Abwenzi Pa Za Umoyo Partners In Health

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NWOGLB PAR Summary

August 5, 2022

Canada

Context of the Research

- Despite a focus on women and adolescent health in the past 20 years, there remains a lack of realization of health and gender rights especially in rural areas

- Sought to develop a patient-centered and equitable model to strengthen the public sector health care delivery to women and adolescents recognized by Neno District and Partners In Health/ Abwenzi Pa Za Uyomo (PIH/APZU) leadership

- Appealed to Global Affairs Canada (GAC) as a cross-site grant with Partners In Health Sierra Leone (PIH-SL) under their feminist international assistance policy

Background of Research

- Awarded funding from GAC for the No Woman or Girl Left Behind (NWOGLB) as a 5-year project implemented by Neno District Ministry of Health, APZU and GRS
- Project activities focus on 3 domains with full quantitative impact system:
    - Community engagement around SRHR and SGBV
    - Capacity building of health care workers to improve adolescent and youth friendly health services (AYFHS)
    - Implementation of community-based intervention for adolescents, called SKILLZ Bwalo La Achinyamata (BLA)
- Desire to do deeper process and qualitative evaluation to identify underlying barriers and facilitators for gender and adolescent health care and rights + enhancing staff capacity to adequately work with and care for adolescents

Aim of Research

Utilize Participatory Action Research (PAR) approach with Participatory Theatre (PT) workshops in an evaluation of NWOGLB activities in order to:

1. Elucidate challenges and opportunities encountered by **adolescent SKILLZ BLA participants** in seeking rights-based, gender-sensitive, youth-friendly SRH and GBV services

2. Elucidate challenges and opportunities encountered **by health care workers (HCWs)** who have been capacitated in AYFHS in providing rights-based, gender-sensitive, youth-friendly SRH and GBV services

3. **Build shared understanding amongst SKILLZ BLA participants and health care workers** about what rights-based, gender-sensitive, youth-friendly SRH and GBV services constitute, as the basis for collaborative actions and solutions to improve these services.

Participatory Action Research

What is Participatory Action Research (PAR)?

- Participatory action research is an approach to research in communities that emphasizes participation and action. It seeks to understand the world by trying to change it, collaboratively and following reflection. Everyone participates in the research together.

What is Participatory Theatre (PT)?

- Use acting out and drama to talk about good and bad lived experiences and what you would like to change
- Performance helps individuals recognize problems and identify emotional responses that heal

PAR and PT have the potential to:

- Build trust among group participants
- Build the voices of a range of participants, including youth
- Engage participants in physical and verbal ways of expressing and communicating about their social realities.

Methods

- Over one year, two cohorts of PAR were implemented in 4 catchment areas
- PT workshops were conducted with adolescents and HCWs over 3 modules, and a joint workshop with both adolescents and HCWs was held in one catchment area in each cohort
- In each PAR catchment area, all adolescents aged 10-14 participating in SKILLZ BLA were invited to take part in PAR activities. HCWs at facilities in each of the catchment areas were invited to take part in PAR activities
- SKILLZ BLA Coaches, CPCs, and members of the research team were trained and mentored in PAR and PT, including:
    1. Games and exercises to make the body expressive
    2. *Image theatre* where participants create still, silent images to communicate a particular emotion, role, action, or theme
    3. *Forum theatre* in which participants create a play depicting an unsolved problem which is a symptom of an oppression, and then suggest and enact solutions.

Methods - PAR Modules

The three PT Modules were linked to a SKILLZ BLA practice to provide participants with an introduction to the material and provide more in depth exploration of the topic:

Participatory Theatre Modules	SKILLZ BLA Practice
SRHR problems affecting youth	Practice - Adolescent and youth SRHR
Youth access to SRHR support	Practice - Access to SRH Services
Vision for the future of improving youth SRHR	Practice - Youth-friendly health services

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Findings: PAR Process vs. PT Content

- Through the **PAR process** (training, implementation of PT, and reflection), adolescent and HCW participants, Coaches and CPCs, and other members of the research and implementation team, reported and demonstrated changes in learning and empowerment. These findings are described under ***Process Findings***

