

# **From definitions to assessments: Understanding gender transformative approaches to SRHR in Africa through a scoping review**

## **Objectives and rationale**

In various African settings, gender inequality and harmful gender norms persistently hinder access to healthcare and adversely affect the well-being of individuals across the gender spectrum, including boys, girls, women, and men, and those with other gender identities. Gender transformative approaches (GTA) has shown promise in promoting gender equity and ensuring equitable access to sexual, reproductive, and maternal health services by addressing harmful gender norms, gender-specific needs and barriers, and positively transforming gender relations. There is, therefore, a growing interest for the use of GTA for improving the sexual, reproductive health and rights (SRHR). However, there is a lack of a comprehensive overview of the various GTA implemented in Africa to advance SRHR, including the definitions adopted, the conceptual frameworks and methodologies used, the approaches to measurement and the principles followed.

## **Method**

Following the six steps outlined by Arksey and O'Malley, we mapped published literature on GTA for SRHR over the past decade (since 2011). We performed web searches in PubMed, Scopus, and other social science databases. All documents identified through the above search strategy were examined by at least two members of the research team based on their titles and abstracts using Covidence. Following this initial analysis, the full texts of the selected documents were read, and only those containing pertinent information related to our areas of interest were included in the review.

## **Result**

A total of 52 papers matching the criteria were included. A diverse lexicon of terms were used to refer to gender equality. They included gender norms, women's empowerment, agency and gender power relations. Where explicit GTA definitions were provided, they mainly include the following elements: actively examining underlying social/gender norms and beliefs and addressing the root causes of gender-based inequalities. Nonetheless, few articles explicitly presented a conceptual framework used to design and implement GTA. However, implicit theories based on assumptions made and actual practice behind their programs were well described. In terms of measurement, the studies presented a range of a) gender, b) health, c) gender & health (combined) outcomes and d) various combinations of these. Most of these outcomes were assessed or measured at individual or interpersonal levels, with remainder also addressing couple, households, community, healthcare providers, community and policy levels.

## **Conclusion**

This scoping review highlighted a significant diversity in terms, definitions, strategies, and measurement approaches used for GTA for SRHR across Africa, likely influenced by different contexts and purposes. Some principles appear to facilitate the success GTA, but they need to be further investigated. Additionally, the review highlights a gap in the literature regarding the process of implementing GTA and achieving positive changes. There is, therefore, a need for more empirical research to understand how gender transformative interventions are carried out and to identify factors that contribute to their success.

## PRISMA Flow Diagram

