REVIEW ARTICLE

Shaping the African research agenda for gender transformative approaches to sexual and reproductive health and rights: A scoping review taking stock to re-align and move forward

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Abstract

Given the imminent threats to gender equality, it is critical to take stock of what is documented in terms of gender transformative approaches supporting sexual and reproductive health and rights across the African continent. This scoping review found 52 articles published between 2012-2022 from PubMed and Scopus. We describe the geographic distribution, terms, the conceptual frameworks and social theories used, program areas, target populations and intervention approaches, as well as study designs and outcomes found. While a substantial body of evidence on gender and sexual and reproductive health and rights across Africa is building, it remains skewed geographically, programmatically, and analytically. More rigorous research is needed about the dynamics of shifting gender power relations undertaken in partnership with social movements and practitioners who can ensure more ownership and accountability for gender justice in sexual and reproductive health and rights in Africa over the long term. *(Afr J Reprod Health 2025; 29 [6s]: 106-119).*

Keywords: Gender responsive, gender specific, gender transformative approaches, sexual and reproductive health and rights, sexual reproductive and maternal health

Résumé

Compte tenu des menaces imminentes pesant sur l'égalité de genre, il est essentiel de faire le point sur ce qui est documenté en matière d'approches transformatrices de genre soutenant la santé et les droits sexuels et reproductifs à travers le continent africain. Cette revue de portée a identifié 52 articles publiés entre 2012 et 2022 dans PubMed et Scopus. Nous décrivons la répartition géographique, les terminologies, les cadres conceptuels et les théories sociales utilisés, les domaines d'intervention, les populations cibles et les approches d'intervention, ainsi que les types d'études et les résultats observés. Bien qu'un corpus important d'évidences sur le genre et la santé et les droits sexuels et reproductifs en Afrique soit en cours de constitution, celui-ci reste déséquilibré sur les plans géographique, programmatique et analytique. Des recherches plus rigoureuses sont nécessaires sur les dynamiques de transformation des rapports de pouvoir liés au genre, menées en partenariat avec les mouvements sociaux et les praticien·ne·s capables de garantir une appropriation accrue et une plus grande redevabilité en matière de justice de genre dans le domaine de la santé et des droits sexuels et reproductifs en Afrique sur le long terme. *(Afr J Reprod Health 2025; 29 [6s]: 106-119).*

Mots-clés: Approche sensible au genre, approche spécifique au genre, approche transformatrice de genre, santé et droits sexuels et reproductifs, santé sexuelle, reproductive et maternelle

Introduction

The African continent is marked by varied histories of extractive colonialism and capitalism, contested by vibrant social movements and political commitments to social development, justice, and peace. These trajectories include a strong commitment to gender equality. Almost all African countries have ratified the Convention on the Elimination of All Forms of Discrimination against Women; and 44 out of 55 African Union member states have ratified the Maputo Protocol on Women's Rights.[1]

However, progress in addressing gender inequalities is insufficient and in some instances stalling or regressing.[2] Gender inequality remains a major underlying factor of health inequity, undermining sexual and reproductive health and

rights, and jeopardising the lives and rights of girls, boys, women, men and those with other gender identities across Africa.[3] Maintained by intersecting power relations, gender inequality reflects how historical and contemporary structural, institutional and interpersonal factors and relationships dynamically define the advantages and adversities faced by girls, women, boys, men and those of other gender identities.

These facets of gender inequality and its impacts on health in sub-Saharan Africa are even more worrying when considering the impacts of cuts to development assistance, the pre-existing debt crisis constricting health and education budgets across the region,[4] and the current backlash against gender equality and sexual and reproductive health and rights.[5] Given the imminent threats to gender equality and how that impacts sexual and reproductive health and rights, as well as for the need for Africans themselves to exercise leadership and ownership over the health challenges they face,[6] it is critical to take stock of what is documented in terms of gender transformative approaches supporting sexual and reproductive health and rights across the African continent.

By addressing harmful gender norms, gender-specific needs and barriers, and positively transforming gender power relations, gender transformative approaches, can enable more equitable access to sexual, reproductive, and maternal health services, as well as affirm sexual and reproductive autonomy, wellbeing and rights. However, despite implementation of varied gender transformative approaches in health, little is known about the published evidence base supporting such work across Africa. This scoping review describes the geographic distribution; terms, conceptual frameworks and social theories used; program areas, target populations and approaches focussed on; and study designs and outcomes found from research assessing gender and sexual and reproductive health in Africa over the past ten years (2012-2022).

