

Motherhood delor: narratives of pregnant and nursing mothers in violent spaces in Ghana

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Abstract

Purpose – *The study aims to investigate how pregnant and nursing mothers' stories have been neglected in writing about gender, security and spaces.*

Design/methodology/approach – *The study chronicles Agogo Traditional Area's pregnant and nursing mothers' resistance and survival in this conflicted environment. The author used photo voices in a participatory photography design to give conflict-area women a voice. Interviews and observations supported this. Pregnant and nursing mothers were sampled using the purposive and snowball sampling techniques. The data analysis considered narrative analysis, photographic and inductive approaches.*

Findings – *The findings highlighted how these mothers in vicious settings experienced healthcare access and problems, societal issues including gender dynamics, food insecurity, and emotional and psychological well-being.*

Originality/value – *The findings in this study expand the socio-cultural narratives of pregnant and nursing mothers in violent spaces.*

Keywords *Gender, Motherhood, Pregnant mothers, Nursing mothers, Space, Violence, Ghana, Psychosocial support*

Paper type *Research paper*

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Introduction

Motherhood delor in conflict spaces is primarily characterised by female victimisation. Since gender is one of the essential elements that determine fear of violence and geographical migration in communities (Maas *et al.*, 2019; Pain, 1991), research on female victimisation (Desmarais *et al.*, 2012; Spencer and Stith, 2020) is of particular importance. Because of the threat of violence, women limit the places they go to and the things they do. According to Wieten *et al.* (2020) and Koskela (1999), women's attitudes and behaviours toward violence are significantly distinct from those of men. The amount to which these behaviours and attitudes are present, their impact and their effects on women's lives are not the same (Chan *et al.*, 2020; Pain, 1991). According to Valentine (1992), one of the reasons for this is that women experience a distinct and grave danger that men rarely sense.

For Rose (1993), women are reminded daily by the presence of violent attacks and sexual harassment that they are not meant to be in specific locations. When women implement coping methods to deal with the effects of violence, one of the most popular techniques is to put physical and psychological distance between themselves and any prospective aggressors (Valentine, 1992). On the other hand, this may not be the case for nursing and pregnant mothers. This is because pregnant women and nursing mothers consider

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themselves more susceptible than ordinary women. According to the feminist theory (Allen, 1996; Garcia-Hallett, 2019), women, in general, view violent spaces as regions in which men have higher rights than they have and as locations from which women are excluded due to harassment and fear of being violently attacked (Garcia-Hallett, 2019).

A good number of women are self-assured, well-equipped to adapt to their surroundings and able to assume command of their own lives, and when they do, they make those spaces more comfortable and readily available for their cohorts by their presence (Koskela, 1997). However, this might not be the same for some other women as they perceive these violent spaces uneasily and prohibit their access. According to Simonsen and Vaiou (1996), spaces in this region need to be understood not only as being constrained geographically but also as being socially formed out of various social ties. This idea is embedded not only in the workings of the political and economic systems but also in the more mundane aspects of our daily lives, such as gender relations. Similarly, from an intangible point of view rarely mentioned, one's emotions and feelings can also help to make space, such as when mothering in violent situations.

Motherhood is an experience that is both universal and unique. While motherhood is often celebrated as a joyful and fulfilling experience, it can also be a time of significant vulnerability and risk, particularly for pregnant and nursing women in violent or hostile environments. For instance, living in conflict spaces can significantly increase their risk of mental problems, malnutrition, infant mortality and even psychological stress (Kadir *et al.*, 2018). Alene *et al.* (2023) have also argued that the lack of health personnel due to the conflict may also impede access to prenatal and postnatal care, which are essential for ensuring the health of the pregnancy and breastfeeding practices. In recent years, increasing attention has been paid to women's experiences in these circumstances and how conflict impacts their motherhood experiences (Gebremichael *et al.*, 2018). As an area of protracted farmer–pastoralist conflict for over two decades, the Agogo Traditional Area (ATA), which is situated in the middle belt of Ghana, has played home to a bevy of studies, particularly those focusing on peace and conflict management (Appiah-Boateng and Kendie, 2021; Bukari *et al.*, 2018; Opoku, 2014).

The consequences of the farmer–herder conflict is a general feeling of discontent, fear, cognitive dysfunction, trauma and poverty and how health workers are unable to move into the communities to conduct immunisation and vaccination for newborn babies (Appiah-Boateng, 2020). In ATA, however, it has become increasingly clear that the area is rife with rich data that can contribute enormously to humanities scholarship in Africa but which is largely underexplored. Several scholars (Parashar, 2014; Sjoberg and Gentry, 2007; Goetz and Jenkins, 2005; Hooper, 2001) have highlighted the underrepresentation of women's voices in spaces largely considered violent or hostile. A growing cadre of scholars (Kitchin and Thrift, 2009; Kabeer, 2014; WHO, 2019) have identified how coping mechanisms and adaptation strategies in conflict spaces are bifurcated along gender lines. Any in-depth discussion of spatiality, which will be operationally defined as a social construct that encompasses the effect of space on actions, interactions, entities and theories (Sheppard, 2004), must necessarily highlight the particularities of gender and power dynamics by which women are disproportionately affected. This is a requirement for any discussion of spatiality.