- Findings from the **content of PT workshops**, including theatre content and reflective discussion, are described under ***Participatory Theatre Findings***

Process Findings

Building voice and self-expression amongst youth:

- PT allowed youth to express difficult realities of their lived experiences, engaging in vital conversations through the aesthetic, fictional quality of theatre exercises. Team observed progression in youth participation and voice-building throughout the two cohorts, including joint workshops.
- Youth raised critical questions about abuse of power, particularly through hot-seating and questioning motivations of oppressive characters in plays
- With some challenges, Forum Theatre allowed youth to act out solutions to SRHR problems.
- PT created a space for expression, challenge, and sometimes shifting of social values, norms, and attitudes, such as those around adolescent sexuality, and children's obedience to parents.

Process Findings

Challenges with youth participation:

- Youth were reticent at times, or potentially felt pressure to give ‘correct’ answers to difficultators’ questions
- Some tendency to want to follow others, rather than create original ideas/plays
- Awkwardness in some discussions of sexuality and sexual health; facilitators encouraged open expression and created safe spaces
- Some difficulty for youth to intervene in Forum Theatre activities – though visibly empowering when it occurred

Process Findings

Health worker participation - rich contextual knowledge and shifting attitudes:

- HCW participants built knowledge and showed empathetic identification around SRHR problems that youth face, including challenges to accessing services
- HCWs engaged positively and creatively in PT, though presented fewer issues, problems, and oppressions compared to youth participants
- PT allowed for probing HCW values and attitudes around provision of AYFHS, with earlier modules revealing judgment toward youth engaging in sexual risk behaviors, though this was observed to shift to more open and receptive thinking.

Process Findings

Joint workshop - Collaboration and relationship-building between youth and HCWs:

- In Cohort 1, youth were observed to be less vocal in sharing challenges early in the joint workshop, but still participated, and opened up more throughout.
- Cohort 2 youth showed less shyness in the joint workshop, and were unafraid to share challenges and raise questions freely.
- Sharing information was a key feature of the joint workshops, with HCWs informing youth about available services and encouraging them to visit.
- The overall atmosphere of the joint workshops was open and positive, with good 'mingling' between HCWs and youth participants observed.

Process Findings

Critical reflection and learning with research and implementation team:

- Coaches and CPCs demonstrated significant learning and development through PT training, implementation, and mentorship from the research team. They became proficient ‘difficultators,’ which was both observed and self-reported.

- Comfort and skill in bottom-up listening vs. top-down instruction progressed significantly throughout Cohorts 1 and 2, as did Coaches and CPCs’ ability to probe and go deeper

- Critical reflection about the PT work created opportunity for collective, critical learning about youth SRHR and AYFHS, generating knowledge about PT as a method, building youth voices and agency, and meaningfully engaging HCWs.

Process Findings

Critical reflection and learning with research and implementation team (cont.):

- Members of the research and implementation team demonstrated and reported:
  - Increased knowledge and recognition of youth as experts and knowledge creators – youth know a lot about SRHR and issues affecting themselves and their communities
  - Deeper understanding of SRHR and SGBV issues and their response – Coaches and CPCs enhanced their skills in SRHR education and reflected on importance of addressing values and norms as a key barrier to youth accessing services
- Areas of continued growth for Coaches and CPCs in PT facilitation include:
  - Identifying and using opportunities to probe and open up issues
  - Clarifying and separating own values and attitudes around adolescent sexuality from facilitation
  - Avoiding reverting to prescriptive/instructive interaction with youth

Process Findings - Summary

Youth:

- PT enabled youth to express difficult realities through the fictional quality of the theatre exercises.
- PT methods created a space for challenging and questioning social norms and abuses of power, and allowed youth to act out potential solutions.
- Youth expressed some shyness and tendency to follow others, especially early on.

Health care workers:

- HCWs built knowledge and showed empathy toward adolescent SRHR challenges, engaging positively and creatively in the PT process.
- PT allowed for probing HCW values and attitudes around youth sexuality, and a shift toward more open/receptive thinking was observed

Process Findings - Summary

Research and implementation team:

- Team members had raised awareness around social norms, values, and culture underpinning SRH problems, and increased recognition of youth as experts.

