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Abstract
The paper presents a participatory action research in which young people are engaged as researchers in a project focused on providing the best available information on HIV and AIDS to young people in their city. Based in three Bosnian cities, this UNICEF international study demonstrates the viability of involving young people as researchers and disseminators of sensitive information about a central area of their lives. The paper illustrates the process by which this was made possible, the role of the qualified researcher in conjunction with that of the young people, and the shared learning that took place throughout the project. Although complex because of the combination of the sensitivity of HIV/AIDS, coupled with that generated by the inter-ethnic recent history of Bosnia Herzegovina, the mutually respectful and supportive approach of the participants enabled this project to be successful and useful.

Key words: young researchers, youth, HIV/AIDS, Bosnia and Herzegovina, health promotion

Introduction
In April 2003, UNICEF Office in Bosnia and Herzegovina (BiH) initiated a Participatory Action Research (PAR) to develop a communication strategy for the prevention of HIV/AIDS among adolescents in our country. The project is entitled ‘Right to Know’ (RTK), indicating that it focuses on providing young people with basic information that each young person has a right to know in order to protect his/her health. This is a worldwide UNICEF initiative; Bosnia is the sixteenth country to partake in it. The aims of the initiative are to:

- Develop a communication strategy for the prevention of HIV/AIDS among young people in each country where it was initiated, and
- Increase their capacity to become involved in developing knowledge and practices that aim to support their wellbeing.

The initiative stipulates utilisation of PAR methodology as an important tool with which to facilitate the meaningful involvement of young people.

In the immediate region, the project is also being carried out in Macedonia, Serbia and Montenegro. In each country it may focus on any of the ten topics proposed by UNICEF as related to HIV/AIDS - HIV/AIDS itself, sexually transmitted infections (STIs), teenage pregnancy prevention, sexuality, physical development of girls and boys, gender issues, violence, substance misuse, human rights and means for life. This developmental approach is based on the assumption that any activity aimed to provide young people with knowledge regarding these issues will also support the prevention of HIV/AIDS.

There is little information about the level of HIV infection and means of transmission in BiH, particularly among the high-risk groups (UNICEF and IOM-OIM, 2002). The first AIDS case in BiH was registered in 1986, while a first HIV positive person was identified in 1989 (ibid.). Between 1986 and 1999 there were twenty five officially registered cases of HIV positive persons in the country. It was also confirmed that fifteen of them have AIDS, including the nine of them who died. Available epidemiological data suggests that in 2000 there were:

- 56 persons with AIDS, and
- 28 HIV positive persons in BiH.

There are no registered cases of mother to child transmission, although there was a registered case of an HIV positive child prior to 1996. There are individual reports on HIV positive people who are being treated abroad, mainly in Western Europe. It is almost certain that these cases are not included in the official data.

An increased risk of HIV infection exists also because of an increase in the number of immigrants in the country, mainly women that are victims of...
sexual exploitation trafficking, who either stay or pass through Bosnia. The availability and the low price of drugs also contribute to an increased risk.

Prevention programmes are mostly implemented through joint initiatives of international (e.g. UNAIDS, UNICEF, WHO) and local non-governmental initiatives. These include mainly educational programmes, which leads to a conclusion that we could have learnt a lot to date about HIV/AIDS, as well as other issues that are important for the healthy development of young people, i.e. HIV/AIDS prevention, prevention and harm reduction for substance misuse. The greatest advantage is that such activities for young people do exist.

The disadvantages are as follows:

- Although aimed at supporting young people, these programmes were mainly developed by adults. They are based on professional assumptions, rather than on actual needs and interests of young people.
- They lack possibilities for active and meaningful adolescent participation. Young people are solely a target group for second hand information, which is presented in a stereotypical and dull way (i.e. by adults holding lectures or in brochures on different topics that were developed by adults), rather than active partners for programme implementation.
- Lack of donor interest for prevention programmes
- Lack of support by governmental organisations and the media
- Focus solely on HIV/AIDS, while neglecting other important problems young people face.