Methods

We conducted a scoping review and searched for publications in major public health and social science databases (PubMed and Scopus) between January 2012 and December 2022. The review was informed by Arksey and O'Malley's guide for scoping reviews,[7] which encompasses stages of developing research questions, locating and identifying pertinent papers, extracting and charting data, analysis, synthesis and reporting.

Search strategy

The team developed a search strategy in consultation with the university librarian and a resource person at the School of Public Health, University of the Western Cape. We used search strings that combined five concepts: 1/ gender transformative approaches, including gender-responsive, gender transformative, gender specific. 2/ sexual, reproductive and maternal health, including sexual health, sexual rights, reproductive health, reproductive rights, sexual and reproductive health and rights, maternal health, abortion, family planning, contraception, gender-based violence*, HIV, STI, breast cancer, cervical cancer, and menstrual hygiene. 3/ Countries in Africa, 4/ Interventions including intervention, program*, strategy*, and plan*. 5/ measurement, including monitor*, evaluat*, and assess*.

A publication was deemed relevant if it involved gender transformative interventions or efforts to understand gender elements of sexual and reproductive health in Africa. We therefore focused on both formative, process, and evaluative research on gender and sexual and reproductive health across the region. After realising that the initial searches yielded no publications in French, we relaunched the search on PubMed and SCOPUS using the French equivalents of the English search strings. This process produced 11 results, none of which met the eligibility criteria. We did not replicate the search in Portuguese.

Study selection

The search results were uploaded onto Covidence for screening. Once duplicate references were removed, title and abstract screening for each article was done independently by two members of the reviewing team (WA, KB, TJ, SR, AG). Any conflict in the inclusion of references between reviewers was discussed and resolved during

regular debriefing meetings. The full text of all articles that were deemed relevant based on the title and abstract screening were retrieved, and each article was reviewed by a member of the reviewing team.

Data extraction

The review team developed and piloted a data extraction Excel spreadsheet. Extracted data and codes/categories were reviewed during regular team debriefings, and further follow up was done by team members (SR, AG).

Data synthesis

We analysed the data reviewed descriptively, extracting findings into categories that could be compared and aggregated across articles. These include categories such as country of study, program area, study population and intervention, terms and conceptual frameworks or theories, as well as study design and outcomes.

Consultation workshop with experts

Findings were shared and discussed with experts on 9 May 2024, who were convened for a feminist pan-African workshop. The workshop included 15 purposefully selected feminist researchers, academics, implementers, and activists from 12 countries and 15 institutions in Africa. These discussions further shaped our interpretation of the results and their implications.

The research project is approved by the Biomedical Research Ethics Committee of the University of the Western Cape (BM22/9/2).

Results

A total of 52 papers matching the criteria were selected as per the criteria: one commentary, 6 reviews, and 45 primary research articles. We focus in this scoping review on the 45 primary research articles (Figure 1: PRISMA Flow Chart).

Geography

Most of these primary research articles were from eastern and southern Africa. This is still the case if South Africa, an outlier with 17 articles, is not considered. In contrast, there were only five from Western Africa, and one each from Northern and Central Africa. Although French search terms were employed, the DRC is the sole representation of Francophone Africa. Five articles self-identified as humanitarian contexts within the countries researched.

Terms, conceptual frameworks and social theories

A search for key gender terms in the body of the articles found the following: almost all articles mentioned power (N=41) and many used the term gender transformative (N=33), gender equality (N=28), empowerment (N=26) and patriarchy (N=18). Fewer articles mentioned justice (N=8), feminist or intersectionality (N=7) or gender responsiveness (N=3), with very little overlap of articles. Less than 10 articles described the Interagency Gender Working Group gender integration continuum or the WHO Gender Responsive Assessment Scale, both of which describe the extent of gender integration in programs and policies.

Few articles explicitly presented a conceptual framework used to explore or understand gender power relations or their transformation. Most articles had an extensive literature review covering their program areas (gender transformative approaches, prevention and behaviour change theories, community mobilisation, caregiving, gender budgeting, etc.) with implicit program theories and pathways well described (Table 1).

