



GT4AFRICA

Gender Transformation for Africa: A Sexual, Reproductive and Maternal Health Research Collaborative

Transformation du genre pour l'Afrique: Une recherche concertée sur la santé sexuelle, reproductive et maternelle



Summary notes

18th May 2023

Intersectionality: what it is and why it matters

Objectives:

- To support learning, sharing, dialogue and reflection around intersectionality and its connections with gender transformative change in health
- To facilitate networking and relationships across the cohort.

Session 1 - Welcome and introduction

- Chrissie from Project PROMOTE Action to empower adolescent mothers in Burkina Faso and Malawi to improve their sexual, and reproductive health) and a member of the Steering Committee Welcomed participants, and gave a brief background and overview of the webinar.
- She highlighted the fact that intersectionality has been one of the cross cutting themes identified by the cohort for collective engagement in the need assessment. The webinar, she added, had been a collective and collaborative effort between the Steering committee and SOPH team. She invited participants to actively participate in this interactive webinar.
- Then quickly gave overview of the webinar objectives and the different webinar sessions.

Time minutes	Webinar sections	Lead facilitator
Session 1 5 mins	Welcome and informal conversation until everyone joins <ul style="list-style-type: none">• Ice breaker activity	Chrissie
Session 2 15 mins	Participant introductions	Suleiman
Session 3 20 mins	Presentation on intersectionality and gender transformative changes in health	Tanya
Session 4 10 mins	Discussant	Chibuike Agu
10 mins	Music/stretch/comfort break	
Session 5 45 mins	Group exercise and discussion	Sundari Kefi & Aminatou Paapa & Nikki
Session 6 25 mins	Plenary feedback and discussion	Fatou
Session 7 10 mins	Closing comments	Nkoli / Asha

Chrissie invited participants to take part in an ice-breaker activity: Share how you say hello in your language.

Alanu ooo Nsukka Igbo Nigeria
 Yebsabi Guragigna Ethiopia
 Ecsil ak jama Wollof Gambia
 Barka da zuwa Hausa Niger
 Moni Chichewa Malawi
 Akwaaba Twi Ghana
 Sugam Anno Malayalam Kerala India
 Nakayo Dendi Benin
 Wamkelekile Xhosa South Africa
 Welkom Afrikaans South Africa
 Woezor Ewe Ghana Vanakkam
 Tepee W'tw Algonquin Canada
 Barka De Zouwa Niger

Session 2 – Participant introduction

Suleiman from the Learning partnerships to support gender-transformative innovations in adolescent and young people’s sexual and reproductive health in South Africa) introduced the next session on participant introduction, wherein participants in small groups of three reflected on the following question:

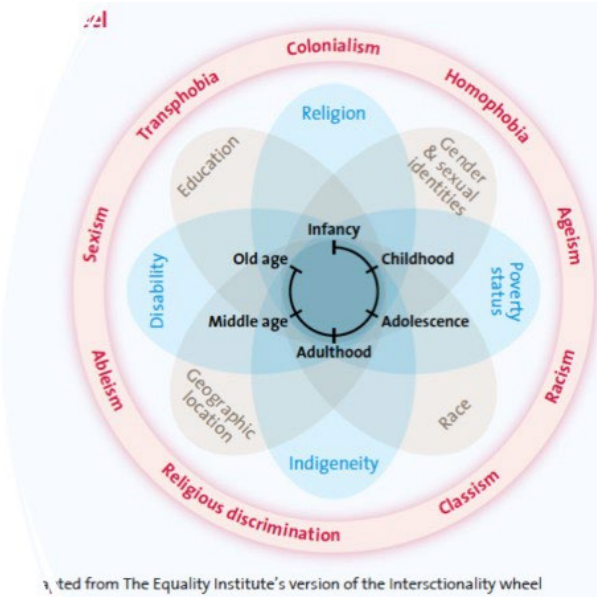
- What are your different overlapping identities? What are the privileges and disadvantages associated with these identities?
- Having set the scene by sharing his reflection about his multiple and cross cutting identities, he invited participants to the session with a reminder about the importance of equal voice and participation.

Session 3 – Conceptual presentation

Tanya from the SOPH team delivered a presentation on intersectionality and gender transformative changes in health. In her presentation, Tanya touched on with examples the origins and definitions of the concept, key principles and applications to health, linkages with gender transformation, and practical considerations for research.

Overview

- Origins and contexts
- Definition
- Principles and key features
- Applications in and from African contexts
- Example: Intersectional approaches to violence prevention
- Intersectionality and the gender integration continuum
- Why it matters to our work as a cohort



Session 4 – Discussant

The discussant Chibuikwe Agu (representing Gender-transformative and intersectional approach to youth-friendly sexual and reproductive health services in Nigeria project) delivered his reflection on how intersectionality applies to their project and context, and what the value added of applying this perspective and what the challenges faced.