Young people involved in our project identified that there are two issues that make this initiative significantly different from other HIV/AIDS prevention initiatives carried out in elsewhere in the country to date:

- It enabled young people to be meaningfully involved in the exploration of relevant issues, development and implementation of a country-wide prevention strategy. All of the initiatives carried out prior to this project were developed primarily by adults, emphasising the value of professional views and experiences. Adolescents were involved in tokenistic ways, i.e. taking part in some predefined activities.
- The ‘Right to know’ is based on a holistic and developmental approach to HIV/AIDS issues. As noted, the project treats any of the ten issues relevant to lives of youth in BiH as equally relevant to the prevention of HIV/AIDS. For example, even a project that helps prevent the breaches of human rights of adolescents is seen as equally important for HIV/AIDS prevention as that which focuses solely on HIV/AIDS itself. As will be further elaborated, the participants chose the topic on which to focus their studies, basing their views on which topics young people in participating towns have least knowledge.

Project structure

The initiative is carried out with a number of local non-governmental partner organisations (NGOs) working with adolescents (and were UNICEF BiH partners in the past): Youth Action Against Aids, Genesis from Banja Luka, Duga from Sarajevo and International Forum of Solidarity from Tuzla. The project was implemented in these three towns. Initially, it was assumed that the project would end in December 2003. Hence, a project structure was developed to utilise existing resources at the optimal level. A Principal Researcher was employed who has PAR experience to help develop an adequate project structure and support the adolescents in their work. The structure of the project is demonstrated in Figure 1.

Participants’ Roles

For each of the three sites, the partner organisations nominated a team of five local young people (members of partner organisations) as a Research Team. Each Research Team has a co-ordinator who was employed part-time, while the remaining four team members were employed for 20 per cent of full-time employment. We had a series of two workshops prior to the initiation of the PAR process to learn more about PAR skills and to plan a realistic and meaningful PAR process. The first workshop was facilitated by Social Solutions from Jamaica in February 2003, while the Principal Researcher facilitated the second in early May 2003.
We (Research Team members) facilitated the PAR process with the members of the Local Research Group, LIGa (see below). The traditional facilitator roles were split into different tasks, such as that of a facilitator of the group process, record keeper (audio and written) and/or the ‘devil’s advocate’. The Team members alternated in these roles, according to a joint agreement and interest. The agreement was for everyone to try out each of the roles at least once, since one of the project aims was also to build our skills. We also co-ordinated the work of the LIGa members between the meetings. Overall, our responsibility was to make sure that we work together and stay focused on the aim of the project.

We also wrote reports after each of the meetings. The reports have the following headings:

- a plan of activities for the meetings – PAR methods,
- a list of co-researchers that attended the meeting,
- a review of the within-group findings and/or plans for action outside of the LIGa with detailed responsibilities of each of the co-researchers,
- a review of the evaluation of the meeting
- a review of the Research Team reflection on the meeting
- appendices – eg. a questionnaire which was developed by the LIGa and Research Team members.

In the focus group organised as one of the evaluation activities, LIGa members said they saw us as colleagues who co-ordinated the work. Their comments suggest we were perceived by them as more active LIGa members, rather than someone who is hierarchically above the LIGa, a relationship which is one of the aims of this type of work:

“They gave us instructions on how to conduct research. They educated us, gathered our information and summarised it for us. They were good and strong support and they co-ordinated our work.”  (Members of the Banja Luka LIGa)

During May 2003, each of the Research teams initiated a Local Research Group (lokalna istrasivacka grupa or LIGa in Bosnian). LIGa is a group of 15-20 young people from the participating towns who are primarily interested in the project topic(s) and had time to spare to take part in the project. In addition, the members of the LIGa’s also noted the following reasons for joining the LIGa:

- Doing something useful for their communities

Since we try to solve problems in our town. (members of the LIGa in Tuzla)
• It’s an opportunity to learn something new and become more confident

It is a kind of additional education. (members of the LIGa in Banja Luka)

To become more confident and develop work habits. (members of the LIGa in Sarajevo)

• To meet new friends and spend time with them
• Earn money.
• Each of the LIGa members got a small payment (100 Bosnian Konvertible Marks, approx. 30GBP).

