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Title	Children of young mothers formerly associated with armed forces or groups in Sierra Leone, Liberia and Northern Uganda
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Publication date	2013-07-11
Original Citation	Veale, A., McKay, S., Worthen, M. and Wessells, M. (2013) 'Children of young mothers formerly associated with armed forces or groups in Sierra Leone, Liberia and Northern Uganda' in O'Riordan, J., Horgan, D. and Martin, S. (eds.) Early Childhoods in the Global South: Local and International Contexts. Oxford: Peter Lang. pp. 27-48.
Type of publication	Book chapter
Link to publisher's version	https://www.peterlang.com/view/product/45047
Rights	© 2013, Peter Lang: Oxford. This is the author accepted manuscript of the book chapter. The definitive published version of record is available from https://www.peterlang.com/view/product/45047
Download date	2026-11-07 01:58:19
Item downloaded from	https://hdl.handle.net/10468/3656



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Veale, A. McKay, S. Worthen, M. Wessells, M. (forthcoming). Children of young mothers formerly associated with armed forces or groups in Sierra Leone, Liberia and northern Uganda. In O Riordan, J, Horgan, D. & Martin, S. (Eds). *Early Childhoods in the Global South: Local and International Contexts*. Oxford: Peter Lang Publishers.

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Children of young mothers formerly associated with armed forces or groups in Sierra Leone, Liberia and Northern Uganda

Angela Veale, Susan McKay, Miranda Worthen, and Michael Wessells

Introduction

Children born to girls and young women associated with armed forces or armed groups face many challenges. Often referred to as 'rebel babies', 'tomorrow's rebels' (McKay and Mazurana 2004) or 'children of bad memories' (Twum-Danso 2003), their survival, health and well-being are threatened by the circumstances of their lives. These children born of war often live in unsafe and insecure situations with mothers who have experienced multiple stressors because of their association with armed groups or fighting forces. Typically, when they return from war zones with their mothers, their mothers have difficulty providing for their needs because of community social prejudice and economic marginalisation (Robinson and McKay 2005). These children may be amongst the most vulnerable of war-affected children (McKay and Mazurana 2004).

Interventions to target the children of formerly associated young mothers need to also target their young mothers and, where appropriate, her broader family network. Developing interventions that address the needs of the child, while also addressing those of the young mother, and supporting the dyadic child-mother relationship within a web of relationships made more complex by the stigma of war, remains a persistent challenge. In order to understand the situation of the child of a young mother, we must first understand the situation facing the young mother herself. Brett and Specht (2004) found returned young mothers have more limited economic opportunities available to them. Annan and colleagues (2008) found that in Northern Uganda returned young mothers were severely restricted from returning to education or were unwilling to return; as a result they had a third less education than other returnees. In Sierra Leone, Baldi and MacKenzie (2007) interviewed fifty formerly associated mothers and found the care received by their babies and children was affected by their own often limited experience of good maternal care, as many were raised by extended family and/or by rebel groups. Family reunification is made more complex as a returning daughter now has a child or children of her own. In such circumstances, the challenge is how to engage with former children associated with armed forces or armed groups (CAAFAG), who return as young mothers, to learn their views on how to best support their social reintegration and that of their children. In this, it is important that interventions avoid recreating dynamics of disempowerment and lack of control that they may have experienced in fighting forces and armed groups (Coulter 2008).

In developing world contexts, the Global Child Development steering group found that the most effective early child development programmes provide direct learning experiences to

children and their caregivers.[1] They are of longer duration and are integrated with family support, health, nutrition and other systems in children's lives (Engle et al., 2007). This chapter describes a community-based participatory action research study that took place over three years and may offer an example of such an approach. It involved over 600 war-affected young mothers and 1,200 of their children in Liberia, Sierra Leone and Northern Uganda. It aimed to empower young mothers to engage in social actions for their wellbeing and that of their children, and in turn to inspire those who care for them in their extended networks, and those in positions of leadership, to advocate and act on their behalf. We explore how the health and wellbeing of babies and children were mediated through their mothers' meaningful participation in self-identified activities to address priorities of health, livelihoods, education and social (re)integration.