- Coaches and CPCs grew significantly in their roles as ‘difficultators’ throughout the PAR process, embracing a participatory, bottom-up approach to engaging with youth.

Areas of continued growth for Coach and CPC facilitation of PT:

- Identifying and using opportunities to probe and open up issues

- Clarifying and separating own values and attitudes around adolescent sexuality from facilitation

- Avoiding reverting to prescriptive/instructive interaction with youth

Participatory Theatre Findings

Module 1: SRH Problems that affect Youth

- Forced marriage of girls was raised as a key concern for youth, with plays showing both fathers and mothers pressuring/forcing the girl to marry, usually for economic benefit of the family. This was echoed by HCW participants.

- Sexual, and other forms of violence against girls was often raised by both youth and HCW participants. Situations of rape often involved older male perpetrators, and other instances of violence discussed included bullying of girls and peer to peer bullying between boys.

Participatory Theatre Findings

Module 1: SRH Problems that affect Youth (contd.)

- Youth participants reported multiple situations of being beaten or hurt by parents or other adults to be abusive.

- Youth participants also portrayed hard labour that children were forced to do, and named it as a relevant form of oppression faced by youth.

- HCWs additionally portrayed situations of young people presenting with STIs at the health facilities as a result of having unprotected sex. They also highlighted widespread myths about contraception leading to infertility or difficult childbirth.

Participatory Theatre Findings

Module 2: Access to support for Youth

- Engagement with youth access to SRHR services tended to focus on challenges and barriers faced by youth

- Through the mapping exercise, both youth and HCWs identified places youth could receive SRHR or SGBV response support, rating the hospital highly, however this conflicted with youth portrayals of poor treatment by clinicians.

- Numerous plays by both youth and HCWs showed youth attempting to access SRHR services for treatment or prevention, and either being denied entirely, or receiving poor quality services (facing judgement or being treated rudely by clinicians).

Participatory Theatre Findings

Module 2: Access to support for Youth (contd.)

- Negative health worker attitudes toward youth accessing SRH services also had the immediate consequence of youth not wanting to return, and seeking care elsewhere, from a traditional healer, or not accessing services at all.

- Longer term consequences of not accessing SRHR services portrayed included contracting STIs or HIV, pregnancy, dropping out of school, and death due to lack of treatment.

- HCWs additionally reflected that they lack infrastructure to provide adequate youth-friendly SRHR services.

Participatory Theatre Findings

Module 3: Vision for the Future

- Youth and HCW participants shared a strong vision for comprehensive AYFHS provided in a safe space: youth expressed a desire to be welcomed to the health facility with a warm and friendly greeting, be treated with humanity, and being treated in an equal way to adult clients.

- HCWs emphasized the need for privacy in their future vision for AYFHS as key to creating safe spaces for adolescents to open up.

Participatory Theatre Findings

Module 3: Vision for the Future (cont.)

- Youth also expressed a sense of excitement and hope for their futures, portraying images of being happy in their chosen professions because they are not forced into early marriage, and some shared a vision for a more gender-equitable future, where boys also do household work and girls are free to attend school.

- Actions for the future reported by youth included: accessing services promptly when not well, knowing SRH rights, reporting poor service from providers, reporting child marriage, and speaking out and reporting SGBV.

- HCWs shared actions to improve youth SRHR including providing comprehensive, youth-friendly services, and providing information to youth about available SRHR services.

Participatory Theatre Summary

Findings from PT demonstrate complex challenges for improving access, uptake, and quality of AYFHS, that overlap all levels of the socio-ecological framework:

