

# Facilitating War-Affected Young Mothers' Reintegration: Lessons from a Participatory Action Research Study in Liberia, Sierra Leone, and Uganda

Miranda Worthen<sup>1</sup>, Grace Onyango<sup>2</sup>, Mike Wessells<sup>3</sup>, Angela Veale<sup>4</sup>, & Susan McKay<sup>5</sup>

<sup>1</sup>College of Applied Science and Arts, San Jose State University, San Jose, California, USA

<sup>2</sup>Kampala International University, Kampala, Uganda

<sup>3</sup>School of Public Health, Columbia University, New York, New York, USA

<sup>4</sup>School of Applied Psychology, University College Cork, North Mall, Cork, Ireland.

<sup>5</sup>Gender and Women's Studies, University of Wyoming, Laramie, Wyoming, USA

Correspondence: Miranda Worthen, Department of Health Science and Recreation, San Jose State University, MacQuarrie Hall 407, One Washington Square, San Jose, CA 95192. Tel: 1-408-924-2977. E-mail: Miranda.worthen@sjsu.edu

Received: January 12, 2013 Accepted: February 4, 2013 Available online: February 26, 2013

doi:10.11114/ijsss.v1i1.43

URL: <http://dx.doi.org/10.11114/ijsss.v1i1.43>

## Abstract

Young women and girls formerly associated with armed forces and armed groups face multiple challenges. Many become pregnant or have children while they are associated and face stigma and marginalization upon reintegration into civilian communities. This article describes a multi-year participatory action research study that took place in twenty communities in Liberia, Sierra Leone, and northern Uganda from 2006 – 2009 and included more than 650 young mother participants. We find that this community-based approach to reintegration improved the wellbeing of young mother participants and their children. We discuss the challenges and limitations of conducting participatory action research with war-affected young people and make recommendations for future reintegration programming.

**Keywords:** child soldiers, reintegration, children associated with armed forces and armed groups, community based, participatory action research, Liberia, Sierra Leone, Uganda

## 1. Introduction

### 1.1 Background

War-affected girls and women face multiple challenges. Girls who become mothers while associated with armed forces or groups face a particularly large burden. In her 2010 annual report, the United Nations Special Representative on Children and Armed Conflict identified fourteen countries where forces or groups currently recruit children, including girls (UN General Assembly, 2011). Many tens of thousands of children have left armed groups in the past decade (Coalition to Stop the Use of Child Soldiers, 2008). The United Nations Integrated Disarmament, Demobilization, and Reintegration Standards (IDDRS) note that young mothers and their children experience “the highest levels of rejection and abuse upon return” to their community of any group (United Nations, 2006). These young mothers and children have historically been excluded from Disarmament, Demobilization, and Reintegration (DDR) programs, which privilege adults over children and males over females (United Nations, 2006). Young mothers also tend to separate from armed groups as soon as hostilities allow, returning to their home communities or settling in new ones independently, thereby rendering them invisible to the international community (McKay, Burman, Gonsalves, & Worthen, 2004; Robinson & McKay, 2005).

The UNICEF Paris Principles call on governments and organizations to facilitate the reintegration of these young mothers and their children, encouraging community-based programming for this group (United Nations Children's Fund, 2007). This article documents one such program: the participatory action research study with young mothers and their children in Liberia, Sierra Leone, and northern Uganda (PAR). We begin by

describing the process and results of the PAR study and then we discuss four critical challenges that the study faced. We conclude with a discussion of the limitations of this particular study and suggestions for future research and child protection programming.

### *1.2 The Problem*

Several reports have drawn attention to the problems that girls and young women face while associated with armed forces or groups (Annan, Blattman, Karlson, & Mazurana, 2008; Denov, 2007; McKay & Mazurana, 2004; Stavrou, 2006; Verhey, 2004). While many of these reports document that girls become mothers during their association, when the PAR study began, little knowledge existed about how to support young mothers' after they had left the armed groups or forces and begun the process of reintegration into civilian communities. A 2003 qualitative pilot study of formerly associated young mothers in Sierra Leone found that they face extreme marginalization and stigmatization; their children are ostracized; they experience a variety of physical and mental health problems, including sexually transmitted infections and depression; and many, lacking livelihoods, resort to transactional sex for their subsistence (McKay et al., 2004). Subsequently, a conference convened to gather expert knowledge on young mothers' experiences revealed that only a handful of child protection and humanitarian agencies had implemented programming with this population in Africa, and effective models of appropriate interventions did not exist (Robinson & McKay, 2005).