In terms of explicit references to gender theories or theorists, the most frequently mentioned was the theory of gender and power and other contributions by Raewyn Connell (N=19). Quite a few referenced in addition to Connell, a range of authors that focus on masculinities[8–11] or femininities[12] (N=2, Skovdal, Jewkes). There were very few references to other[9] known contributors to gender analysis: Judith Butler (n=2), bell hooks (n=1), Caroline Moser (n=1). In terms of low-and-middle-income-countries (LMIC) origin of gender experts, only Kabeer & Subramanian (n=1), Sen et al (n=1), Gupta (n=2) were referenced. Paolo Freire, while not a gender theorist, was mentioned

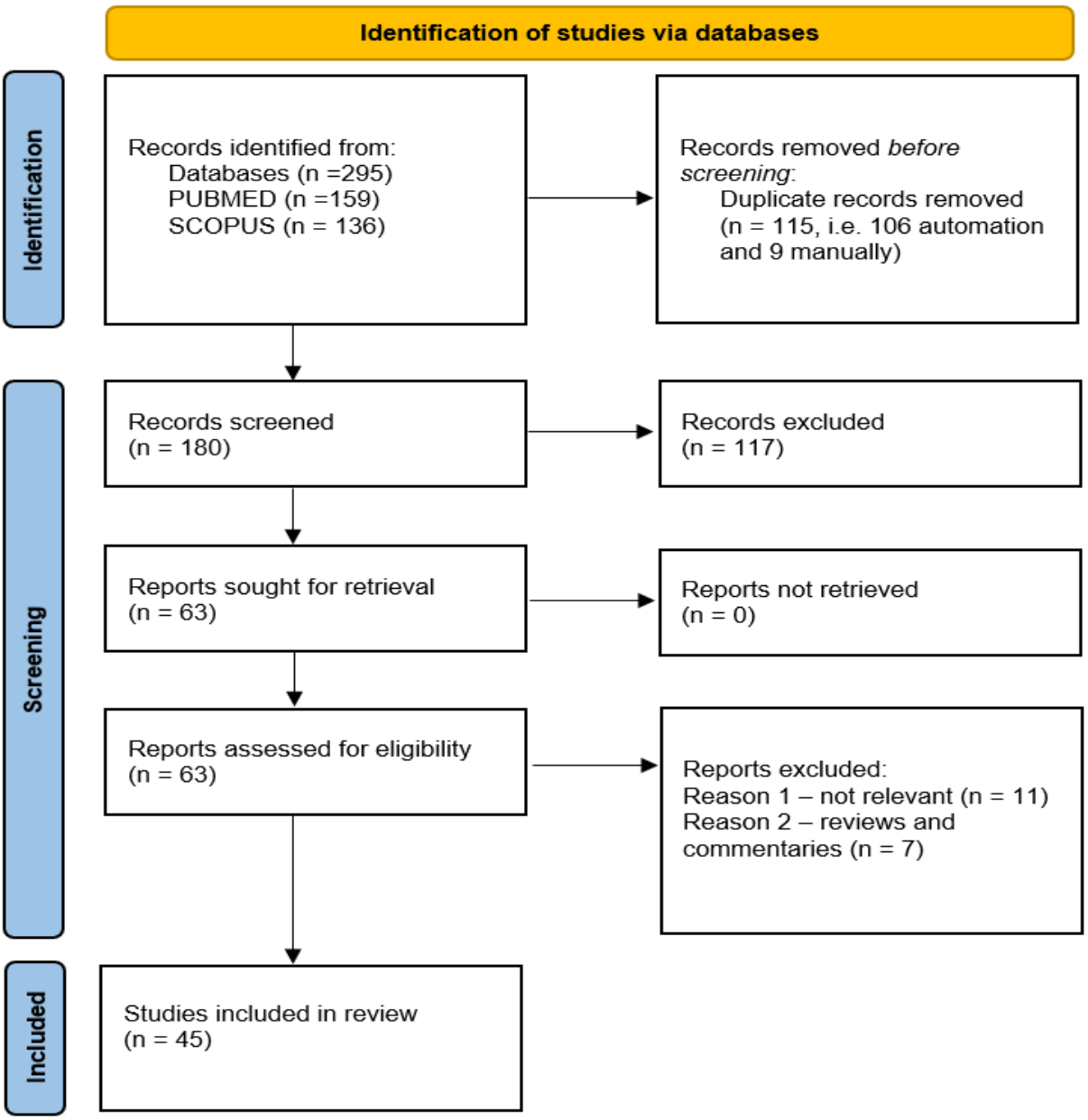


Figure 1: PRISMA Flow Chart

by one author twice,[13] given Freire's contributions to processes of empowerment.

Program areas and target populations, range of interventions/ approaches

Out of 45 articles, the largest number of articles focused on violence (primarily intimate partner violence, gender-based violence and sexual violence) (n=20) and HIV (n=20), with 10 studies having a combined focus on violence and HIV. This was followed by SRHR generally described (N=11), MCH (n=9) and family planning (N=5). Outlier articles, include one on cervical cancer[14] and one on gender differences in COVID-19 which involved SRHR conditions.[15] There were no articles on gender and abortion, infertility, menstruation, or female genital cutting (Supplementary Table 1).