Project Focus: Improving youth friendly sexual reproductive health rights and services through gender transformative and intersectional approaches.

Overall project aim: To contribute to the delivery of quality and inclusive services by increasing service providers awareness and critical thinking on gender and intersectionality and power dynamics, by stimulating individuals and personal changes and youth friendly SRHR.

Framework

Morgan's 2018 Gender and Intersectionality framework used to help examine how gender dynamics and intersectionality influence demand and supply of services before and after interventions. The concept of intersectionality is incorporated in all stages of the study approach.

Design stage

- Intersectionality is built into the project to reflect on how health care workers understand and respond to inequities in access to health care, baseline research, development of tools.
- Social identities and social stratifiers, through sociodemographic and economic variables, were used to develop the tools including age, sex, marital status, area of residence, level of education, religion, employment status and educational levels, economic status of parents, disability, ability status.

Sample selection

- Intersectionality informed subject selection, to ensure representation variations in utilization experiences. Consider urban rural divide, sex (male and female), age group categories, younger and older young people, level of education (in school and out of school), employment status (working, and not working).

Data collection

- Applied the six domains of Morgan's intersectionality framework [<https://pubmed.ncbi.nlm.nih.gov/27117482/>]
- We were able to collect information on such areas as
 - access to services, experiences of young people as it applies to youth friendly health services, and their perceptions.
 - gender norms and beliefs, about rights and privileges,
 - societal expectations for males and females.
 - gender beliefs and power control in sexual relationships.
 - dynamics between young people and health service providers, and
 - attitudes towards gender norms in intimate sexual relationships.
- The data was collected not just from young people, but also from heads of households and health service providers.

Data analysis

- Data disaggregated by sex and relationship between dimensions such as access, gender norms, expectations, power dynamics established
- Relationships between dimensions and young people's demographic characteristics, socioeconomic status and other identities explored

Training

- Development of training manual for health service providers informed by intersectionality framework and other frameworks such as GTA and socio-ecological framework.
- Adapted action learning as a strategy to implement the intervention.
- Ongoing reflection about the intersectionality concept in what we do with groups of population in the communities to ensure inclusion and participation of different population groups and stakeholders in the community.

Valued added

- Looking through the lens of intersectionality has generated profound insight into how individuals and populations become vulnerable and at risk because of perception of socio economic stratifiers or identifiers, not just the effect of any one single factor but rather the cumulative impact.

Challenges faced

- The multiplicity of possible hybrid positions has made prioritization of positions a challenge. For example, a person can be male, poor, uneducated, and living in rural area. Another person can be male, poor, un-educated, living in rural area, but is physically challenged.

Break

It was then time for a short break and a music video, a collaboration of two African female artists Malian musician Fatoumata Diawara and Ethiopian film director Aida Muluneh.



Session 5 – Group exercise

Sundari from SOPH team introduced and invited participants to a group exercise that will allow participants to try out the application of the framework by working on a research topic of their interest.

Each group will choose a broad area and will work over the next 45 minutes, applying the intersectionality framework :

- Choose one of the following outcomes: prevention of unwanted pregnancy or access to high quality maternal care or any other that group wants
- Develop a research question/s
- Describe who your sample population will consist of
- Identify the factors influencing these outcomes (for example, what does the current evidence show about drivers of inequalities access to skilled birth attendance - low income? lack of transportation because of rural location? past experience of disrespect at a health facility?)
- Develop a conceptual framework showing relationship between drivers of inequality and outcomes

Participants tackled the exercise in three groups (one francophone and two anglophone). The group discussions were primarily facilitated by Kefilato, Nikki and Paapa.

Session 6 - Group plenary feedback and discussion

Fatou (a member of the GT4Africa Steering Committee representing the Shifting gender norms for improved maternal and adolescent health in The Gambia and Ghana project) facilitated the group plenary feedback and discussion, and invited representatives of the three groups shared the key highlights from the group exercise in the plenary.

Group 1 - Emelia Agblevor

Topic: Prevention of unwanted pregnancy among out of school adolescents.

Research question: Where do out of school adolescent's get access to information about contraceptive, sexuality and reproductive health rights?

Profile of research participants

- Literacy
- Dwelling place - rural vs urban community
- Socioeconomic categories
- Employment

Drivers /influencing factors

- Socio cultural factors, contraceptives are a taboo in some cultures, and adolescents are not confident enough to access contraceptives.
- Facing stigma when adolescents try to get access to use contraceptive.
- Health systems factors, social cultural norms and values around sex held by nurses, adolescents find it hard to ask for SRH services
- Problem of convenient hours.
- Lack of commodities in health facilities
- Structural barriers to access facilities and services for adolescents who are physically disadvantaged, lack of sign language,
- Family and individual factors. Parents find it difficult to discuss issues related to sex with their children.
- Individual level factors such as shyness on the part of adolescents to accessing reproductive health commodities.