In light of this, my research goal is to compose the anecdotes of the nursing and pregnant women living in Agogo, focusing on their resiliency and strategies to ensure their survival in such a hostile environment. Regarding conflict, there is a significant and nuanced divide between pregnant women and nursing mothers. Conflict and violence frequently present several challenges, affecting the mothers' health and well-being and their unborn and nursing children. This void will analyse the dynamics of mothering in hostile places. In addition, it helps shed light on the philosophical and cultural viewpoints of women living in violent civilisations. Furthermore, it pushes the boundaries of sociocultural narratives in

violent communities in Ghana and demonstrates how these narratives may be applied to the study of gender and the humanities.

This paper seeks to contribute to understanding the particular problems and strengths faced by pregnant women and nursing moms in conflict zones by shedding light on their often-overlooked hardships and perseverance. Using photovoice and narrative inquiries, I shed light on their live experiences to inform and improve how humanitarian relief, health-care services and legislation are tailored to their individual needs by weaving them into the larger fabric of gender, conflict and health. In the end, this work advocates for a world where these brave women's well-being is a priority, not an afterthought, and works to ensure that their voices are heard and acknowledged in the search for more inclusive and effective solutions in conflict-affected communities.

Theoretical perspective

A sociological and philosophical paradigm known as the feminist standpoint theory was used to investigate the issue in the study. The study demystifies that two individuals do not hold the same opinion at any particular time. This is held on the premise that individual opinions, perceptions, ideas and beliefs are highly individualised and subjective to a wide range of factors. It, thus, explains the tenets and knowledge embedded in the fields of sociology, psychology, constructionism, emotions and cognition. This idea, developed through feminist studies, maintains that knowledge is influenced by social context and individual experiences rather than being neutral or universal (Allen, 1996; Harding, 2004; Kuper, 2013). The feminist standpoint theory, which holds that those marginalised in society have a unique perspective that allows them to view and comprehend social reality differently than those who are privileged and powerful, fundamentally contests the notion of objectivity. This point of view is the product of the unique social, cultural and historical situations in which oppressed groups find themselves.

According to the theory, people who are oppressed and marginalised throughout their lives, such as women in patriarchal societies, possess knowledge rooted in their own experiences of oppression. Their viewpoint offers crucial insights into societal inequalities, power relations and the operation of dominant ideologies and systems. (Moosa-Mitha, 2015; Ojediran, 2014).

The feminist standpoint theory further emphasises amplifying the voices and experiences of pregnant and nursing women who navigate motherhood within a context of protracted conflict in the selected study case.

The study's use of feminist theory enables the researcher to look deeper into the social, cultural and power aspects that influence pregnant and nursing women's experiences and move beyond superficial understandings of motherhood in a conflicting environment. This strategy enables a more in-depth examination, eventually contributing to a deeper understanding of these women's difficulties and strengths in Ghana's protracted conflict. By acknowledging and valuing the knowledge and experiences of marginalised groups such as nursing and pregnant women, researchers can contribute to a more open-minded and all-encompassing comprehension of social concerns. This will ultimately work to challenge and transform current power structures and promote social justice.

Methods

The research was qualitative. This method helps non-numerically investigate nursing and pregnant mothers' experiences, viewpoints and behaviours in the violent space. These mothers' experiences will help policymakers and analysts develop interventions that sustainably promote mothers' well-being (Bradshaw *et al.*, 2017). The study used narrative inquiry to understand and portray the story and the lived experiences of women in the

conflict region. According to Bruner (1994), narrative inquiry is based on the premise that people understand and make sense of their lives and construct their identities through narratives. Through this approach, people are made to tell their life stories and experiences through a variety of methods (Clandinin and Connelly, 1994; Connelly and Clandinin, 1988); such as stories, photographs and artefacts. In this study, I used this approach to elicit from participants their lived experiences in the conflict space as victims and individuals heavily affected by the conflict. Photovoice and narratives were used to understand nursing and pregnant mothers' daily lives. This approach allows the research participants to narrate their experiences within their environment using a photograph (Wang and Burris, 1997).

Study area and participants

The research was conducted in the ATA. ATA is located within the Asante Akyem North Municipal District in the Ashanti Region of Ghana and has several sub-communities where farmer–herder conflicts are prevalent. Most ATA residents are agriculturists [animal and crop farming] (Demographic, 2014, p.14), competing for natural resources such as water and fertile land for survival. This has led to the continued hostility between the Fulani herders and the local farmers. The study area was chosen because despite the sexual abuse of women and the displacement of women, children and the elderly (Appiah-Boateng, 2020) as a result of the conflict, no research has been conducted that concentrates solely on the experiences of nursing and pregnant mothers.

Pregnant and nursing mothers are among the vulnerable groups mostly within conflict spaces. This is because, in most conflict spaces, issues on health-care access, nutrition and psychological well-being, although critical to mothers' well-being, are often worsened. Therefore, understanding their experiences can help policymakers appreciate how conflict affects the health of mothers and children and also implement suitable measures to assist and safeguard these vulnerable groups. I purposefully sampled 20 participants: 10 pregnant women and 10 nursing mothers. The reason for purposefully sampling this number of participants was that in narrative inquiries, the focus is on capturing personal stories and lived experiences comprehensively without overwhelming the research process. Furthermore, the number indicates a deliberate attempt to uphold ethical principles, particularly considering the participants' vulnerable status and the complex dynamics of doing research in conflict-prone areas.