Table 1: Illustrative gender definitions and approaches in studies on gender transformative approaches to sexual, reproductive and maternal health in sub-Saharan Africa

Study	Illustrative definitions and approaches
Mkandawire 2017	Gender is not defined by biological differences (sex), but rather by the social attributes with which people identify themselves as male or female and the relationships between the sexes (Moser, 1993)
Dworkin review	Gender is conceptualised as not something that one 'is' but as something that one 'does' in a patterned set of social interactions within social institutions – a pattern that can be 'undone'
Conroy	Theory of Gender and Power: gender norms, division of labour, division of power (Connell)
Skovdal	Connell's notion of emphasized femininity. The concept acknowledges the unequal power distribution between men and women, and the subordination of women to men in a patriarchal gender order (Connell)
Dworkin 2012	Masculinities are relational and socially constructed, agentically deployed in contexts of constraint and opportunity, and as shifting over time and locale (Connell 1995; Kimmel 1987).
Fleming 2016	Masculinity is not an individual construct but is something that men do through their actions, interactions and judgements by their social networks (Connell 1995; Courtenay 2000; West and Zimmerman 1987; Morrell et al.2013) Norms of masculinity are embedded within societal-level gender norms and enforced by social institutions (e.g. schools, military, government) and social networks (e.g. family members, peers) (Connell 1995).
Mukumbang 2020	'Masculinity is the set of local beliefs and practices that capture what it means in a particular context to be a man.' Three versions of masculinity have been described (1) responsibility – taking care of one's family, economic productivity; (2) respectability – being strong, resilient, disease-free; and (3) reputational – highly sexual, be and act in control and having the know-how
Sprague 2020	Agency as a construct to investigate potential changes expressed by health professionals for themselves and in relation to patient care; their reference to social theory's 'relational agency', which has been used to describe agency in relation to others, as opposed to a focus only on the individual
Koris 2020	Violence against women and girls, defned as acts of physical or emotional gender-based violence (GBV), is an intractable global issue driven by historically oppressive power relations that uphold male dominance and prevent the full advancement of women in public and private life
PerezMartinez 2021	The gender-transformative approach aims to help men and women build more equitable and nonviolent relationships (G. R. Gupta, 2000) through gender-equitable attitudes, behaviors, and community structures (Casey et al., 2016).
Stern 2015	Sought to assess men's engagement in SRH as clients themselves, as equal partners and as advocates for change affirming gender equality
Cazarin 2021	Cohen and Swift Spectrum of Prevention, emotions, safe spaces, reordering social spaces as a way to understand how dissident ideas are assimilated and enacted
Pettifor 2018	a theoretical framework for community mobilization that comprises six domains for change in a community: (1) development of a shared concern (around HIV and gender norms); (2) building critical consciousness; (3) establishing and leveraging organizations and groups, including links to networks; (4) engaging leadership (individual and/or institutional); (5) engaging communities in collective activities/actions; and (6) building social cohesion
Gibbs 2018	Campbell and Cornish's (2012) conceptualization of social contexts: a) material–political context , particularly how the economy opens and forecloses particular opportunities; b) the relational–network context, primarily characterized in terms of social relationships and c) the symbolic context, how representations and ideas shape opportunities for change, for instance, how men and masculinities are symbolically constructed and what identities are easily accessible for people to draw on to make sense of the world

Twenty-five articles focused on one sex only, twenty on males vs five on females as the target population for their analysis or intervention. Almost all of the articles referred to gender in a binary way. In contrast, thirteen articles focused on both males and females. When looking at age, out of the 45 articles, 18 focused on adolescents and young people with different age ranges listed by articles.

Most of the research focused on gender as a behavioural risk factor vs examining impact on sexual and reproductive health outcomes. A broad range of studies and interventions were found to examine gender and sexual and reproductive health in Africa over the past ten years (Supplementary Table 1). The following summarises the approaches and interventions included, with further information about study design in the following section.

With regards to male programming, 11 focused on masculinities-based programming primarily related to addressing HIV and IPV. These included five OMC (One Man Can), one Men Care+, three Stepping Stones[16] articles, which all engaged men in reflective group-based workshops sometimes complimented by community mobilization. Two studies also used masculinities as a way to understand men's HIV care seeking in Uganda[17] and South Africa.[18] Out of these 11 studies, 9 were fully or partially based in South Africa. Three studies focused on men as fathers, and six focused on men supporting women's sexual and reproductive health.