The IDDRS recommend young mothers' full participation in their reintegration, yet this seldom happens in practice. The PAR study's purpose was to learn from young mothers themselves how they view meaningful reintegration, and to facilitate the development of initiatives by these young mothers to achieve successful reintegration. Following the admonition of the Paris Principles against excessive targeting, the study included young mothers who were not formerly associated but were identified by their community or peers as especially vulnerable.

## **2. Methods**

We used community-based participatory action research as our methodology because it enables the self-help that supports psychosocial well-being and gives voice to war-affected young women, whom traditional DDR programs have viewed as "beneficiaries," not active participants (Inter-Agency Standing Committee, 2008). In this approach, participants research their own situations, identify problems, and through an iterative process, develop, implement, and evaluate solutions to them (Minkler & Wallerstein, 2008).

Conducted October 2006 to June 2009 in Liberia, Sierra Leone, and northern Uganda, the PAR study included ten child protection agencies, four Western academics, and three African academics.<sup>1</sup> Initially, partners met twice in person to collaboratively develop "Do No Harm" principles and discuss the ethical and logistical challenges of doing participatory work with this population.

Each agency operated in two communities, for a total of 20 sites ranging from urban slums to rural villages. Through a lengthy dialogue process, agencies gained community endorsement before recruiting participants. Participants granted informed consent as required by the University of Wyoming Institutional Review Board, which approved this protocol. In most sites, early participants recruited others into the project, forming groups of approximately 30 participants in each community. The recruitment process was deliberately slow (weeks or months) in order to develop trust between participants and agency staff. Over 650 young mothers and 1200 of their children participated in the project. One-third of the participants were not formerly associated; most of these had been displaced and many were orphaned.

## **3. Results**

In each site, participants began by meeting regularly in groups. Agency staff facilitated conversations aimed at cultivating socially supportive relationship among participants. Select community members participated in meetings as advisors. Participants learned simple research skills such as interviewing and role-playing, and they discussed barriers to their full participation in their communities. In meetings, they shared what they learned and came up with focus areas. In all twenty communities, the participants identified common objectives which were to: 1) decrease community stigmatization, 2) increase livelihood opportunities, 3) increase access to education for themselves and their children, and 4) increase access to medical care for themselves and their children.

Young mothers prioritized their objectives and, in collaboration with community advisors and agency staff, initiated social actions towards achieving them. Social actions were funded through a budget line explicitly left open for participants to determine. In most communities, efforts to decrease stigma were initiated first. In order to combat negative ideas that community-members had about the young mothers, participants performed dramas to educate community members about their experiences during the war and when they returned to the community.

Groups performed services like well cleaning to demonstrate to neighbors that they were productive village members. In tandem with these activities, groups began livelihood projects ranging from petty trading to group gardening and opening a food vending business. Young mothers used income from livelihood projects to pay school fees and for health care, thereby moving closer to attaining their third and fourth objectives. Participants modified social actions as they gained knowledge about what did and did not work in their own contexts. Monitoring of the PAR was done continuously through field updates and monthly reports, often written in part by the participants.

As the study came to a close, participants and agency staff created sustainability plans for purposes of continuing the project achievements. In several cases, groups decided to create new community-based organizations or link with existing women's groups. Many advisors pledged their support to the participants after the project had officially ended.

Although regular qualitative field reports and ethnographic research indicated that the PAR was successful in facilitating reintegration, we wanted to systematically evaluate whether this was the case. We developed a survey methodology that allowed us to stay true to the participatory nature of the project while ensuring that we could obtain quantitative data about how the program was working. In each community, participants drafted lists of what they believed were important indicators of successful reintegration. These lists were further developed in workshops for participants facilitated by in-country academics and with input of agency staff. Indicators were systematically sorted by organizers and then put to focus groups in each country to rank by importance. From this, a pilot survey was developed and implemented in two field sites per country. Modifications were made and a final survey was developed with twenty quantitative items, each accompanied by up to three qualitative probes. Country-based academics administered each survey through a face-to-face interview with each participant in that participant's home. Data were then entered into spreadsheets locally and sent to the first author for cleaning, coding, and analysis. We used the qualitative probes to give context to the quantitative answers and ensure participants had understood the questions properly.

The survey results echoed the findings of the qualitative research, demonstrating that in most domains, substantial improvements had been made. Participants reported improved family and community relations, better health for themselves and their children, increased ability to provide for children and support families, and decreased sex work. Challenges remained in terms of creating non-violent, supportive relationships with men and preventing unwanted pregnancies.