During the focus group discussion about their participation, LIGa members recognised that they carried out the main parts of the work and that they did a good job with it, primarily since they cooperated with each other:

We developed trust in each other, came up with ideas for our work, we were all great. (members of the Sarajevo LIGa)

We conducted the research, organised and implemented the activities, distributed information to other adolescents, etc. (members of the Tuzla LIGa)

We did the research, we spent time with our peers, we did the toughest part of the work. We exchanged experiences and information and made it all so good and original. (members of the Banja Luka LIGa).

The LIGa (Local Research Group) members, together with the Research Team, decided what to research, how to research it, with whom and when, conducted the research and other activities with other adolescents in their town, made sense of the data and worked with the Research Team to develop the proposal for a prevention strategy.

The Principal Researcher's role was to build the capacity of the Research Team members to conduct the PAR process with their peers and supervise their work. The LIGa members saw her as someone who supports and monitors the work, acting as a link between the LIGa members, Research Teams and UNICEF:

She listens and doesn’t speak; than she asks a good question for discussion. She’s not someone who opposes us, she’s like a member of the LIGa. She does her job well and has a good car. She controls the quality of our work, and makes sure we do everything on time. She was good. (members of the Banja Luka LIGa)

She’s a connection between the sharing group and the UNICEF, someone who supports our ideas and monitors our work, she’s great. (members of the Sarajevo LIGa)

She guided and supported our work. (members of the Tuzla LIGa)

The role of UNICEF was recognised as crucial in terms of initiating and funding the work of the sharing groups. The organisation was also seen as a source of support, despite some difficulties (i.e. delays in payments and distribution of materials relevant for our work).

The group was initiated through contacts with elementary and high schools in our towns, with local NGOs, and through personal contacts. The average age of LIGa members was seventeen years old, with a range from thirteen to nineteen. Fifty to seventy percent of co-researchers were female. Some participants lost their parents during the war. We only had problems in inviting more active participation of the gay/lesbian young people, probably due to a stigma still attached to this particular group of people in our country in general.
They took care of the funding. If they weren’t here, this project wouldn’t take place.

They were the support — a foreign element that gave our ideas an opportunity to develop. They had really strong motivation to show the world that BiH is doing something and that we are capable and knowledgeable to do it. They believed in us. (the Banja Luka sharing group)

They provided the funding and supported our work. (the Tuzla sharing group)

They are a donor that doesn’t behave as such. (the Sarajevo sharing group)

This last statement refers to the fact that one of the Sarajevo meetings was postponed due to a strike, since the payment of funds for the project was delayed. This was a regular occurrence throughout the project for all three sites. However, the central role of UNICEF as an initiator of this type of work, unique for the Bosnian context, was recognized.

The Team and the LIGa members met nine times during the six-months period (June – December 2003). The times of the meetings were negotiated not to overlap with other responsibilities of the LIGa or Team members (i.e. school responsibilities). On average, these took place every two to three weeks. At all three sites, we also often met between the ‘officially scheduled’ meetings, to plan the implementation of agreed activities. All but the Tuzla participants took a break during the month of August (see below for further details).

Before and after each of the meetings there was a ‘pre-‘and ‘post’ meeting of the Principal Researcher and Research Team members. At the ‘pre-meeting’ the Team members would practice their duties for the forthcoming meetings and make any necessary amendments to the agreed plan of activities for it. At the ‘post meeting’ we would reflect on the meeting (what went well, what didn’t go so well, what can we do to improve the following meeting), define the draft plan for the following meeting and define the provisional roles of Team members for the following meeting. The Principal Researcher was present at most of the meetings, mainly as an observer. This was the decision of the Research Teams.