The overall goal of the study was to learn about what successful reintegration means to young mothers themselves and to enable them to plan, implement and evaluate social actions they initiated to support their reintegration. Two thirds of study participants were former CAAFAG and a third were other vulnerable young mothers. In this study, we use the terminology 'young mothers' because 80 per cent of the participants were between sixteen and twenty-four years of age but all young women in the study conceived or gave birth to children while they were themselves minors (under 18 years). Through this targeted intervention with young mothers, we learnt about the situation of their children. In this chapter, we describe what we learnt about the children and how working with young mothers was effective in mediating change in the lives of their children.

War-affected young mothers

Research suggests that formerly associated girls are at greater risk of post-traumatic stress disorder (Phan et al., 2009) and exhibit higher levels of depression and anxiety and lower levels of confidence and self-esteem compared to boys (Betancourt et al., 2010), largely as a result of gender-based violence. In Sierra Leone, 70-90 per cent of females who were abducted by fighting forces were estimated to have been raped (Baldi and MacKenzie 2007). In Northern Uganda, Carlson and Mazurana (2008) found that forced marriage was widespread within the Lord's Resistance army (LRA) controlled areas. A quarter of all abducted girls were given to LRA commanders as forced wives and half bore children. They experienced more sexually violent events than either abducted males and never-abducted community peers, both male and female. In their study, forced wives and forced mothers experienced the highest rates of sexual violence and, on return to civilian communities, reported greater distress than other former abductees. This was explained by their increased exposure to violence during extended stays with the LRA. Returned young females therefore have particular experiences and needs that justify specific attention. The vast majority did not enter formal disarmament, demobilisation and reintegration (DDR) programmes. In many cases, DDR planners were unaware of the presence and role of CAAFAG girls and they were marginalized or excluded from participation in formal DDR programmes (United Nations 2006; Worthen et al., 2011). Some girls sought to re-enter quietly to communities without seeking formal recognition of being a former CAAFAG. In interviews with returned young mothers in Northern Uganda in 2003, one young mother explained her decision to return directly to her family rather than going through a rehabilitation centre by saying that she just wanted to be a normal girl (Veale and Stavrou 2007).

[1] The Global Child Development Group is a group of researchers and policy makers that authored *The Lanc*et series on child development in developing countries in 2007 and 2011. See http://globalchilddevelopment.com/lancet_series.

What does it mean to be a 'normal girl' in war-affected communities such as Northern Uganda, Sierra Leone, and Liberia? In such contexts, adolescent girls are particularly at risk of sexual violence and exploitation as they are considered less likely to carry sexually transmitted diseases or the HIV/AIDS virus. Their social status as young unmarried girls can also contribute to their sexual vulnerability (Machel 2001). There is evidence that during the civil war in Teso, Uganda, unmarried girls were specifically sought by government soldiers for sexual purposes (De Berry 2004). In Northern Uganda, while the horrors experienced by abducted girls received significant attention, girls in displacement camps were frequently used for sexual purposes by Uganda People's Defence Force soldiers; subsequently, many of these girls became pregnant although they were invisible within international non-governmental organisation psychosocial programming (Shanahan and Veale 2010).

A key factor placing girls at risk of early pregnancy in war-affected communities is extreme poverty that can result in girls resorting to transactional sex to gain resources such as food or money to ensure their personal survival or that of their family. Baldi and MacKenzie (2007) have argued that in working with war-affected young mothers in Sierra Leone, it is misleading to focus on the place of conception – such as within armed groups – as the only signifier of vulnerability, and that it is important to focus attention on the complex relationship between paternity and stigma. They identify that children born to CAAFAG young mothers and those born from exploitative and unrecognized relationships such as through sexual violence, prostitution or transactional sex are also likely to experience marginalisation and isolation. Children regarded as illegitimate by the family and community are likely to be rejected or abandoned by the paternal clan or, in the case of many CAAFAG young mothers, they wish to keep their children separate from the paternal kin. The situation of girls becoming pregnant in these circumstances described above is arguably a consequence of the inability of war-affected communities to protect adolescent girls. These young mothers have been identified in various war-torn contexts and given different labels: 'files meres' in Democratic Republic of Congo (Save the Children 2004), 'child mothers' in Northern Uganda (Esaku 2009) or 'girl mothers' more generally (Robinson and McKay 2005).