I reached out to each of these participants using snowball and convenient sampling techniques. The sampling techniques were informed by, not only the status of the participants as pregnant or nursing mothers, but also the extent to which their lives have been affected by the conflict and their lived experiences relative to the effect of the conflict. In this vein, I was guided by the level of vulnerability that could be seen in such women's economic prowess, influence and social status in the community. Thus, the most vulnerable and heavily affected are those with less economic power and privilege, which also informed the participants' sampling.

The study focuses on participants who are pregnant women and nursing mothers. These groups are combined through their experiences in the representation of motherhood. The point of convergence is the situation whereby they care for themselves and their attached dependants, the developing foetuses or the newborn children and/or other children. This signification of motherhood makes them more vulnerable in navigating the conflict spaces as their coping strategies are not only about their survival but, most importantly, about their fragile dependents. This explains why the study conjuncts pregnant women and nursing mothers together. Be that as it may, the study recognises the inherent differences that may exist in the story and lived experiences of a pregnant woman and a nursing mother. These experiences are, however, reflected in individual stories based on their daily activities and needs. However, they are faced with the same problems as vulnerable groups in such a conflict space who have lived experiences and strategies to cope.

Photovoice and narratives

The study used participatory photography and photo voices (Bevan, 2014) to give women in the disputed ATA a voice. This allowed participants to graphically express their views on the farmer–herder dispute. Participants were assisted in taking photos that best described their situations (Nykiforuk *et al.*, 2011). Following the pictures, semi-structured interviews and informal discussions were held to collaboratively interpret the stories behind them and tell the stories of pregnant women and nursing mothers in violent spaces. This strategy works because photos can capture the women’s feelings and graphically reflect the facts, but they can also be used as metaphors to explore many more facets of their daily lives. This study uses narrative inquiry to tell the stories of pregnant and nursing mothers in a protracted conflict area. Each participant’s narrative was personal and highlighted their motherhood struggles. These mothers helped us understand their issues and how they influenced their lives (Bergen and Labonté, 2020). I used narratives and simple approaches to compile, analyse and evaluate the mothers’ everyday stories.

Data analysis. The study’s data and the researcher’s interpretations were analysed simultaneously (Oerther, 2020). Using the narrative analysis, attention was paid to the mothers’ construction and expressions made in their individual stories or narratives. For this reason, I carefully examined the data –the photo voices, interview transcripts and observations to obtain a sense of the context and overall content. Initial ideas, observations and thoughts were noted. I carried on with the coding; I began with open coding, which entails dividing the data into smaller meaning units (words, phrases and sentences) and giving each unit a code where necessary.

Ethical considerations

Ethical considerations are an essential aspect of research that ensures the protection and well-being of study participants. These significant ethical considerations were taken into account in this research. Participants’ personal information were kept private and protected from unauthorised access. Participants had the freedom to decide whether or not to participate in the study and the option to withdraw at any time. Participants were fully informed about the study’s purpose, including the potential hazards and benefits of participating. Data from the participants were anonymised before analysis, and in most cases, pseudonyms were used to represent participants’ real identity: name and place in the presentation of the finding. Again, the researcher sought ethical clearance (with the ID number UCCIRB/CHLS/28/19) from the University of Cape Coast Internal Review Board before conducting the study.

Results

Themes

1. General theme:
 - Experiences of daily living (focuses on how pregnant and nursing mothers evince their feelings, needs and desires).
2. Subthemes
 - The polluted river.
 - Health-care access and challenges.
 - Caring for a child in a prosthetic device.
 - The blue bucket.
 - The Fulani cows.

- Effects of polygamy on mothers' well-being: my husband's second wife.
- The unsettling presence of a suicide tree in the compound.

Source: Field data: 2021

Shows the themes that were generated from the data. Based on similarities and patterns, I organised the dominant codes into themes. These dominant themes are informed by the reflection of the deepening vulnerability, the need for lessons and understanding of the socio-economic activities of the participants because of their coping strategies to the conflict. Finally, I summarised the results with quotations. The results shed light on pregnant and nursing mothers' experiences in the ATA. Nevertheless, while themes such as polluted water and health-care access and challenges highlighted collective voices the remaining photos were representative of individual participants and their stories. The discovered themes are shown in Themes.

Socio-demographic characteristics of participants

Table 1 shows the study participants' socio-demographics. The data describes the sample population's demographics, which is crucial for interpreting the study's findings. This study examined age, education, ethnicity, religion, marital status, occupation and number of children.

Variable	Frequency	%
<i>Ethnicity</i>		
Akan	14	70
Dagomba	4	20
Frafra	2	10
<i>Religion</i>		
Muslim	4	20
Christian	16	80
<i>Marital status</i>		
Never married	4	20
Married	8	40
Co-habitation	6	30
Separated	2	10
<i>Age</i>		
< 18 years	1	5
18–27 years	12	60
28–37 years	6	30
> 38 years	1	5
<i>Educational level</i>		
No formal education	15	75
Basic	5	25
<i>Occupation</i>		
Food vendor	5	25
Petty trader	5	25
Farmer	10	50
<i>Child count</i>		
One kid	1	5
Two kids	2	10
Three kids	5	25
More than three kids	12	60

Source: Field data: 2021

Many of the participants belong to the Akan ethnic group. The findings suggest that most of the study population are within their youthful age while many of them are Christians and married individuals although a good number of them cohabited as partners. Finally, the participants were either into farming, trading or food vendors.

