has had significant involvement from various members of the medical community and researchers in Uganda. This includes individuals from the Makerere Medical department, such as Jelliffe, as well as staff from Mengo Hospital, like Welbourn. Additionally, numerous researchers from the EAISR have also been involved with the home, serving on governing boards and conducting research while also providing care for the children. SBH opened its doors for researchers to "observe children," but one of its main objectives from the beginning was to train young women to take care of children as part of the Christian ministry.¹²⁰ Places like SBH provided opportunities for medical and social scientists to peer into the intimate spaces of child rearing practices (Figure 13).



Figure 13: Medical students observe health education for mothers (1965)¹²¹

In 1960, SBH applied to the Government to establish a training program for nurses, leading to its recognition as a place of safety under the Approved School Act. Subsequently, a training scheme was initiated, and the National Nursery Examination Board of England accepted SBH as a training facility for nursery nurses. These nurses underwent a comprehensive two-year course, where they were trained

¹¹⁹ B.M. Le Fevre, "Letter to Sanyu Babies' Home Board of Governors," December 1, 1972.

¹²⁰ AR/CMS/87/13 Annual reports for Sanyu Babies' Home, 1971-1972.

¹²¹ Jelliffe, "Pediatrics in Uganda."

in all aspects of child care.¹²² Heeding to the governments Africanisation plans, by the 1970s the home urged the importance of re-obtaining the recognition of the training programme by the Government. They held that nursery nurses "would be able to offer advice and instruction to groups of mothers in a variety of rural settings where there is otherwise no help or instruction in mothercraft or child health education."¹²³ This in addition to expanding the number of trainees would enable "girls to understand the development of small children has a significance far beyond the limits of Sanyu Home itself. "The training was essential as it would equip nurses to work for "the care of children in the developing life of the nation."¹²⁴

The training aimed to rear the future citizens of the nation by providing a workforce who understood how children should be reared. One of the two the key resource used to educate these nurses was Hebe Welbourn's "First Book for African Parents." This book was considered a critical resource for understanding the importance of good mothering within normal family dynamics, dietary practices, nutrition, preventative medicine, and observations of children.¹²⁵ The nurses were trained to fill the position of the mothers to the children in the home. These surrogate mothers as well as Ugandan mothers generally placed trust in scientific child development knowledge, replacing their knowledge with the "psy" scientists in which they believed promised greater developmental value.¹²⁶

¹²² AR/CMS/87/13 Annual reports for Sanyu Babies' Home, 1971-1972.

¹²³ Ibid. P.7.

¹²⁴ AR /CMS /88/1 correspondence 1957-1972 – Letter by Winifred Brown of the SBH 8th January 1965.

¹²⁵ AR/CMS/87/13 Annual reports for Sanyu Babies' Home, 1971-1972.

¹²⁶ Varga, "Look-Normal."

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