The fifteen Team members had a ‘half-way’ meeting in the first few days of August to exchange experiences and plan the PAR process until the end of the year. In mid-November, all of the seventy five co-researchers met in Sarajevo to share their findings to date with various stakeholders (UNICEF BiH representatives, representatives of relevant governmental and non-governmental organisations, the media) and to jointly plan the future project activities.

Research Themes and Questions

As already noted, at each of the sites, the research theme members chose the topic they want to explore, out of the ten topics proposed by UNICEF.

The topics explored were:

- Banja Luka – Sexually transmitted infections; Human rights
- Sarajevo – Sexually transmitted infections; HIV/AIDS
- Tuzla - Substance misuse

We agreed that these are the topics that our peers know little about and are highly relevant for our well being and health.

At the first project seminar in Sarajevo (February 2003), the participants (majority of whom later became Research Team members) defined the following sets of research questions together with the facilitators from Social Solutions, Jamaica:

- What do adolescents know/don’t know about the explored topic?
- What are the risk behaviours associated with the topics? Why do adolescents expose themselves to these risks, despite some knowledge they have about the topic?
- How do adolescents want to receive further information about this topic? By whom? Where? When (how often)? Why?

Research Methods

With the support from the Social Solutions and the Principal Researcher, we relied on the following tools to facilitate our work:
**PAR methods**

During the work, we relied on the PAR tools that were adapted from the ‘Participatory Action Research in the Context of the RTK Resource Manual Tools for developing a PAR Mindset’ which was prepared by the Cornell University support team for the UNICEF Headquarters in May 2002 and from the ‘Parent HIV/AIDS Education Project Educational Resources’, developed also by Cornell University staff at the ‘Family Matters’ Project at the Department of Human Service Studies at Cornell University.

**Group discussion**

**Activities with other adolescents.**

These were mainly qualitative and quantitative questionnaires we developed and conducted with adolescents in three towns.

**In Banja Luka,** the LIGa Members devised a questionnaire and an interview guide in order to find out what their peers know/don’t know about STIs. In total, two hundred and eighteen adolescents were surveyed, while 19 were interviewed. Most (57.8%) of the survey participants and most (63.15%) of those interviewed were female. Average age of surveyed adolescents was fifteen, with a range from sixteen to eighteen years old. The survey was conducted during the summer vacation, and hence was conducted at the places were young people hang out.

**In Sarajevo,** two surveys were conducted with adolescents in Sarajevo. The LIGa members devised questionnaires – one on the adolescents knowledge of STIs and one to explore their level of knowledge of HIV/AIDS. In the first survey, 257 adolescents took part, while there were 1611 participants in the second one. In the first survey, the average age of participants was sixteen, with a range from twelve to nineteen, while girls comprised 54.9 per cent of the sample. The survey took place at the places adolescents spend time in during the summer (coffee shops, pools, and concerts). The second survey was conducted in elementary and high schools. Girls comprised 60% of the sample, while the average age and age range were the same as for the first survey.

**In Tuzla,** the LIGa and Team members conducted the following activities:

- A two-day basketball tournament for mix couples of young people, entitled ‘No drugs, no alcohol, just play basketball’. The activity was conducted since the LIGa members identified boredom and a lack of free time activities as one of the main reasons for high substance misuse among their peers. Seventy two couples took part in the tournament, and it was well attended by the young viewers. In the game breaks, young dancers had a performance, while each night young DJs organised a party. Throughout the day, LIGa members distributed the brochures on substance misuse, HIV/AIDS prevention and condoms. They also used this opportunity to collect some information through ‘comment walls’, where participants and viewers shared their opinions on different topics (i.e. ‘sex with or without…’, ‘How do I kill boredom?’, and so on.).