Children of war-affected young mothers

The United Nations Study on Women, Peace and Security (UN 2002) identified one of the major impacts of armed conflict on young women and communities is the increase in children born of forced pregnancy. Yet little is known about how these children socially integrate and fare over time. Available evidence suggests that the children of these young mothers are generally accepted by the maternal family (Annan et al., 2008). In Sierra Leone, 78 per cent of young mothers reported that their families were welcoming of their children, although with a recognition of their status as 'illegitimate children' (Baldi and MacKenzie 2007). In Democratic Republic of Congo, Save the Children (2004) noted that children of CAAFAG young mothers were often physically accepted back to live with the maternal family, but the child was regarded as 'an extra charge' that they could not afford due to extreme poverty. In such cases, the responsibility for the sustenance and survival of the young child lay with the young mother, who was also responsible for her own upkeep. In Northern Uganda, families were generally welcoming of returned abducted young mothers and their children. This occurred in the context of Acholi customary law whereby children born outside of marriage would tend to become part of their mother's clan. However, there seem to be shades of difference between acceptance and belonging over time as familial tensions arose in relation to inheritance, access to communal clan land or economic pressures, and the identities of children born of forced marriage were sometimes contested and challenged (Shanahan and Veale 2010).

Despite the hardship of motherhood, little evidence exists that many young mothers abandon their children. Save the Children (2004) found that most CAAFAG young mothers

wanted to keep their children and that their interest in and commitment to their children were evident. In reception centres in Northern Uganda, Jareg (undated: 2), a child psychiatrist with Save the Children, Norway, noted that in some cases where girls return with several children, some young mothers exhibited ambivalent attachment but that 'in most cases, mothers gave their babies a lot of affection and attention'. In Northern Uganda, Apio found that 36 per cent of a total of sixty-nine girls experienced motherhood as positive, while 64 per cent said it was negative; this was mainly due to the burden of responsibility of feeding, clothing and caring for a child in circumstances of extreme deprivation, that often resulted in illness and fears for the survival of the child (Apio 2008). As far as can be ascertained from the absence of reporting in the literature, very few children of CAAFAG young mothers are informally fostered. This is noteworthy because in many African contexts, child fostering is a normative response to family disempowerment due to war and poverty (Okunola and Ikuomola 2010).

Burman and McKay (2007) suggested that for CAAFAG young mothers, one of the biggest obstacles to social reintegration is extreme privation which can induce experiences of psychological, social, and economic marginality. The importance of livelihoods to social reintegration can be seen in a longitudinal study that followed former child soldiers and their children into adulthood. In Mozambique, Boothby et al. (2006) followed thirty-nine male former child soldiers for sixteen years after return. Most reported that they and their children were in either good or excellent health. Fears that, after the war, these former child soldiers would be incapable of providing for their offspring were unfounded. Rather they desired a better childhood for their children than they themselves experienced and 75 per cent of their school-aged children were in education, which was significantly above the average of 60 per cent school attendance. One of the most important factors that supported these successful outcomes was livelihoods training as this enabled them to generate money. Economic resources in turn translated into social resources as the ability to earn an income made them socially valued in an informal economy where extended family is the main form of social security. Mbekenga et al. (2011: 98) examined under what conditions informal support was provided to first time mothers in a low-income suburb in Tanzania and found '[i]nformal support was provided conditionally, where poor socio-economic status and non-adherence to social norms risked poor support'. This would suggest that an intervention, which would enhance economic status and strengthen identities linked to social norms (as a mother, daughter, valued community member), would impact positively on social support.