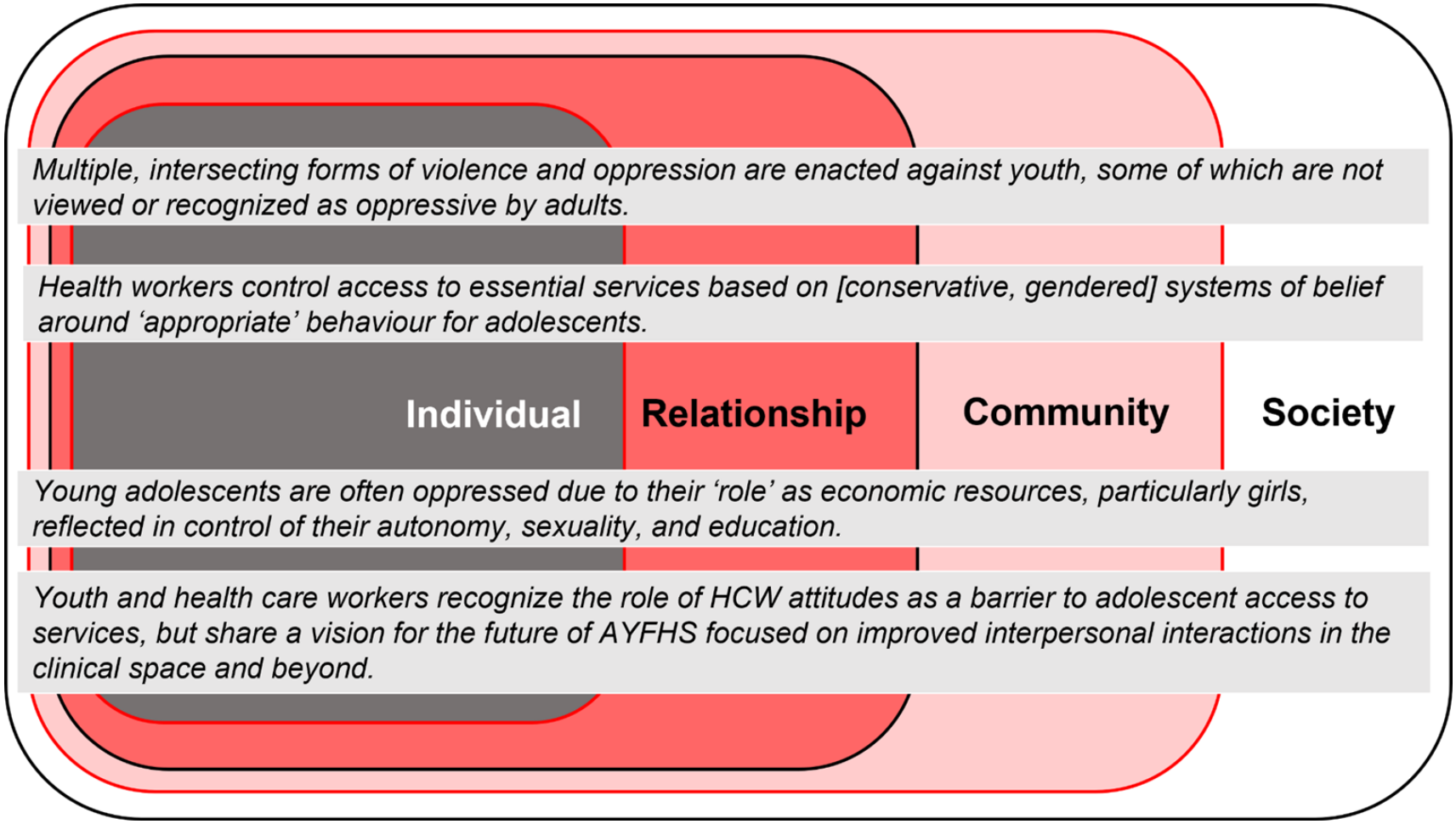
1. There are multiple, intersecting forms of violence and oppression enacted against youth, some of which are not viewed or recognized as oppressive by adults.

2. Young adolescents are often oppressed due to their perceived 'role' as economic resources, particularly girls, reflected in control of their autonomy, sexuality, and education.

3. Health workers control access to essential services based on [conservative, gendered] systems of belief around 'appropriate' behaviour for adolescents.

4. Youth and health care workers recognize the role of HCW attitudes as a barrier to adolescent access to services, but share a vision for the future of AYFHS focused on improved interpersonal interactions in the clinical space and beyond.

Socio-Ecological Framework



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Recommendations

Based on **socio-ecological framework**, which recognizes the multi-level influences that determine risk and protective factors for adolescent experiences of SGBV and SRH outcomes

Individual level: Focus on modifiable risk and protective factors; unearthing and shifting individual-level attitudes, beliefs and behaviours by fostering self-reflection and socio-emotional learning that promotes SRHR and prevent SGBV.