- A qualitative survey among adolescents about their knowledge regarding substance misuse in Tuzla and ways they spend their time. Two hundred and twelve adolescents were surveyed in four high schools and in an elementary school. The average age of participants was sixteen, with a range from thirteen to nineteen.

- A qualitative survey among parents in the same schools. Two hundred parents were interviewed on same topics as their children.

This data was analysed using the basic manual content analysis for qualitative data and SPSS computer programme and manual descriptive statistical analysis methods for quantitative data. Initially, the Principal Researcher and Team members were involved in the analysis. The Sarajevo LIGa members analysed the results of the second survey on their own. For each survey, the LIGa members would discuss and make sense of the analysis outline prepared by the Research Team members and the Principal Researcher.
Findings

What do adolescents know or do not know about the explored topics?

Adolescents have some basic knowledge. For example they understand:

- that they can get sexually transmitted infections (STIs) through unprotected sexual intercourse,
- the types and effects of substances that can be misused.

They have more detailed knowledge of substance misuse issues than of other explored topics. However, they lack detailed knowledge of:

- what types of STIs exist,
- symptoms for different STIs,
- how STIs can be cured,
- which types of sexual intercourse put you at greater risk of acquiring a STI,
- how to defend your rights at school in case you felt your work has been marked unfairly.

Younger adolescents are less knowledgeable about explored issues than older ones. Young people often guess about what information is correct which often leads to wrong answers. This was evidenced both within the work of the local research group (LIGa) and through work with other adolescents. Lack of knowledge leads to prejudice towards persons who are affected by the issues explored (i.e. towards people infected with HIV/AIDS or those that misuse substances).

Parents think that they are sufficiently informed about these issues, but adolescents don’t agree with this conviction. Adolescents think that their parents often ignore what is happening in their children’s lives until a crisis occurs. Parents are more likely to believe other adults than their children, even though other adults may be wrong (i.e. when an adult tells a parent that they saw their child with ‘risky peers’).

Risk behaviours and reasons for risk behaviours

We have identified the following risk behaviours:

- Substance misuse
- Experimentation with addictive substances
  
  *When someone takes drugs, they fall into a state where they don’t have any control over their behaviour and can easily expose themselves to risks. They can have sex with someone, for example, without thinking of using condoms.*

- ‘Transfer’ when taking drugs - ease with which young people can be persuaded or lead into risks if under the influence
- Sharing kits for intravenous drug use with other people

Sexual intercourse

- consenting to unprotected sex
- frequent change of partners
- not informing your partner that you may have a STI
- prostitution

General

- keeping silent about difficulties they have, i.e. with teachers at school or about breaches of someone’s human rights

We also identified different groups of reasons for risk behaviours:

‘you can’t have a life without any risks’

Adolescents are curious and don’t think about the consequences of their behaviours. They often think ‘it can’t happen to me’. Taking part in risky behaviours attracts peer attention and increases the social standing of the young person.

Social reasons

Addictive substances are widely available. Narcotics are widely available in elementary and high-schools, while there is no legislation to prevent minors buying and using alcohol and tobacco. Adolescents use these substances to comfort themselves because of disappointments in the family, in love or at school. During the survey of adolescents in Tuzla, our peers stated that ‘Drugs are everywhere around us’, available at all
the places where young people spend their time – schools, clubs, coffee shops, and so on. The socio-economic situation in the country was also identified:

*If you don’t have enough money, you can prostitute yourself to earn it. Or a friend of yours can offer you drugs. It’s a comfort thing.*

Boredom
This is connected with the previous reason. Young people lack opportunities to earn money, but also lack a variety of free time activities. They mainly spend time listening to music, watching TV or hanging out with their friends. Boredom occurs since they have nothing to do in their spare time and hence lack time structure and activities.