The PAR Study

The Participation Action Research (PAR) study sought to promote community participation with a focus on girl mothers (formerly associated with armed groups) and their children and other vulnerable young mothers in their communities. The study involved a partnership between community-based non-governmental organization partners working at grass-roots levels with war-affected communities in the three countries and national and international academics.[2] In total, 66 per cent of participants were formerly associated young mothers and 33 per cent were other vulnerable young mothers. In Liberia, Sierra Leone and Northern Uganda, 111, 266 and 281 young mothers participated in the study and their average ages

[2] Agency partners were Liberia: Save the Children, UK in Liberia; THINK; Sierra Leone: Christian Brothers, Christian Children's Fund, Council of Churches in Sierra Leone, National Network for Psychosocial Care; and Northern Uganda: Caritas, Gulu Archdiocese, Concerned Parents Association, Transcultural Psychosocial Organization, World Vision. National academics were Dr. Stella Neema (Uganda), Dr. Samuel Weekes (Sierra Leone), and Dr. Debey Sayndee (Liberia).

during the study were twenty years, twenty-two years and eighteen years respectively. With respect to household types, only 5 per cent of young mothers lived alone. The majority either lived with their boyfriend or husband (41 per cent, n=273) or with their parent or a guardian (36 per cent, n=234). Of the total, 22 per cent had one child, 44 per cent had two children, 25 per cent had three children and 9 per cent had four or more children when the study began. There were twenty sites across three countries; 60 per cent were rural and 40 per cent were urban sites. The majority of CAAFAG young mothers returned to their communities of origin, although this proportion varied across contexts; 35 per cent of young mothers in Liberia, 44 per cent in Sierra Leone and 21 per cent in Uganda were in communities where they had *not* previously lived.

Non-governmental organization partners identified war-affected communities with large numbers of formerly associated young mothers, held community meetings and met with local leaders to describe the study and solicit interest and involvement. Upon agreement to participate, community leaders and NGO field staff identified vulnerable young mothers, and as girls joined the project, these girls also invited others to be involved.

Over three years of the study, the young mothers met regularly in groups of approximately thirty participants. They slowly shared their problems and experiences, identified their priorities and developed 'social action' projects to address the challenges they faced. Their main concerns were poverty, stigma, marginalisation and their poor health and that of their children. An innovative feature of the study was including a budget-line for as-yet unspecified social actions that would later be identified by participants. First, however, their groups engaged in discussion about the problems and challenges they faced and generated solutions in the form of social actions they could take to address their priority needs. Later, funds were made available to each group of young mothers to develop their activities, some of which needed financial resources and others involved mobilising their group for collective actions but did not depend on the use of money. Emergent social actions included individual and group livelihood initiatives, agricultural projects, micro-credit and micro-grant activities, community dramas, and pro-social activities such as community cleaning or helping at funerals (see McKay et al., 2011 for a fuller description). Throughout the project, emphasis was placed on developing linkages within their communities through advisory groups for each site, reaching out to community members through poetry and drama performances, visiting each other's homes, and with the support of their NGO field staff, communicating with community leaders about the young mothers' situations and needs. Over time, this resulted in community leaders in some areas donating land and material support, or issuing proclamations to protect and support them in cases of jealousies or negative feelings about the support they were receiving, and giving advice, support and encouragement. A wide range of training and skills education was provided across the study sites depending on the challenges encountered by participants. A key concern at a number of sites was the health of their children. Given high levels of privation, children were often very ill, and the cost of attending the health clinic exhausted meagre resources or the small profits from their livelihoods. They identified health training as a priority and this was delivered by community-based organisations at a number of sites. In Northern Uganda, for example, participants engaged in a participatory health assessment and then developed a health education programme for young mothers at all sites.