Conceptual framework

- The conceptual framework should incorporate all these factors that influence adolescents' access to services: Health systems factors, socio economic factors, geographic settings, etc. which are all intertwined and intersect to impact adolescents' access to services, and lead to high rates of teenage pregnancies among out-of-school adolescents.

Group 2 – Kefilath

Topic: Access to high-quality maternal care

Research question: How do adolescent mothers access high-quality maternal care services, based on their specific characteristics?

- Do they have access or not?
- What difficulties do they encounter?
- What strategies do they use to access it?
- Profile of the research population
- Teenage mothers including the different subgroups (10-19 years old)
- No schooling, schooling (different levels of education)
- Urban or rural setting
- Teenage mothers divorced/widowed/married/single
- Different age groups (10-14 years old, 14-19 years old)
- Number of pregnancies and children (primiparous? Two children?)
- Existence of disability
- Health workers (as key informants)

Drivers influencing access to high quality maternal care for teenage mothers

- How the system influences access to high quality maternal care for adolescent mothers
- Cultural environment (social norms relating to gender)
- Socio-economic environment (poverty)
- Develop a conceptual framework showing the relationship between drivers of inequality and outcomes

Group 3 - Gabriel and Asha

Topic: Prevention of unwanted pregnancies among younger in school and out of school in urban areas.

Research question: What are the factors that predispose in school and out of school adolescents on having unwanted pregnancies?

Profile of population

- In-school and out of school adolescents
- Rural vs urban dwelling adolescents
- Younger 10-14, and older adolescents 15-19
- Marital status – single, married, or divorced.
- Household structure- living with one or both parents, or living with guardian
- Religion – Christianity, traditional and others.
- Income level – high, low
- Employment status- participation in economic activity ,
- Economic activity at family level

Drivers of transactional sex (Transactional sex as a key factor of unwanted pregnancy)

- Gender power relations that makes it acceptable for older men to engage in this
- Older men who have economic means influence young people from poor background to engage in transactional sex, leading to unwanted pregnancy
- Lack of awareness, and peer influence especially among those out-of-school girls expose them to unwanted pregnancy.
- Health facility related factors- lack of commodities especially contraceptives, leading in unprotected sexual activity of adolescents unwanted pregnancy, despite wanting to use contraceptives.
- Structural poverty- Lack of protection by the legal structures that make it hard for women to inherit property,
- Gender based violence

Conceptual framework

- The socio-ecological model, which allows looking at power dynamics at every level

Summary synthesis

Fatou and Asha summarized key aspects of the group reports.

- Asha: Going to these examples is really helpful. It is important to move beyond listing social locations to actually looking at how they intersect. Young girls in the case of transactional sex, there is a degree of agency, but also disadvantage. It will be great to have another session where we just focus on the examples and pull that out further. Perhaps a topic for another webinar.
- Fatou: There is so much commonality across the discussions held in the three groups in terms of the focal topic. Developing the themes and frameworks within the group is a natural extension of the work that is already undertaken on the field. The categories mentioned for the multidimensional framework relate to life and health, physical and legal security, education and learning, financial security, dignified work, comfortable or independent source of living conditions, as well as individual, family and social life. How are all these intersecting and interrelated, is worth having another session on, as we move forward with the issue of improving adolescents' access to sexual and reproductive health information and services.

Session 7 - Closing reflections

Nkoli representing Gender-transformative and intersectional approach to youth-friendly sexual and reproductive health services in Nigeria project delivered the closing and thanks. She acknowledged participants for their active engagement, urged for continued engagement, and drew attention to the GT4Africa shared Google Drive where all resources are located. Nkoli alerted participants about the upcoming webinar on 3 August 2023, which will have a focus on male Engagement.

Nkoli then invited participants to share impression and feedback about the webinar by completing a short survey, and make suggestions to improve future events.

1. What did you like most about the webinar?
2. What did you like least about the webinar?
3. What would you like to see more of in upcoming webinars?

Asha further thanked everyone for all their contributions, and appreciated the sense of sharing and collaborative learning that has transpired through the webinar. She thanked all the facilitators, Tanya for leading the technical presentation, and Chibukie the discussant for sharing how intersectionality has been applied in context.

She urged participants to spread the word about these events and take responsibility to invite colleagues to join the space.

The challenge is for each one of you to bring one more person who is not here from your team to the webinar. We look forward to sharing more resources and learning with you. Thank you to everyone and the interpreters.