

# Women's participation in research platform to improve maternal, newborn and child health outcomes in West Africa

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## Abstract

Women participation in decision-making fora is key to ensure that their concerns are taken into consideration, especially in maternal, newborn and child health issues. The objective of this study was to analyse the participation of stakeholders in the various meetings organized as part of the project "Moving for Maternal, Newborn and Child Evidence into Policy in West Africa". A gender analysis was conducted using data drawn from the attendance lists at the various meetings organized during the project implementation. This analysis showed that women were under-represented in the various meetings organized by the project, but that their profile was not different from that of men. There was a higher proportion of women among the decision-makers during the engagement, dialogue workshops and at the international workshops without significant difference. Nevertheless, in the training workshops, there was a low proportion of women among the decision-makers with statistical significant difference. The women participating in the regional platform meeting have the same profile as men in terms of decision-making power. An inequitable participation of women in the health research meetings in West Africa noted in this analysis need to be addressed in the future by the application of some innovative approaches including women as part of the organizers or by the introduction of quotas.

## Introduction

Community participation in health activities is defined by the World Health Organization (WHO) [1] as "a process by which people are empowered to be actively and effectively involved in defining issues that affect them, in decision-making about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change". The importance of this participation is further demonstrated in that it allows the community's need, concerns and local knowledge to be taken into consideration and it improves adherence to research and community capacity building [2,3].

The choice of stakeholder representatives to participate in programmes is usually influenced by several factors including decision-making power, level of knowledge in the subject area, position in the society, role and social relations in the society [4]. Thus, the use of designation as criteria can lead to several inequalities, including gender inequality, which could result in the under-representation of one sex. Moreover, many studies have noted that gender parity in leadership is not a reality in many areas such as business, justice, science, education, technology, politics and health [5]. In the latter sector, although women are the most numerous in terms of the number of employees, it is noted that they are usually under-represented at the top level of institutional leadership, at policy and governance level and in decision-making structures, both in the public and private service levels [6]. This lack of women in leadership is more the result of a labyrinth, a series of obstacles that are both visible and invisible, than a sudden limit that prevents women from reaching the top [6].

In relation to research, this under-representation of women has been reported widely [7], particularly in maternal and child health research activities where this might limit the quality of studies because the perspectives of the most concerned individuals are not taken into account. This is why it is increasingly recommended to generate information on issues this gender disparities when reporting participation in research activities, which is beyond sex representation [8]. Unfortunately, in Africa, particularly in West Africa, very little data exist on gender parity in the participation of stakeholders in research project meetings. In West Africa within the framework of the Canadian Initiative called "Innovating for Mother and Child in Africa (IMCHA)" [9] the West African Health Organization, a regional health institution of the Economic Community of West African States, acts as the Health Policy and Research Organization. In this function it facilitates the connection between researchers and decision-makers, facilitate the environment for knowledge transfer and build the capacity of both researchers and decision-makers to strengthen the use of research findings through the project "Moving for maternal newborn and child evidence into policy in West Africa" [10] implemented during the

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period from 2015 to 2021. WAHO organised multiple meetings in regional and country level. We sought to review during these meetings the participation of men and women in terms of their proportion, level of responsibility in their country and roles during these meeting. Specifically, we aimed to (i) determine the proportion of women during these meeting (ii) compare the level of responsibility of participants women and men in their respective country and (iii) the role of women compare to men during these meeting and formulate recommendations. These results can help in advocacy to improve women's representation at meetings discussing maternal and child health issues.

## Materials and methods

### Study Framework: Moving maternal newborn and child health into policy - A West Africa project

This project began in November 2014 and ended in May 2021. It was implemented in six countries in West Africa (Benin, Burkina Faso, Ghana, Mali, Nigeria, and Senegal). The project was implemented by the West African Health Organization (WAHO), the specialised health institution of the Economic Community of West African States (ECOWAS), which acts as a health policy and research organization with support from the Canadian Initiative for Maternal and Child Health in Africa. The role of the policy body as defined under the initiative was to enable decision-makers take ownership of the research projects funded by the initiative, to support research teams and promote the sharing of experience within them, and finally to improve the environment for the transfer and use of research results to improve maternal and child health.

Thus, during implementation, several meetings were organized at country and regional levels with various stakeholders to inform, raise awareness, engage, validate the results, and identify the interventions

to be implemented, build capacity and promote dialogue between decision-makers and researchers. These meetings gathered several types of stakeholders such as health decision-makers from different levels of the health system, health professional associations, journalists, civil society organizations, non-governmental organizations, religious and traditional leaders, technical and financial partners, and researchers. In inviting participants for the meetings, the profiles of the desired persons without gender distinction were defined by the representative of the beneficiary organizations. The meetings held at country and regional level for periods ranging from one day to one week.