Towards the end of the third year of the study, a participatory evaluation was undertaken. In total, 434 participants completed the survey, which was implemented by country-based academics who privately surveyed each participant in her home community (see McKay et al., 2010 for further information). Several of the questions related to the health and care of their children. When asked to respond to a survey item 'How has the health of your child or children changed since you joined the project', in total, 83.7 per cent of young mothers

reported the health of their child or children was better; 14.3 per cent reported child health was the same, and 1.9 per cent reported child health was worse than before the project. In response to the survey item 'Involvement in the PAR has made me and my children more liked or loved by my family', 86.5 per cent responded positively to this statement, 2.6 per cent said sometimes and 10.8 per cent responded negatively. Also, when asked to respond to the statement 'I can take better care of my child than I could before I joined the group', 83.8 per cent of participants reported that they could take better care of their child or children, 7.1 per cent reported sometimes and 9 per cent reported that they could not take better care compared to before the project. Those who were formerly associated were more likely to report that they were better able to care for their offspring since joining the PAR (94.2 per cent) than those never associated (84.5 per cent), and this difference was significant (Cramer's V was .16, $p < .001$). What accounts for the shifts that took place over the course of the study with respect to the lives of these children that resulted in better health, greater family acceptance and enhanced child-raising experiences? Drawing on Carsten (2000, 2004), we argue that through young mothers' participation in self-identified activities to promote their social reintegration, they enhanced their own and their children's belonging and relatedness within the family and broader community. This is explored more fully in the next section.

Belonging and relatedness

Carsten (2000, 2004) has argued that notions of kinship and relatedness are undergoing a transformation as new family types emerge due to sociocultural changes across the world. She has redrawn attention to the complex relationships between biology and broader political and cultural forces in definitions of kinship as she focuses on the extent to which kinship is given by birth and is unchangeable or how kinship may be something that is not pre-given but that is shaped through engagement 'in the ordinary, everyday activities of family life' (2004: 7). This offers an interesting lens to explore belonging in social reintegration as the identity of the young mother and her child may have been impacted upon by her time in the bush. There may be multiple ways in which war infuses the relational space between the family of origin and formerly associated young mother-child dyad, in which the 'natural order of things' ceases to be natural and has now to be negotiated. When CAAFAG young mothers come back with children, they are not automatically claimed as 'daughter' by the family and, in some cases, are rejected. In fact, the young women in our study experienced a full continuum from full and warm welcomes to abandonment and rejection. The return of a daughter with a baby or children was recounted as an emotional event filled with answered or unanswered questions or imaginings. In a separate study in Northern Uganda, elders talked about the abuses of girls during war such as 'being taken outside and slept with in the bush', thereby violating cultural taboos and positioning girls as external to and outside of cultural norms associated with women, as daughters and wives (Shanahan and Veale 2011: 121). Across the three countries, some CAAFAG young mothers experienced rejection by their biological family on return, as is captured in the following example:

> Young mother (Sierra Leone): I am Fatuma and sometime back in 2000 the rebels captured me. I went to the bush I stayed there for 4 years.[3] I have 2 children and the person I married was killed. One day I escaped and came back home. Now in Freetown everyone calls me a rebel, and they don't understand. People are always beating my children. There are only two people in this community who help me with my problems. My mother is very old and weak but when I go to her she helps me and takes care of my children. My father has rejected me and does not accept my children.

[3] All names have been changed to pseudonyms.

The most common response to young women seems to have been conditional acceptance. Many reported that their families welcomed them back and were glad to see that they were alive but the daily realities of extreme privation meant that a daughter returning with children of her own was an added responsibility within the family economy. Another young mother described how her mother said she could either care for her daughter or for her child but did not have the resources to care for them both:

> I have two children, five years and four years. My mother says I won't support you and at the same times support your children, you must choose one. I appeal to her to support my children first. (Liberia)

> (They tell me) You and your child are eating all our food. (Sierra Leone)

Biological relatedness, that is, being claimed as a daughter and as a grandchild may happen, but it is not a given. For many of the children of young mothers, their claim to paternal kinship – and thereby extended family support – was weakened in cases of having an unknown father or where no formal or traditional marriage had taken place, no dowry, no compensation or other such cultural symbols that gave entitlement to paternity. On the maternal side, we found relatedness was more readily acknowledged and in some cases was strong but in other cases, it was tenuous at this initial point of return.