Experiences of daily living

The photovoice project exposed the various struggles and challenges that expecting and nursing women in Ghana had to deal with during a time of ongoing violence. Through pictures and personal accounts, respondents shared their opinions on a variety of topics, including the death of a cousin while fetching water from a polluted river, the value of a blue paint rubber in generating income, the challenges of traveling to health care due to poor roads, the difficulty of caring for a child with a prosthetic device, the effects of polygamy on women's well-being and the unsettling presence of a "suicide tree" in the neighbourhood. Although these are the lived experiences and narratives of the participants used in the study, these experiences may not deviate much from what most maternal mothers are likely to face within protracted conflict areas.

In addition to highlighting the value of hearing their experiences and viewpoints, these photographs and facts illustrate the complicated reality that expectant and nursing mothers in conflict zones must contend with. This emphasises the point that there is a gender perspective to fear of violence especially when it comes to the effect that such violence will have, and in this case, women are seen to be the most vulnerable (Maas *et al.*, 2019; Pain, 1991). We can create more just and equitable societies if we understand the difficulties people confront and their survival techniques. In this article, I examined how these narratives illuminate the lived realities of expectant and nursing mothers in a setting of protracted violence in Ghana by delving deeper into their stories and grouped as themes for easy reference and understanding.

The polluted river

As much as these water bodies serve both males and females and the general community, there is an evident effect on the selected participants: pregnant women and nurturing mothers. It was evident from their narratives that the polluted water bodies (see Plate 1) have added to their established vulnerability. This is what a participant had to say:

Plate 1 A picture of the polluted river



Source: Field data: 2021

Once essential for our livelihood, these water bodies now lie in ruins. At first, we used to have borehole water here in the community. Even when it did not flow, we had life following rivers around which we could go and get some for our family and household duties anytime, any day. But now, not only are we scared of losing our lives and that of our unborn child as a result of going to these distanced rivers to access water, but also of the health complications we stand to get as a result of this tainted water usage. We have to journey several miles to access these rivers, and even with that, these cattle have eroded the banks of the river and polluted the water. So, if you are not careful, you can trip off from the eroded banks and hurt yourself. Imagine me, a pregnant woman, drinking from the same source of water animals drink from, do you think it's fair to me? Even the trauma of tripping off from the banks of the river anytime I go there is another story to tell my unborn children someday.

Their vulnerability is based on the fact that clean water is central to the development of nurturing their pregnancy and also their feeble children. Due to the weak immune systems of pregnant and nursing mothers, and babies, the lack of access to clean water heavily impacts their survival. In many conflict zones, rivers and streams are polluted with harmful bacteria and parasites, making them unfit for drinking, bathing and washing. Conflict makes simple actions like getting water dangerous. A metaphor for the difficulties experienced by expectant and nursing mothers in conflict zones, the river serves as more than simply a source of fresh water.

During the interview, another participant related her personal experience with the river in her neighbourhood. She describes how her cousin died while attempting to fetch water. She talks about how the river's hue changed that day and how thinking about it still triggers unpleasant recollections. She stated that the only water source for the community turned into blood as a conflict victim was shot and pushed into the river. Baale stated:

These Fulani herdsmen shot my cousin, and her body was dumped in the river. No one knows what happened, but sources say she confronted these herdsmen on why they have allowed their cattle to drink from the same river we also use as our main water source. Now I have to take care of her little boy and raise him like my own because her mother is no more. Going to the river is very risky, and we must navigate our way out carefully to avoid falling victim, especially during the dry seasons. So I usually go with my husband but sometimes because of the nature of his work he leaves home early and returns very late, so sometimes we have to hire people to fetch this water for us. Nevertheless, I do not have money to pay the people who fetch water for us so I visit the river often, and each time I go, there is that fear.

The participant described how difficult it is for expectant moms and nursing mothers to obtain water because they must negotiate hazardous terrain and risk being killed or injured. They also had to walk miles away from the community to get water for their household. These events impact the general well-being of such mothers.

Health-care access and challenge

In the case of ATA, the story regarding health-care services is not different. Due to the conflict, many clinics are short of staff and practitioners, and many routine health-care services like immunisations and antenatal services have been interrupted. These interruptions in health-care services and the shortage of health-care workers within the area have a higher tendency to affect the psychological well-being of these mothers. Afia, an indigene, and a nursing mother had this to say:

We visit hospitals with the hope of returning home safely because we believe there are several specialists well-trained to take care of us in our vulnerable state. But when it happens that you do not have these practitioners at the post to take care of you it tends to increase the psychological aspect of your state. These are what we go through every day as nursing mothers. Because of the protracted nature of the conflict, health workers, when posted here, do not stay for long or do not even come at all. So, most clinics here do not have enough workers to care for us and our children. So, as a nursing mother, I have to travel to the next community before I can access

immunisation for my child because that community is relatively peaceful and the health workers like to station there. And I do this every two weeks. The most worrying aspect is the road (see [Plate 2](#)) leading to this facility; it's too bad. The road is only accessible to motorbikes. So, my son and I will have to be on this motorbike on this poor road network before we can access healthcare services. Just imagine, it's very unpleasant to see.