- Utilize dialogue-reflection-action (D-R-A) cycle from PAR in future training of Coaches, SKILLZ BLA and Clinical SKILLZ curriculum, enabling interrogation of power relationships in implementers lives' (Coaches, CPCs, HCWs)

- Prioritize "Understanding my Rights" practice before "My community" in curriculum, ensuring understanding of individual rights forms foundation for understanding relationships to pre-existing power structures and relationships

Recommendations

Individual level (contd.): Focus on modifiable risk and protective factors; unearthing and shifting individual-level attitudes, beliefs and behaviours by fostering self-reflection and socio-emotional learning that promotes SRHR and prevent SGBV.

- Apply principles of positive psychology and social norms change in Clinical SKILLZ and mentorship/supervision approaches to identify and challenge **descriptive** and **injunctive** norms of HCWs, creating clear link between contraceptive provision and girls' education

    - **Descriptive norms**: perceptions about prevalence of behaviours of others
    - **Injunctive norms**: perceptions about what behaviours are approved by others

- Reconsider balance between youth participation and instruction combined with games facilitation in SKILLZ, allocating more time for active listening and reflection for Coaches on their own attitudes and beliefs about adolescent sexuality – in initial training and continuing debriefing/Coach development sessions

Recommendations

Relationship level: Focus on modifiable risk and protective factors; unearthing and shifting relationship-level attitudes, beliefs and behaviours amongst close peers, intimate partners, family members, and HCWs by fostering respectful communication, problem-solving and healthy relationships that promote SRHR and prevent SGBV.

- Extend and apply the “Build your Team” and “My Community” practices to structured parental engagements supported by Coach home visits and in Clinical SKILLZ

- Expand SKILLZ “Healthy Relationships” practice to include creative, play-based or role-play exploration of communication and joint decision-making strategies in healthy vs. unhealthy relationships of all types, not only sexual/romantic

- Explore new practice/exercise to support SKILLZ participants in problem-solving and gender-power analysis to understand feasibility of individual “healthy behaviours” when constrained/influenced by parents, HCWs, and other powerful adults

- Highlight and practice non-violent anger management and conflict resolution by adding content from SKILLZ Boy “Staying in Control” practice – including 3Ts (Take a breath, Think of the consequences, Talk it out)

Recommendations

Community level: Focus on modifiable risk and protective factors; unearthing intersection between the interpersonal and structural, identifying what shifts may be needed in community-level attitudes, beliefs and behaviours, what is possible – "what we can and can't do" to promote SRHR and prevent SGBV.

- Continue PAR cycle to next logical step of implementing knowledge and testing collaboratively developed actions – ensuring that actions are grounded in realistic, feasible interventions that can be sustained

- Strengthen community-based and health care advisory structures by disseminatings PAR findings through creative and participatory methods – potentially integrated and facilitated by Coaches and CPCs at SKILLZ graduations or SKILLZ Health (SHARC?) events

- Acknowledge and engage with medical pluralism by incorporating setting-specific terminology and non-judgmental language in SKILLZ & Clinical SKILLZ that acknowledges the existence of non-biomedical/traditional medicine in communities while re-introducing available AYFHS and encouraging care seeking in the public health system

Recommendations

Societal level: *PIH/GRS, systems- and policy-level partners to determine based on PAR findings and latest evidence on social policies (incl. age of consent, legal age of marriage, educational policies) that influence structural determinants of adolescent SRH and SGBV.*

- Recognizing multidimensional effects of poverty and structural drivers of violence and girls' social and economic vulnerability, situate adolescent SGBV prevention and SRH promotion programmes in broader social protection, economic strengthening, social development, and health system strengthening programmes

- To enhance implementation and operationalization of Youth Friendly Health Service, SRHR and SGBV policies and strategies for youth, recommend the components recommended under all levels of the socio-ecological framework, including:
    - Placing the adolescent at the center of care with promotion of their emotional and health needs through reflection supervision and fostering openness of health care staff
    - Encouraging dialogue and engagement of parents and communities for adolescent health care
    - Addressing the social determinants of health at individual and community levels.

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