Across the PAR sites in three study countries, the economic marginality of CAAFAG and other vulnerable young mothers in the study, was a shared experience, and this manifested in the poor health status of their children. In spite of the challenges faced, overall it also seemed that young mothers were engaged with and loved their children. A key, repeated motivation for engaging in the study was to secure a better future not just for themselves but even more so, for their children. A young mother in Northern Uganda noted: 'What I wanted from this project was to earn income to help my children […] send my child to school'. This refrain was echoed across the other sites in the three countries.

It might be tempting to see enhanced income-generation capacity as a key transformational element that facilitated young mothers to address the needs of their children. However, an analysis of the study process indicates moments of transformation happened at multiple levels. Rather than an income-generation or a microcredit project, this was a community-based, collective process that involved exchanges of information, resources, and support, firstly, within the girls' groups and their families, and then through feedback loops, to others in the community including husbands and boyfriends. Bonds of 'relatedness' were constructed, as Carsten notes, through everyday activities of engaging, sharing stories, giving and receiving support. We can describe this strengthening of relatedness at different levels: within the young mother-child dyad, between the young mother and her intimate relationships (parents, boyfriends or husbands), and between the grandchild-grandparents.

A common observation by family and community members was that as young mothers engaged with their group processes and their social actions, they were 'fussing' less (community member, Sierra Leone) and their minds became 'more settled' (Northern Uganda). Recent developmental and neuropsychological theory would suggest that such maternal 'calming' would have important implications for babies and young children (Shore 2008). Modern attachment theory shows how infant development is highly relational and neuro-behavioural organization and emotions are initially regulated by the caregiver externally and then become transformed into 'internal' regulatory capacities. The more the regulatory capacities of the caregiver are appropriate and attuned to the needs of self and then other (baby), the more growth-facilitating is the relationship as over time the young child becomes increasingly self-regulatory (Shore 2008). For the young mothers, we saw that if their babies and young children were healthier, cried less often and became more emotionally regulated, mothers were more likely to experience themselves as good

mothers. In terms of attachment theory, this would likely strengthen their own internal working model as an effective and nurturing mother – which in turn would further support their children's early development. As one agency staff member observed: 'The socialization that happened through the PAR was transmitted to their children'.

Changes in the wellbeing of the young mother created change in other parts of the family system. As the capacity of girl mothers to care for their children was enhanced, transformations occurred within the atmosphere of the family home. Enhanced functioning in the young mother-child dyad had ripple effects on other relationships in interesting, even profound ways:

> Grandmother A: Now there is a difference since before. She can buy clothes for the baby. The baby used to remain dirty and is now well-dressed. She can go to the health center, buy drugs, she has a business, hygiene is well-kept, she knows preventative measures such as she has learnt about the care of her baby, the best type of food, and now the baby is less sickly.
>
> Grandmother B: There is a difference now, she did not know what kind of food was good for the child, she has learnt a lot and it's good for the babies for growing. The child looks healthy.
>
> Grandmother C: There is no more tension about the baby like before– my daughter can know how to take care of her.
>
> Interviewer (AV): Has it changed the atmosphere in the family?
>
> Grandfather: Development will come to their family as the girl has seen new things by coming to the group. I see my grandchild playing, which means that the child is healthy, well, growing, now I no longer have to buy small things for the baby, Ayot (his daughter) she even buys for the family. No one blames each other like before. Now I can attend to the other children. (Focus group discussion with family members of participants, Northern Uganda)

