Using participatory research to address gender norms of female close-to-community health providers in Lebanon & Nepal

Mothers' Group in Nepal. Courtesy of HERD International

Background

- Close-to-community (CTC) health providers play a critical role in providing essential services to the poorest and most marginalised communities.
- Their role is especially important in fragile settings where there are shortages of formal health workers and breakdowns in trust between communities and health systems.
- Most CTC providers are women, who juggle family life and their health roles, suffering gender norms and power dynamics in the community and health system.
- This study used participatory action research (PAR) to co-design and implement interventions to support female CTC providers.
- It also synthesises learning across countries about how female CTC providers can address the harmful gender norms and power dynamics that affect their work and undermine their agency.

Methodology

We used a PAR approach (Fig. 1) in Lebanon and Nepal.

Phase 1: An exploratory study to understand the gendered experiences of female CTC providers in each country during COVID-19.

Phase 2 (Plan): A series of participatory workshops with female CTC providers and stakeholders to:

i. identify, prioritise and analyse their problems related to the gender norms and power dynamics in their work and within their communities, and

ii. co-design and implement interventions to support female CTC providers in addressing harmful gender norms (**Phase 3: Act**).

Phase 4 (Reflect): Reflective meetings, interviews and focus group discussions with female CTC providers, community members and key stakeholders to evaluate the intervention implementation.

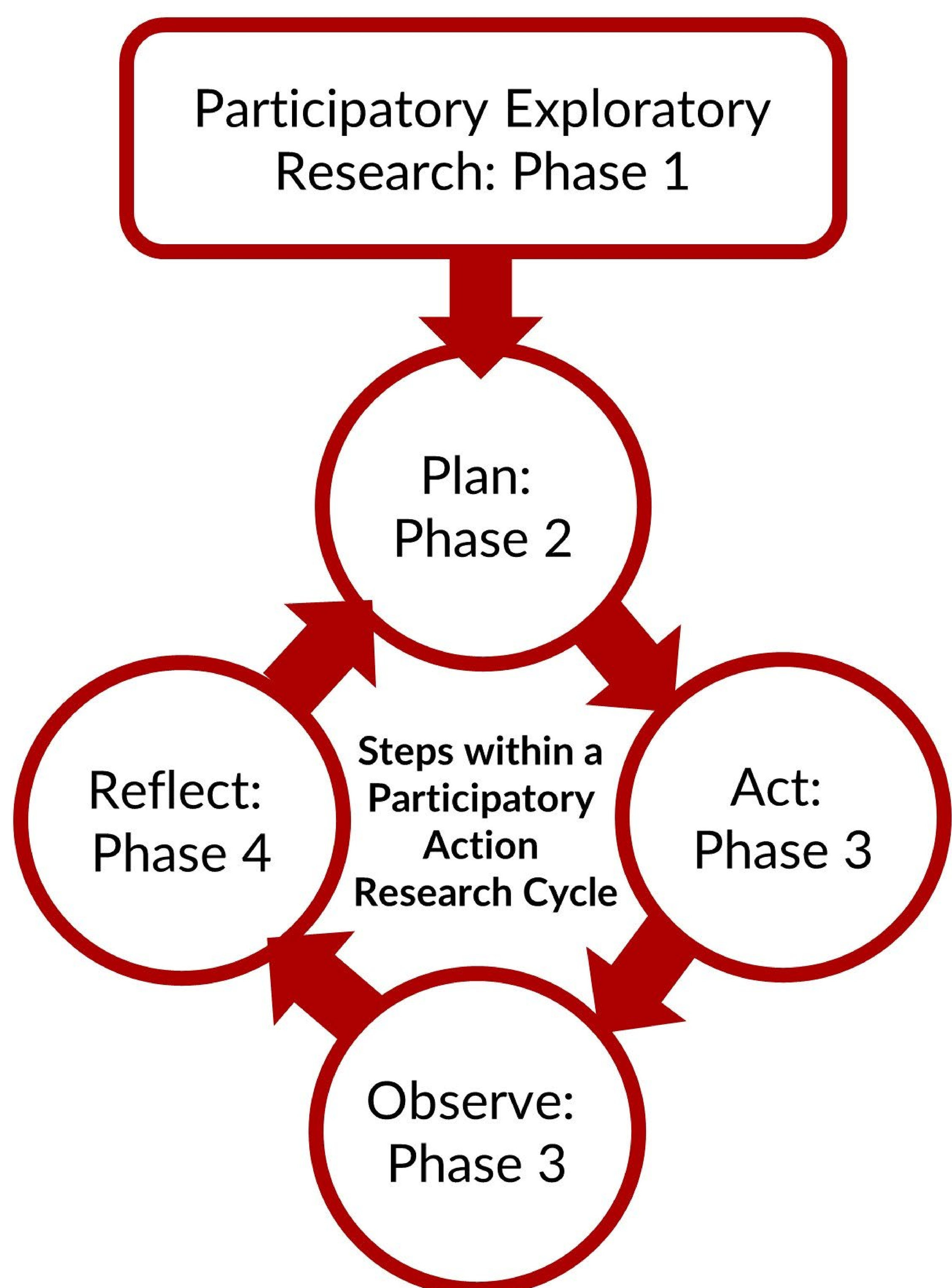

Fig 1: PAR Cycle

Outcomes

In Nepal

- Female CTC providers highlighted a lack of acknowledgment and limited understanding of their work by stakeholders, community, and their families.
- They co-created a short film reflecting their engagement, experiences, and challenges influenced by gender norms and values. They drafted the script, learned to use specialist equipment, and conducted community filming. This helped develop their self-confidence, speaking ability, and technical skills.
- The film was showcased to community members and local stakeholders who expressed appreciation to female CTC providers for their services and acknowledged their valuable contributions to the health system.

In Lebanon

- Female CTC providers juggle family and work life among other gender-related vulnerabilities they face as Syrian refugees in Lebanon.
- As refugees, the women are confined to the informal sector, lack legal protections, receive low wages and are unfairly blamed for labour market distortions.
- They established a support group to co-create community-led initiatives to provide social support for women.
- The support group partnered with Women Now (a local NGO) to build women's capacities in female empowerment, leadership and advocacy.
- They co-created a short film to showcase their experiences as refugee female health workers and the gender norms they face within their communities.

Implications for policy and practice

- Multi-media outputs such as films can be an innovative and effective way to communicate messages to the community, but long-term evaluation is needed to assess their impact.
- PAR is one effective approach to discuss and analyse problems and co-develop contextual interventions to address them.
- CTC providers serve as critical compensators for the health workforce shortage, bolstering the resilience of the local health system.
- Understanding their experiences using a gender lens is crucial to develop gender equitable approaches to support their roles during crisis.
- By highlighting the intersectionality of their experiences, we advocate for a holistic approach that respects their rights and recognises their contributions to healthcare.

Authors: Wesam Mansour[1], Abriti Arjyal[2], Rouham Yamout[3], Sulata Karki[2], Joanna Khalil[3], Ayuska Parajuli[2], Shophika Regmi[2], Fouad M Fouad[3], Sushil Baral[2], Joanna Raven[1]
Affiliations: 1 Liverpool School of Tropical Medicine, UK, 2 HERD International, Nepal, 3 American University of Beirut, Lebanon

AMERICAN UNIVERSITY OF BEIRUT

HERD International

LSTM LIVERPOOL SCHOOL OF TROPICAL MEDICINE

UKaid from the British people