### Analysis

A gender analysis, defined as a process for understanding health systems research as to how gender power relations create inequalities in access to resources, work and role distribution, social norms and values, and decision-making (11), was conducted. It is recognized that this type of analysis allows one to look at the data by comparing men and women, and to analyze gender roles, powers, access to resources and gender relations, and how these all could explain gender conditions and differing experiences.

The data used was drawn from the attendance lists at the various meetings. The lists provided information on the identity of the participant, surname and first name, profession/position held and the State of origin. Also, in order to enable the purchase of plane tickets or to prepare the per diem expenses each participant sent a copy of their passport or national identity document. Finally, the reports of the meetings provided information on the persons who led the work in plenary, in working groups and the rapporteurs. The gender, the profession/position held and the structure of origin and the role during the meeting of the participant was determined from these different

**Table 1.** Distribution of participants by sex at the various meetings organized by the MEP project

Types of meeting, title and location, year of meeting	Women	Men	Total	% women
<b>Regional Workshops</b>				
Regional information workshop for decision-makers, Ouagadougou 2015	26	30	56	46.4
Regional workshop to validate the results of the situation analysis, Dakar 2016	22	52	74	29.7
<b>Sub-Total</b>	<b>48</b>	<b>82</b>	<b>130</b>	<b>36.9</b>
<b>Country Stakeholders Engagement Workshop</b>				
Stakeholders Engagement Workshop BENIN, Cotonou, 2015	21	36	48	43.8
Stakeholders Engagement Workshop BURKINA FASO, Ouagadougou 2015	8	24	32	25.0
Stakeholders Engagement Workshop GHANA, Accra, 2015	14	21	35	40.0
Stakeholders Engagement Workshop MALI, Bamako 2015	18	35	53	34.0
Stakeholders Engagement Workshop NIGERIA, Abuja 2015	28	44	72	38.9
Stakeholders Engagement Workshop SENEGAL, Dakar 2015	10	28	38	26.3
<b>Sub-Total I</b>	<b>99</b>	<b>188</b>	<b>278</b>	<b>35.6</b>
<b>Policy dialogue meetings</b>				
Nigeria Research Days MNCH, Abuja, 2017	30	70	100	30.0
Stakeholder Workshop, Dakar, 2016	14	19	33	42.4
Stakeholder Workshop Ibadan, 2017	12	19	31	38.7
Dissemination Workshop, Benin city, 2017	24	47	71	33.8
Nigeria Research Days MNCH, Abuja, 2019				
<b>Sub-Total</b>	<b>80</b>	<b>155</b>	<b>235</b>	<b>34.0</b>
<b>Training workshops</b>				
KT Training, Nigeria, Bauchi 2016	14	30	44	31.8
Equist Training, Nigeria, Benin City 2017	22	38	60	36.7
Media Training, Nigeria, Benin city 2017	25	29	54	46.3
KT Training 1 Burkina Faso, Ouagadougou 2018	3	16	19	15.8
KT Training 2 Burkina Faso, Ouagadougou 2018	6	9	15	40.0
KT Training 3 Burkina Faso, Ouagadougou 2018	6	15	21	28.6
<b>Sub-Total</b>	<b>76</b>	<b>137</b>	<b>213</b>	<b>35.7</b>
<b>Grand Total</b>	<b>303</b>	<b>562</b>	<b>856</b>	<b>35.4</b>

documents. Based on function or occupation, the participants were classified into five different groups (decision makers, researchers, partners, consultants, WAHO team). A proportion comparison test was carried out to measure the difference in the profile of women and men according to the type of meetings. For this purpose, the statistical significance for the study was set at 0.05. Microsoft Excel software was used for the data analysis.

## Results

A total of 18 meetings or workshops were conducted between August 2015 and June 2019. There were two international workshop meetings, 6 stakeholder engagement meetings in countries, 4 meetings to promote dialogue between researchers and decision-makers and 6 training workshops.

Table 1 gives the proportion of women by workshops and type of workshops and in all meetings. There was a general under-representation of women in all workshops with the proportion of women per workshop ranging from 13.9% at the first knowledge translation training workshop in Burkina Faso to 46.4% at the project information meeting in 2015. The average proportion of women at these meetings was 35.4% and differed very little by the type of meeting between 34% at the dialogue meetings between researchers and decision-makers and 36.9% at the international meetings.