Yaa also narrated:

As for me, I have resorted to self-medication because I cannot risk my pregnancy on this poor road to access basic healthcare services. During my first pregnancy, I had a miscarriage as a result of the bad road. The motorrider unexpectedly hit the bike in a pothole, and I got frightened and started bleeding. Before they arrived at the hospital, I had bled the child out. I was on my way for treatment and a checkup, but I could not return home with my child. This unpleasant memory has served as a lesson for me, and I would prefer to visit a chemical shop for drugs than travel on these roads that might cause me to lose my baby again.

Caring for a child in a prosthetic device

In engaging in narrative inquiry, the story of caring for children with special needs in such a conflict space is reflected in the narrative of a participant who takes care of her special child. Although this may not be the story of every mother, it represents mothers who have to care for their children with special needs and even some chronic diseases. Given this, it is prudent to unearth how these conflicts have impacted mothers who have to care for their children with these special needs. These families are severely impacted, with effects ranging from social integration to health-care access. Due to the difficulties in moving about and the increased danger of violence, it is much more difficult for these families to provide their children with the care they require amidst living in a conflict space. The participant described how difficult it was to care for a prosthetic-wearing child (see [Plate 3](#)) in a conflict area like Agogo. This is what she said:

I am a single mother trying my utmost best to raise my only boy, who wears a prosthetic device. It is very difficult for us, although his condition was from birth and not as a result of the conflict. However, living here in the conflict space has added some vulnerability to his condition and to me as his mother, too. I have to stop the work I do and stay by him always. He cannot run, so if there are dangers ahead, I have to carry him so that we both can find a safe place. I remember one day I was at the farm when these herdsman chased us from our farm. I had to save my life and that of my son. In doing so, I even got myself injured because I had to carry my son. Psychologically, I am not well, and I live in constant fear all the time because anytime I am thinking of how to carry my boy to escape any imminent danger. My ex-husband left after

Plate 2 A picture of a poor road



Source: Field data: 2021



Source: Field data: 2021

realising our son had a disability and branded him a "deity baby."As a nursing mother with a special child, has also imposed some financial constraints on me because I must leave everything that I do and stay with him every moment of his growing stage. I do this alone without anyone's help.

As a nursing mother, she must learn to adjust to her child's needs, including finding a fitting prosthetic. These are some unsung stories of some nursing mothers. To this participant, her son's special needs for attention are known, but there are equally some mothers who have to leave and stay by the children all day and night due to particular chronic diseases or sicknesses that have befallen their children. These mothers are mostly responsible for giving their ill children round-the-clock care and monitoring, sometimes without breaks. This role can be physically and mentally draining, leaving little time for other home chores or self-care.

Also, as compared to other mothers who may not have to stay by their children all the time, nursing mothers, especially those with special needs children, face financial constraints and mobility challenges. Due to the conflict, disabled children had trouble getting medical care and equipment. Despite challenges, the participant was passionate about caring for her son and providing him with resources. The prosthetic device reminds her of her son's strength and her motherly affection for him. Nursing mothers of disabled children in conflict areas confront unique challenges and need access to medical care and resources. Their experiences shed light on how conflict affects mother and child health and how to support vulnerable populations in conflict areas.

The blue bucket

The blue paint rubber photovoice (see [Plate 4](#)) is one of resilience and determination. Despite facing the challenges of being a new mother, she found a way to support herself and her family by starting a small-scale restaurant where she sells rice and boiled yams. This business has become a lifeline for her, allowing her to purchase necessary items for her children, such as diapers, and to send money back home to her mother. Although her husband provided the initial seed capital to start the business, she has taken ownership of it and all the profits generated are solely hers. She understands the importance of providing for her children and takes her responsibility seriously.

While her husband owns the farm produce, she still benefits from it as they belong to the family after the harvest. She has found a way to balance her responsibilities as a mother and a businesswoman, and her hard work has paid off as her business thrives. This is how she summarises her story:

Yes, I started selling food (small-scale restaurants) until I gave birth, and I still do. I shifted to this business because moving to the farm was always scary, as the herders could rape you anytime. I serve rice food and yam. While I decided to stop farming to escape being a victim of rape by the Fulani herders, one day, while selling my food, some herders came to the community with their weapons. They asked me to give them all the sales I had made. I pointed to my blue paint rubber where I keep my money inside. They took all my money, leaving me with my blue paint rubber. Sometimes, I get flashbacks of that encounter while I gaze at my container and get cold and bitter.

Plate 4 A picture of the blue paint rubber



Source: Field data: 2021

The Fulani cows

Abena, a nursing mother gave an account on the photovoice, “the Fulani cows (see [Plate 5](#))”. She puts her story this way:

One cannot cook peacefully in this community. The Fulani always suspect indigenes of stealing their cows and sheep. The Fulani men go around picking up the smell of residents' meals prepared. They do this to interrogate and demand money from residents who prepare meals with meat (beef or mutton). Not all of us can afford fish meals in this community. Women live in constant fear here in this community. In 2019, a young man died here and his sister who was a nursing mother was brought to witness the torture given to her brother before his death. To overcome the fear of being assaulted by the Fulani, some mothers have resorted to preparing their meat meals on their farms.