The everyday activities by young mothers of feeding, cleaning, dressing and generally caring for their children effectively, what Carsten (2004: 7) refers to as 'the everyday activities of family life' arguably strengthened relatedness between the grandparents and their children so rather than the grandchild being a source of tension between members of the household, grandparents were happy to see their grandchild as healthy, well-cared for and playing as is appropriate for a young child. Previously weak bonds of kinship were arguably re-constructed and enhanced through these social practices. In their responses, there is an evident sense of pride in their daughter and grandchildren as daughters take on roles and identities of being good mothers, which is a valued and respected social role. Furthermore, they maintained that daughters had a greater capacity to engage in reciprocal relationships of care, both material and emotional – a quality which has been noted to help create relatedness (Nyambedha 2008). Engagement in the different social actions of the study – community dramas, individual and group livelihoods, community cleaning, home visits, support and encouragement of other vulnerable young mothers – facilitated a developmental transition, not (only) as an internal change but as a cultural community event as they changed position from dependents of their family members, with further dependents of their own, to mothers who have the capacity and resources to be responsible for their child. The ability to be responsible, to be independent, to give as well as receive support are the practices of assuming adult status. These qualities were also evidenced in changing relations with community members:

> One way I have learned about being integrated is the fact that I now have the confidence to leave my children at home, in my community. I had the fear that I would not be able to leave them. My mother is old and can't really take care of them. I know my community members will help her take care of them. (Sierra Leone)

> Before the project, the girl mothers' children were seen as different, but now they're seen as positive, and other members allow their children to befriend them. (Liberia)

Relationships between the children and the husbands or boyfriends of their mothers were more complex. Among all participants, 33 per cent reported that their boyfriend or husband was supportive of them and their children while 16.2 per cent said he was sometimes supportive and 50.6 per cent said he was not supportive. The number of young mothers who said their boyfriend/husband was not supportive was significantly higher in Uganda than the other two countries. This may be because of the younger age of participants and that more study participants lived with family members instead of boyfriends or husbands compared to Liberia and Sierra Leone. Also, the conflict in Uganda was still ongoing at the time of the study, and 'rebel' fathers may have remained in the bush, or were unknown or lived elsewhere. This is an important area for further research.

Conclusion

Effective early development programmes are those which interact with the biological (health), familial and community systems in which children and their mothers are embedded. This chapter has outlined a community-based participatory action research intervention that aimed to engage formerly associated young mothers and other vulnerable young mothers in their communities in meaningful participation to address the challenges they faced in their lives. Participatory evaluation highlighted that over 80 per cent of young mothers judged that the self-assessed health of their children had improved since they joined the study, that they could take better care of their children, and that their children were more loved by their families and by the communities. Approximately 15 per cent of young mothers reported that their circumstances on the above indicators had not changed substantially, in their opinion. This is also an important finding as it highlights that a cohort of young mothers and their children continue to be vulnerable. Ethnographic observations in Northern Uganda indicate that young mothers who were particularly isolated at the start of the project, who were experiencing very significant suffering, trauma or ill health, or who had difficulty utilizing the material resources offered through their groups fared less well. Advisory group members and field staff as well as peer group members were available to support young mothers. For those who failed to experience changes in their life circumstances, the support given through the study may have been insufficient for their complex needs. Overall, however, this analysis demonstrates how an intervention that empowered young mothers to develop social actions that addressed their priorities and were supported by communities mediated the wellbeing of their children in important ways. A key emergent finding is the inter-relatedness of change in one domain of life (community admiration, livelihoods, wellbeing, capacity to support) stimulated transformations in family relationships, reciprocal support, mutual respect and community networks.

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Acknowledgements: The PAR team members were: Gabriel Banya, Stephen Borbo, Celestine Wawa-Brown, Victor Gbegba, Doris Geedah, Ebun James, Anthony Kerwegie, Evelyn Laruni, Agnes Marah, Stella Neema, Francis Okema, Grace Onyango, Patrick Onyango, Debey Sayndee, Dora Single and Samuel Beresford Weekes. This research was supported by grants from Oak Foundation and Pro Victimis Foundation. The Rockefeller and Crompton Foundations, UNICEF, West Africa provided additional financial assistance.

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