Low self-esteem
This was one of the most commonly identified reasons for risk behaviour. Young people related it to the following factors:

- the fact that adolescents don’t see any future for themselves in BiH
  
  *We live in the past, constantly looking back on what happened to us, instead of planning our future. We don’t see it, at least not here.*

- education system and education level of their teachers

  Teachers often call students different names since they lack professionalism and use the school and learning time of young people to vent their personal problems.

- low self esteem of all society members due to the poor socio-economic situation in BiH
- bad experiences with their parents

All this is connected to the first group of reasons for risk behaviours since it creates the following attitude ‘It can’t happen to me, but if it does, it doesn’t matter since my life is irrelevant anyway and is leading nowhere.’

The low self-esteem among young women makes them more vulnerable to consent to unprotected sex (in fear of losing a partner) or to sexual intercourse in general (at times with significantly older men, too).

Education
Words such as ‘sex’ and ‘condom’ are mentioned for the first time in the second grade of high-school. There isn’t enough mention of such issues in the school context. It is also important to know that, when addressing these issues, teachers or other lecturers often lack a good approach – they use old-fashioned lecture-type presentations, without any attempts for active involvement or dialogue. A separate issue (related to human rights) is corruption in the education system. In some schools, it is widely known that you can buy a certain grade for a certain amount.

Parents’ skills
Parents don’t have a good relationship with their children and lack time to talk to their children. This is due to the socio-economic context in the country, forcing parents to keep several jobs to support the family. Other family difficulties (e.g. relationships between parents) may also lead to risky behaviour among children. The survey conducted among the parents in Tuzla indicates that parents are aware of this issue.

Lack of honesty among adolescents
This was due to the fact that parents punish them if they are honest: ‘If you tell them that one of your friends is smoking weed, you get grounded for a month and you didn’t do a thing. Why bother telling them then?’

Patriarchal society
We live in a patriarchal society that strictly defines the roles of young women and men. These are learnt in the family and lead to young women being easily susceptible to risky behaviours and violence. There is a lack of link between the tradition and the reality of young people’s lives, for example in relation to the norm that they are not to enter into sexual intercourse prior to marriage.

The Balkan mentality
By this we mean that adolescents are expected to behave as children and are not given any liberty to live their life and make decisions about it. For
example, if a young woman visits a gynecologist, she is considered irresponsible since she has sexual intercourse, rather than responsible and taking care of her health. Also, if an adolescent is seen buying condoms at the local shop, the shop keeper is likely to mention this to a neighbour or to his/her parents. This leads to young people’s fear of community reactions, eg. if they tell anyone that they have STI or HIV/AIDS. They are afraid of stigma and isolation.

What supports behaviour changes

- A wish to change one’s behaviour – due to boredom, because of love, (lack of) money or because of finding religious faith
- ‘higher forces’ – if parents or police find out about substance misuse, or due to an illness acquired due to risky behaviours
- fear of unwanted pregnancy – influences condom use
- joining forces with peers – joint support and learning helps keep young people healthy. Our experiences during the RTK PAR are one such experience. This is also reflected within our proposed communication strategy.

Action!

We have identified two main channels for the prevention activities:

- peer education
- work with the media

We shall briefly outline each of the proposals.

Peer education

This is the only way for the communication activities to include the majority of the adolescent population in BiH. We have found it to be the best way to raise awareness and inform their peers regarding the explored RTK issues. We identified that the approach utilised in peer education is of utter importance; it should be conducted through group-based, interactive workshops, which would be mandatory, but not graded. Professionals (teachers, health workers) don't have the right approach when carrying out these activities.

This peer education should be implemented from late elementary school and all throughout high school. It should be implemented by the mixed couples of peer educators. The asset of this project is that the currently involved partner organisations already have experience in peer education and will be able to support a project that aims to initiate sustainable peer education in the elementary and high-schools in BiH.