She mentioned that Fulani herders had the custom of glancing around to see if anyone was cooking meat since it meant their cow had been butchered. The herders used this custom to establish ownership and request payment for the loss of their sheep. The sight of the Fulani herders searching for cooked meat served as a sorrowful reminder of the death of a nursing mother's brother. According to her, she was forced to face the truth of their brother's death as it brought back memories of sadness and anguish. Seeing Fulani cows was a constant reminder of the difficulties experienced by the nursing mother amidst protracted conflict, linked with cultural traditions and shared memories of bereavement.

The participant's narrative shows that the cow has special significance in their society. It depicts the suffering and misery endured by families impacted by conflict in addition to serving as a source of sustenance and livelihood. The narratives illuminate the tremendous effect of such experiences on the emotional health of pregnant and nursing mothers by sharing this anecdote. To deal with the difficulties these women confront as they navigate the complexity of motherhood while enduring protracted conflict, it highlights the necessity for support structures and resources.

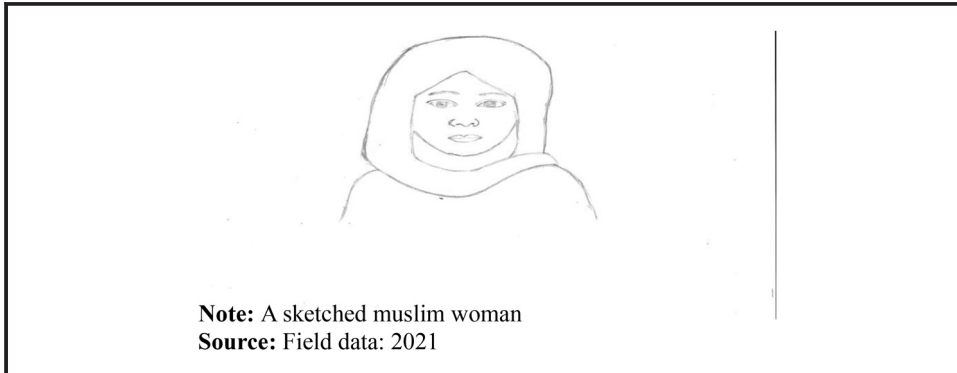
Effects of polygamy on mothers' well-being: my husband's second wife

This narrative of polygamy and its consequences on mothers' well-being came out strongly in the study. Some communities in Ghana are prone to polygamy, which is the practice of having multiple wives. The well-being of women, particularly those who are pregnant or nursing, may be significantly affected by this practice. Adiza (pseudonym) a native Moslem mother in the study told her story about how her husband took on another wife (see [Plate 6](#)) because she could not conceive another child after their fourth born.

Plate 5 The image of the Fulani cows



Source: Field data: 2021



She describes how her husband struggled to provide her and her four children with the time and support she needed during her pregnancy and nursing years since he had to divide his time and resources between the two wives. She poured out how her husband took on a new wife without her consultation and how she and her children ultimately got abandoned by the husband. She showed me their shelter roofed with a thatch while the new wife's and her husband's side had aluminium sheets. During rainy seasons, she explains the sleepless nights she and her older children encountered as they had to stay awake and collect all the rainwater. Part of her farmland given to her by her husband has been seized and given to the new wife. She recounted:

My husband and I are Moslems, and I understand that our religion gives him the right to, but on the condition that he is financially resourced enough to. I made my husband who he is today. I made him come to the Southern part of Ghana, here in Agogo. My uncle gave me land, but because of a gendering conversation about land acquisition, I made my husband an authority over the land. We farm today and do make lots of profit. Now, he thinks he is somewhat okay and can take on another wife. I regret so much marrying him now. All attention has been directed toward the new woman. My husband no longer cares about us (the participant starts crying). I am so mentally derailed, and sometimes providing food, tuition, and other care for my children is impossible. I have to run to other neighbours to get some support for them. I plan to return to my family with my children since life in this area has nothing to offer.

The experience of this mother highlights the lack of care and attention to mothers and their children when a new wife is introduced into the home by her husband. Older wives and their children do not receive protection during the outbreak of the conflict and neither are their basic needs provided by their husbands. The challenge of having to cater for the children single-handedly frustrates the well-being of such mothers.

(A sketched Muslim woman)

Unsettling presence of a suicide tree in the compound

Adwoa, a resident in ATA connected a narrative about an unnerving suicide tree (see [Plate 7](#)) in her house. According to her:

On the radio and other news platforms, I hear people commit suicide to end their worries by hanging themselves on a tree. Although these news items are not good for my health, I must tell you, I am not different from these people. I do get some of these thoughts of suicide anytime I see this tree in my house. Sometimes, the worry is so much that I think it is only through suicide I can save myself. These cattle herders have made their cattle destroy all our farm crops. When you confront them too, then they either beat or kill you in addition. Now, we cannot go to our farms in peace, neither can we go to the riverside in peace. There are tensions everywhere, and these things even put fear in me a lot. I also



Source: Field data: 2021

do not want my unborn child to come and suffer and also live in a community like ATA. So sometimes, when I think about all these things and see this tree, the only thought that comes to me is to end it all. It will interest you to know that I have tried it before but I could not succeed (participant demonstrated this. She brought out the sponge she tried using when she made the attempt but carefully looked round to see that nobody was watching her during the demonstration). Don't think I am the only person going through this. For me, I am sharing mine with you but do you know what others go through? and what they think of doing.