Table 1. Survey Results

Question	Yes (No., (%))	Sometimes (No., (%))	No (No., (%))
Involvement in the PAR has made my children and me more liked or loved by my family.	368 (86.5)	11 (2.6)	46 (10.8)
I feel more supported and respected by community members than before the PAR.	385 (89.1)	23 (5.3)	24 (5.6)
Because of the PAR, I am able to support my family by buying basic needs.	315 (73.3)	71 (16.5)	44 (10.2)
Through the PAR, I can take better care of my children.	353 (83.3)	30 (7.1)	38 (9.0)
My health is better than before the PAR.	374 (87.0)	47 (10.9)	9 (2.0)
My children's health is better than before the PAR.	345 (83.7)	59 (14.3)	8 (1.9)
I can speak in public more easily than before the PAR.	347 (81.3)	37 (8.7)	43 (10.1)
Through the PAR, I can help others in the community. <sup>ii</sup>	223 (58.2)	99 (25.8)	61 (15.9)
My husband/boyfriend is supportive of my children. <sup>iii</sup>	140 (33.3)	68 (16.1)	213 (50.6)
I get pregnant even when I don't want to. <sup>iv</sup>	103 (24.2)	37 (8.7)	285 (67.0)

#### 4. Discussion

Using this participatory methodology with a vulnerable and marginalized population produced several challenges. First, while agencies collaborating in the PAR had extensive experience in child protection programming, none had experience with this degree of participation (Wessells, 2009). Staff often found it difficult to put aside expectations and encourage participants' decision-making at all phases of the PAR.

Changing staff mindset required mentoring and support from organizers and in-country PAR partners.

Second, outreach to community stakeholders and participants was complicated by expectations by community members and participants that were in line with traditional programming for war-affected young people. At times community leaders desired heavy-handed roles in the project, which they may have been able to have in more traditional programming, and they had to be encouraged to give participants space to develop their own capacities. Similarly, participants initially expected the facilitators to make decisions on their behalf. As participants realized that facilitators continually encouraged them to take ownership of the project, they became more and more willing to do so.

Third, as participants' lives improved, some community members in several sites became jealous of them. It took concerted interventions by advisors and project staff to mitigate these jealousies, which threatened to undermine the young mothers' achievements.

Finally, although most young mothers improved their livelihoods, they still live precariously. A single medical crisis could - and in some cases did - require young mothers to spend their business capital on medication or doctors, leaving them financially ruined. In some cases, a participant's peers helped with financial contributions, but in others, young mothers dropped out of the study. Linking with nearby free or inexpensive health clinics often averted these sorts of crises.

### **5. Limitations and Next Steps**

The unique conditions of the PAR study make it difficult to generalize findings to other contexts where DDR programs are implemented. In Sierra Leone and Liberia, the study took place several years after the end of hostilities. Due to security concerns, it is unlikely that a similar methodology could be used in an area experiencing active conflict. The study worked with a particularly vulnerable and marginalized population and may not be a methodology suited to all young people, whether formerly associated or not. Indeed, as some young mothers chose not to join the study, multiple approaches are needed to reach war-affected young people.

The PAR study did not have a nonintervention group since withholding the intervention from some groups would have raised ethical concerns. A useful next step would be to compare this kind of intervention with traditional approaches, that are more directive and less participatory, to see whether the methods used did, indeed, allow participants to achieve greater success with reintegration. A phased approach to rolling out the intervention might also allow for more robust comparisons.

### **6. Conclusion**

This study demonstrates that community-based participatory action research is an effective and appropriate methodology for facilitating community-based reintegration of young mothers formerly associated with armed forces and groups and their children. Vulnerable young mothers are capable of meaningful participation in programming to support their reintegration. Young mothers identified stigmatization, lack of livelihoods, and inability to access education and medical services as key barriers to their reintegration. With support from agencies and community advisors, they were able to develop and implement initiatives to mitigate each of these problems.

### **Acknowledgments**

We would like to thank Stella Neema and Debey Sayndee for reading and commenting on an earlier draft of this manuscript. We wish to thank the young mothers who participated in this study and who inspired us with their determination and effort to improve their lives despite the adversity they have experienced. We are deeply appreciative of the primary funding for this study that was provided by Oak Foundation and Pro Victimis Foundation and for their ongoing interest and support of this study. The Rockefeller and Compton Foundations and UNICEF West Africa provided additional financial assistance for conferences of the study team. We thank all of our donors for making it possible for our team to meet and engage in critical dialogues that contributed greatly to this study.