To this end, we plan to initiate forums with relevant adults who have a stake in our education (teachers, parents, representatives of relevant Ministries and organisations) to work with us in order to achieve the aim of sustainable peer education. Such a forum would enable us to have a lead role in implementing the communication activities.

Co-operation with the media

At all sites the co-researchers explored and detailed the significant role the media play in young people’s lives and how it can best be utilised as a communication activity.

The main proposals include:

- Talk shows where adolescents, parents, teachers and other stakeholders would be able to explore practical implications of problems they face in day to day life in relation to the RTK topics (i.e. the increased substance misuse among adolescents or breaches of adolescents and teachers human rights in schools) and offer possible practical solutions based on adolescents’ needs and preferences
- TV advertisements - the most often characteristics include:
  - continuous (i.e. year long) series of advertisements
  - cartoon or live characters should be created who would, through a series of brief stories, promote a healthy lifestyle
  - this way, there would be a common thread (identity) throughout the campaign, while constantly re-capturing the attention of both adolescents and their parents.
- billboards

These seem good ways to promote the healthy lifestyle messages among both adolescents and their parents.

Music
At the ‘final 2003 workshop’, with help from the UNICEF staff, we invited three music stars from BiH and the region to join our workshop and hear about our work – Tose Proeski, a pop star from Macedonia (UNICEF’s Regional RTK ambassador), Edo Maajka, a rap artist, and Zabranjeno Pusenje, a rock band. We presented our findings to them and they will write songs that will promote our findings among adolescents as well as their parents. We carefully chose those stars who are listened to both by the young people and their parents and who represent different music affiliations among young people.

We need technical know-how and support in order to plan and implement these activities.

At the point when this article is being written, we are planning some further project actions with the UNICEF BiH office. In addition to the two above noted main components, the project will also include initiation of the PAR process in two rural sites, since our work to date lacks information from young people who live in rural areas and from younger adolescents. Hence, the future two groups of co-researchers will be recruited in elementary schools in two selected rural sites. The Research Teams are to be involved in facilitating this process.

Final Comments

The monitoring and evaluation exercises indicate that young people appreciated the following aspects of PAR participation:

- team and group work, particularly the honesty and the openness of group members

  Everyone who is here talks really openly and without fear, hoping that we will help other adolescents through our work (Banja Luka LIGa member)

- expressing their opinions and finding them accepted

  Every member of the group has a right to say what s/he thinks, regardless of how old s/he is. (Tuzla LIGa member)

- the way we work – creativity, active work in a relaxed atmosphere

  I liked the way we prepared the survey and chose the questions for it. (Sarajevo LIGa member)

  - company, particularly of the opposite gender

In addition to authentic collaboration, with the help of the Head Researcher, we took care of the quality of our PAR study, according to the suggestions by Heron (1996), namely:

- to move through several circles of reflection and action. This process continues in the next project phase, too;
- to balance reflection and action, which we achieved through small scale research and practice activities and through the production of a practical communication strategy that we will also implement;

We chose on which issues to focus, out of ten suggested by UNICEF, making the study in Banja Luka and Sarajevo divergent (focusing on several issues) and in Tuzla a divergent (focusing on a single issue throughout the study);

We challenged consensus collusion through the use of a devil’s advocate;

We balanced with joy between utter chaos and order, particularly with the help of the Head Researcher (for the latter);

The only distress we face now is waiting for the next project phase to begin. We are trying to manage it well.

The most important aspect of our work to date and, hopefully, in the next project phase is the fact that we were really and truly involved in this project. This is the aspect of the work which was the most appreciated to date, it is something that keeps us all motivated for what we do and should clearly be the most important feature of the future project activities. Both adults and young people in the project had a lot to learn from each other, but the main lesson is that, given time and patience, there is very little we cannot achieve. This is an extremely important issue, particularly coming from a country such as our own, where many
things happened that were out of our control, which gravely affected our lives.

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