The participant describes how she had heard tales of people hanged themselves from trees and how the mere thought gave her the creeps. She was concerned about the effect of such bad energy on her unborn child because she was pregnant. She also raised concern for nursing mothers who might experience stress and lack support. At the same time, they battle depression and other mental health conditions, especially in a setting where getting care for these difficulties is sometimes stigmatised. She recounts how she attempted suicide on the tree in their compound because life was unbearable for her and her children. I asked if cutting down the tree would take off such a mental reminder but she responded that it would somewhat help, but seeing other trees around her can still give her flashbacks while life difficulties linger on.

Most people's way out of depression and anxiety is often through suicide. Amid conflict, where already sacred resources are further distorted, coupled with loneliness and isolation, the post-traumatic stress that often comes from vulnerable people is to end it all by themselves. These are the thoughts of some mothers who live within these conflict spaces like ATA. The suicide tree then becomes a metaphor that connects the presence of

repetitive violence to past traumatic experiences and future uncertainties (i.e. fear of the unknown or just daily fears of uncertainty) in the minds of pregnant and nursing mothers.

Discussions

To explicitly illustrate the case of nursing mothers and pregnant women during the ATA conflict, the study is guided by feminist theory. The use of feminist theory in this study has allowed for an in-depth analysis of the exposition and narratives of women, specifically nursing mothers and pregnant women. This standpoint agreed with authors such as [Moosa-Mitha \(2015\)](#) and [Ojediran \(2014\)](#) that pregnant and nursing women are vulnerable in contentious spaces. Therefore, their opinions matter significantly in discourses on societal inequalities, power relations and the operation of dominant ideologies and systems.

Secondly, although the narratives and the photovoice are not exclusively experienced by women, because the research focuses on feminist theory, the points of attention have been women's experiences and the effects of the conflict on such a vulnerable group ([Desmarais et al., 2012](#); [Maas et al., 2019](#); [Spencer and Stith, 2020](#)). According to feminist philosophy, women and men are affected differently by conflicts. The health and safety issues that are specific to pregnant women and nursing mothers are typically disregarded in patriarchal societies and conflict resolution techniques ([Rothman, 2016](#)). It has, therefore, been revealed through this study that the vulnerability of women, especially nursing mothers and pregnant women, in such conflict spaces is enormous to be glanced over.

The data presented in this study provides an overview of the socio-demographic characteristics of the study's participants. These findings are relevant to scholars and practitioners working in related fields and can contribute to developing effective interventions for similar populations. The river's story shows how conflict-affected pregnant and nursing women struggle in their space. It also emphasises the need for community life-saving resources like water and irrigation dams. Importantly, such effects of pollution have not been discussed through a gendered lens ([Maas et al., 2019](#); [Spencer and Stith, 2020](#)). However, scholars have identified that the effects of conflict, including the victimisation of women, are central to the discussion of conflict and how to build peace in society ([Desmarais et al., 2012](#); [Spencer and Stith, 2020](#)).

Examining the stories of those who have experienced violence can help us understand disadvantaged communities and establish more just societies. The result of non-access, the unavailability of clean water and the unfortunate instances of having lived with the memories of losing a loved one, thus, portray the difficulty and hazardous living by the mothers affected by conflicts. Since the root of the conflict also encompassed the destruction of water bodies by herdsmen who use their cattle to drink and muddy the same water, such unpleasant experience poses threats to the physical and mental health of mothers ([Simonsen and Vaiou, 1996](#)).

Conflict as a phenomenon has an enormous negative effect on the development and provision of amenities, especially when it is a protracted conflict, as it is the case in ATA. Conflicts have a significant and complex impact on health-care systems and delivery. Widespread effects include disruptions to infrastructure, services and the safety of health-care professionals and the people they serve ([Devkota and van Teijlingen, 2010](#)). The conflict has distorted routine health-care programs like immunisation, maternal and child health services and the management of some chronic diseases, eventually leading to a decline in prenatal and postnatal care in these areas. This is worrying because it increases the vulnerability of nursing mothers by posing a significant danger to them and their newborn babies. Also, because many pregnant women do not get access to this immunisation program frequently, they and their unborn children are at risk of infectious diseases, which could have been prevented through vaccination. All these impacts on

pregnant or nursing mothers, are simply the result of not getting proper health care as a result of living in a conflict space.

Aside from health-care workers not reporting to post, coupled with a lack of amenities, motorable roads connecting communities where these mothers can access some quality health-care service is another challenge that increases the vulnerability level of these women when it comes to access to health care. As a result of the poor nature of roads, transportation to access health care in other towns is difficult as cars seldom use these roads. Although this negatively affected all community members, the effects on, pregnant women and nursing mothers were more devastating as narratives show that their experiences faced were different and more deleterious. This sheds light on the lived experiences of vulnerable groups in conflict regions. Pregnant women in conflict zones face more than simply a physical challenge on the poor road that leads to the hospital. It serves as a terrible reminder of miscarriage for one participant. The narratives explain how her miscarriage was partly caused by the bad nature of the road that led to the hospital. She vividly narrates that in attempt to access a hospital in another town when she was in labour, the bumpy nature of the road caused issues, resulting in a miscarriage. The infrastructural neglect, the unwillingness of health-care workers to stay in the community and the disruption of basic but essential prenatal and postnatal care, as a result of the conflict, has affected pregnant women. Pregnant women are exposed to increased vulnerability as a result of the need for regular and consistent prenatal check-ups, which are crucial for monitoring the health of the mother and the development of the foetus. Therefore, anything that tends to take these essential services can lead to undiagnosed or pregnancy complications.