### **References**

- Annan, J., Blattman, C., Karlson, K., & Mazurana, D. (2008, April 2008). *SWAY II: The State of Female Youth in Northern Uganda*. Retrieved February 8, 2013, from <http://chrisblattman.com/documents/policy/sway/SWAY.Phase2.FinalReport.pdf>
- Coalition to Stop the Use of Child Soldiers. (2008). *Child Soldiers Global Report*. Retrieved February 8, 2013, from <http://www.childsoldiersglobalreport.org/>
- Denov, M. (2007). *Girls in Fighting Forces: Moving Beyond Victimhood*. Retrieved February 8, 2013, from

- [http://www.crin.org/docs/CIDA\\_Beyond\\_forces.pdf](http://www.crin.org/docs/CIDA_Beyond_forces.pdf)
- Inter-Agency Standing Committee. (2008). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Retrieved February 8, 2013, from [http://www.who.int/mental\\_health/publications/check\\_list\\_IASC\\_guidelines/en/](http://www.who.int/mental_health/publications/check_list_IASC_guidelines/en/)
- McKay, S., Burman, M., Gonsalves, M., & Worthen, M. (2004). Known But Invisible: Girl Mothers Returning From Fighting Forces. *Child Soldiers Newsletter*.
- McKay, S., & Mazurana, D. (2004). *Where are the Girls? Girls in Fightin Forces in Northern Uganda, Sierra Leone, and Mozambique: Their Lives During and After War*. Montreal: Rights and Democracy.
- McKay, S., Veale, A., Worthen, M., & Wessells, M. (2011). Building Meaningful Participation in (Re)Integration Among War-Affected Young Mothers in Liberia, Sierra Leone and northern Uganda. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict.*, 9(2), 108-124. <http://dx.doi.org/10.1097/WTF.0b013e328348dfe7>
- Minkler, M., & Wallerstein, N. (2008). *Community-Based Participatory Research for Health: From Process to Outcomes*. San Francisco: Jossey-Bass.
- Robinson, M., & McKay, S. (2005). A Conference on Girl Mothers in Fighting Forces and Their Post-War Reintegration in Southern and Western Africa. Retrieved February 8, 2013, from <http://uwacadweb.uwyo.edu/MCKAY/Documents/Bellagio.pdf>
- Stavrou, V. (2006). Breaking the Silence: Girls Forcibly Involved in the Armed Struggle in Angola. Retrieved February 8, 2013, from [http://www.crin.org/docs/Angola\\_Research\\_Paper.pdf](http://www.crin.org/docs/Angola_Research_Paper.pdf)
- UN General Assembly. (2011). Children and armed conflict: report of the Secretary-General, A/65/820–S/2011/250. Retrieved February 8, 2013, from <http://www.unhcr.org/refworld/docid/4dda382b2.html>
- United Nations. (2006). Integrated Disarmament Demobilization and Reintegration Standards, Section 5.30: 6.3.
- United Nations Children’s Fund. (2007). *The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups*. New York: UNICEF.
- Verhey, B. (2004). Reaching the Girls: Study on Girls Associated with Armed Forces and Groups in the Democratic Republic of Congo. Retrieved February 8, 2013, from [http://www.crin.org/docs/Reaching\\_the\\_girls.pdf](http://www.crin.org/docs/Reaching_the_girls.pdf)
- Wessells, M. (2009). What are we learning about community-based child protection mechanisms? An inter-agency review of the evidence from humanitarian and development settings. London: Save the Children.

<sup>i</sup> A full description of the PAR and its findings can be found in (McKay, Veale, Worthen, & Wessells, 2011).

<sup>ii</sup> Results are significantly different by country: 75% of Liberian’s reported “yes” they were helpful, while 54% of Sierra Leoneans and 56% of Ugandans reported “yes.”

<sup>iii</sup> Results are significantly different by country: 77% of Ugandans reported male partners were not supportive, while 35% of Sierra Leoneans and 33% of Liberians reported unsupportive partners.

<sup>iv</sup> Results are significantly different by country: 62.5% of Liberian’s reported “yes” or “sometimes” they had difficulty preventing pregnancy, while 22% of Sierra Leoneans and 35% of Ugandans reported “yes” or “sometimes.”



This work is licensed under a [Creative Commons Attribution 3.0 License](https://creativecommons.org/licenses/by/3.0/).