Table 2 shows the comparison of the profile of men and women in all workshops. There is a higher proportion of women among the decision-makers during the engagement, dialogue workshops and at the international workshops without significant difference. Nevertheless, in

the training workshops, there was a low proportion of women among the decision-makers with statistical significant difference.

The chairperson of the meeting was a women in 8 of all the 18 meetings (5 of 6 stakeholder engagement meetings in countries, zero in the two international workshop meetings, 2 of the 4 meetings to promote dialogue between researchers and decision-makers, and one of the 6 training workshops). In 8 meetings (6 stakeholder engagement meetings in countries and 2 international workshop meetings) groups works were organised but the information was available on the chairperson in only 4 meetings. During these 4 meeting 8 groups work were organised, and women chaired 3 groups work compared 5 chaired by men). All the trainers were men in the 6 training workshops organised.

## Discussion

This analysis showed that women were under-represented in the various meetings organized by the project, but that their profile was not different from that of men, with a few times more female decision-makers than men. The women were less represented in the key role during the meeting.

Female under-representation has been reported in health services and during the health scientific conferences where research results were shared [7,12-21] these is following their level of education, employability rate, relationships between actors and leadership within stakeholder structures or organizations.

Although underrepresented in number, our work noted that the profile of women was similar to that of men. This result may also reflect

**Table 2.** Profile of men and women in all workshops

Types of meetings	Female	Male	% Female	% Male	P-value
<b>Policy dialogue meeting</b>					
Researchers	17	31	20	19	0.86
Decisions makers	43	72	51	44	
Civil Society organizations/others partners	21	42	25	26	
Total	85	163	100	100	
<b>Country Stakeholders Engagement Workshop</b>					
Others	6	12	6	7	0.51
Researchers	11	30	11	16	
Decisions-makers	48	84	50	46	
Civil Society organization/partners	29	42	30	23	
Total	96	182	100	100	
<b>Regional Workshops</b>					
Researchers	6	18	13	22	0.15
Decisions-makers	24	26	50	32	
Civil Society Organization/partners	7	8	15	10	
Total	48	82	100	100	
<b>Training Workshop</b>					
Researchers	30	42	38	28	0.026
Decisions makers	28	78	36	51	
Civil Society organization /Partners	12	12	15	8	
Total	78	152	100	100	

the fact that women who came to meetings have the same technical skills and powers as men and should be able to contribute equally with the men. In a study based on the analysis of thousands of 360-degree reviews, women outscored men on 17 of the 19 capabilities that differentiated excellent leaders from average or poor ones [22].

Our results showed the low representation of women in the keys leading roles during the meetings and during group work. One of the reasons of this underrepresentation of women in the keys roles during these meeting can be the fact that many men and women think it's not 'natural' for women to speak up in public often poses a key barrier to women's access to decision-making [23].

The advocacy may need to continue to get the equitable representation of women in these meetings. It is well noted that management of power inequalities can help to improve the contribution of the marginalised groups during the meeting [24]. A study in the United States showed that the presence of women among the organizers of scientific fora improved the presence of women as communicators [25]. Perhaps by including women in the organizing committee of these meetings, we can contribute to improving the number of women participation in the meetings. It is also suggested that quotas can be effective if well designed and properly implemented because they often address institutional barriers, whether within political parties or at a national level [26].

## Conclusion

In conclusion, an inequitable participation of women in the health research meetings in West Africa, identified in this gender analysis must be addressed in the future with the application of some innovative approaches including women as part of the organizers or by the introduction of quotas.

## Availability of data and materials

The datasets supporting the conclusions of this article are available on demand with the corresponding author and the WAHO archives.

## Declarations

## Ethical clearance

We did not seek the approval of an ethic committee because the data used in the study came from the workshop reports, which are the documents freely available within the institution, thus giving implicit permission for use and analysis. In addition, before the data analysis, once the gender was identified, the participant's name was erased, which allowed for the anonymity of the participants. During the analysis, the data were grouped by gender, country and type of meeting, which could not identify the participants.

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## Authors' contribution

IS and EAKJ conceptualised design the study, drafted the initial manuscript, and reviewed and revised the manuscript. MA designed the data collection instruments, collected data, carried out the initial analyses, and reviewed and revised the manuscript. VL and AO critically reviewed the manuscript and made major revision. . All authors approved the final manuscript as submitted.

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