Similarly, nursing mothers also require postnatal care to monitor their recovery from childbirth and also support breastfeeding of the child. They also require access to health care for their newborns, as a child's early years are extremely important. Disruptions in the health-care system may impact their capacity to handle postpartum health concerns and obtain breastfeeding advice. This means that both groups (pregnant and nursing mothers) require more frequent and specialised health-care services compared to women who are not pregnant or nursing. This is because, although all women living in a conflict space are exposed to several health risks, those who are not pregnant or nursing any baby may not necessarily require frequent medical visits.

The findings of this study align with that of a study conducted by [Alene et al. \(2023\)](#) who also highlight the lack of human resources for nursing and pregnant mothers care in the health facilities which exacerbate the plight of pregnant mothers affected by conflict. Interestingly, the present study further adds how the lack of good roads and other developmental facilities have exacerbated mothers' woes in conflict areas. This study prompts solution to [Kadir et al. \(2018\)](#) increased infant mortality in war areas by providing mobile clinics or sending doctors to remote areas to bridge the health-care gap.

The narratives showed concern for nursing and pregnant women's mental well-being. Victims' trauma, fear and anxiety highlighted the need for comprehensive mental health care for women impaired by violence. Psychosocial support, counselling and community-based activities can help these women cope with the psychological repercussions of the conflict. The recurring topic of resilience in the narratives shows the resilience and tenacity of pregnant and nursing mothers in the face of difficulty. Empowering these women through skill development, income-generating opportunities and community support networks can increase their well-being and resilience.

Societal issues and gender dynamics significantly influence the well-being of expectant and nursing mothers in conflict zones. Being a mother in a conflict area presents many complex and challenging issues, which shows the interplay of social, economic and gender vulnerabilities made worse by violence and instability. These social problems have long-

term effects on families and communities in addition to having an immediate impact on mothers and their children's well-being. The assertions about societal issues have a substantial impact on women, particularly pregnant women. The stories emphasised how polygamy and cultural beliefs frequently resulted in marginalisation and inequality. It further compounded the mental health of such a population. To address these problems, comprehensive actions must be taken to advance gender equality, confront damaging cultural norms and enable women to participate fully in life-affecting decision-making. Also, women must be part of the peacebuilding and solutions to conflicts where they can be part of discussions to end such conflicts to minimise the effects on them. The suicide tree's existence is a reminder of the critical need for more education and assistance regarding mental health issues among expectant and nursing mothers in the neighbourhood.

Although participants argue for more assistance and resources to help deal with the effects of such trauma and raise awareness about the emotional toll of living in ATA, these mothers equally showcased their resilience towards coping with the circumstances they found themselves ([Wieten et al., 2020](#) and [Koskela, 1999](#)). One such mechanism is avoiding reminders of violence. Thus, for [Valentine \(1992\)](#) one main strategy women take in coping with conflict is creating a psychological and physical distance. For [Desmarais et al. \(2012\)](#) and [Spencer and Stith \(2020\)](#) because of the threat of violence, women limit the places they go to and the things they do. This makes their response to violence different from men according to [Chan et al. \(2020\)](#) study.

Cultural sensitivities and educational barriers were the two significant limitations of this study. The pregnant and nursing mothers studied possess some cultural beliefs and practices surrounding their states and as the researcher, I needed to position myself well to understand these cultural dynamics. Again, these women were characterised by low educational and literacy levels (as shown in Themes) and limited exposure. Moreover, these are the perspectives of female farmers, petty traders and food vendors. This posed the challenge in constantly repeating the purpose of the study, procedures and ensuring that these women fully understood their rights to participation. Perhaps different views and perspectives would emerge if the study had targeted different women with higher academic qualifications or women engaged in formal work.

Conclusion

The stories of mothers-to-be and nursing mothers in Ghana during a protracted conflict, such as the farmer–herder conflict in ATA, show the particular difficulties and hardships they experience in such settings. According to the findings, the conflict has significantly influenced pregnant and nursing mothers' access to health care, diet, emotional health and general quality of life. These women exhibit extraordinary fortitude and strength as they work through challenging situations to protect their children and well-being.

The results show the urgent need for targeted interventions and support services to address pregnant and nursing mothers' unique needs in conflict zones. Increasing access to health-care services, particularly prenatal care and emergency obstetric services in conflict zones, is crucial to reducing maternal and newborn death rates. The health and development of women and their newborns can be improved by addressing food insecurity and maintaining a good diet. The emotional well-being of these women must also be addressed. Recognising these psychological repercussions of living in a conflict zone is crucial, as is offering the required counselling and psychosocial support. Through skill development and income-generating possibilities, women's resilience and economic stability can be increased, allowing them to take better care of themselves and their families.

In addition, societal problems, including detrimental cultural norms and gender inequity, must be addressed. A more just and equitable society for expectant and nursing mothers can be achieved by advancing gender equality, combating discriminatory behaviours and

enabling women to participate in decision-making. The study recommends all-encompassing and holistic strategies to support and uplift expectant and nursing mothers in conflict areas crisis in Ghana. Policymakers, health-care professionals and communities can support the well-being and empowerment of these women, assuring a better future for both them and their children by hearing their stories, comprehending their difficulties and acting.

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