Of the five articles focused on females, one described the impact of fragility and conflict on women's and girls' rights with a focus on GBV,[19] two explored adolescent girls' norms and agency with regards to HIV[20] and HIV and GBV,[21] one looked at life skills curriculum combined with a cash incentive for adolescent girls,[22] and one on women's neighbourhood groups for IPV.[23] Of the 13 articles that focused on both males and females, 9 were with adolescents and 4 were with adult couples. Among couples, one explored the gendered power dynamics that frame women's and couples' negotiations of contraceptive use in Kenya (Harrington), and three were intervention trials of group workshop training.[24–26] In the Rwanda trial, the couples training was combined with community and opinion leader outreach, as well as women's safe spaces (Dunkle). In the Ethiopia trial, the participatory and skills-building workshops involved local traditions such as the coffee ceremony.[25,26] With regards to adolescents, two articles described context-based gender and health concerns. Decker reported on gender differences during COVID-19, which included sexual and reproductive health concerns in Kenya,[15] and Gonzalez reported on conflict and fragility shaping young girls and women's experiences and needs related to gender based violence,[19] as mentioned earlier. One study sought to adapt the sexual relationships power scale (SRPS) to young people in South Africa.[27] Four articles explored gender norms among adolescents.[20,21,28,29] Two articles detail intervention mapping for gendered adolescent health programming.[30,31] Two articles report results from a family-based participatory workshop training intervention for adolescents to address IPV, GBV and sibling violence in Nigeria.[32,33] Two intervention studies focused on life skills training combined with livelihood training and asset transfers in Tanzania[34] and with cash incentives to care givers.[22]

In terms of broader stakeholders who play a role in supporting gender transformation, one article focused on health providers at facility level,[35] another on district managers and community members,[36] one with community health workers,[37] one on community mobilisers[38] and one on religious leaders.[39] Three articles sought to understand the extent to which existing policies addressed gender.[40–42]

Study designs

Across the 45 primary research articles, varied study inferences were found. Eight were descriptive, 7 exploratory and 21 explanatory. In terms of evaluative designs, three were adequacy (pre-post) studies, and seven were randomised control trials (RCTs) with a probability inference. While a few included participatory research as a data collection tool amidst other methods, several articles had participatory or reflective elements in workshops and a few sparsely described

Table 2: Nature of mixed results from interventions on gender transformative approaches to sexual, reproductive and maternal health in sub-Saharan Africa

Study	Program Area	Positive Results	Negative Results
Koris 2020	Family based adolescent health program	More egalitarian family relationships More endorsement of girl's rights Decreased violence More nonviolent communication Less male dominant behaviour	Patriarchal norms governing adolescent girls continued
Ozler 2019		Improvements in several domains, including gender attitudes, life skills and SRH Minor improvements in schooling and psychological wellbeing	No reductions in sexual violence No change in social networks No change in gender attitudes of care givers, No strategy to address community structures Service providers were trained but they were relatively few in number
Harvey 2021		Less emotional abuse Women not supportive to attitudes accepting of IPV or tolerance of IPV to be seen as a private matter. Women were more confident about challenging violence	No significant impact in reducing/preventing physical or sexual IPV
TrevesKagan 2020	Masculinities based interventions	Changes in gender equitable attitudes Changes in use of violence	Some participants opposed the training
Cazarin 2021		Development of new language and consciousness Engagement with tactical activism	Lack of collective activism due to strategic silences about SGBV
Pettifor 2018		Changes in gender attitudes among men	No changes in gender attitudes among women No change in IPV, condom use or hazardous drinking
Kedde 2018		Changes in gender attitudes, contraceptive and condom use Changes in partner decision making on condom use	Use of SRH services by young men did not increase
Viitanen 2015		Men were able to reflect on the costs of masculinity and the various forms of masculinity that exist	Some men were more ambivalent toward shifting gender notions Some even adamantly resisted engaging in discussions over gender equality
Gibbs 2015		Shifts in gender norms and relationships towards improved communication and avoiding conflict	Some men still continued to seek multiple-sexual partners and continued using violence against their partner Overt violence and control was replaced by control through economic provision and social hegemony
Stern 2015	Male involvement in women's sexual and reproductive health	Improved men's role as SRH clients with improved use of SRH services; Sexual-health couples counselling and testing was reported to promote gender equality and open sexual decision making	Men did not become advocates for change
Okedo Alex 2021		Interspousal discussion on cervical screening increased	Uptake of cervical cancer screening remained low
Sharma 2020	Couples based programming	Workshops with men only reduced self reported sexual IPV	Workshops delivered to couples or women did not reduce sexual IPV
Leight 2020		None of the positive reports of change by men were corroborated by women	
Bamanyaki 2016	Service delivery reforms	Women's caucus formed, budgets allocated Service delivery regulations changed	No gender policy passed despite being formulated

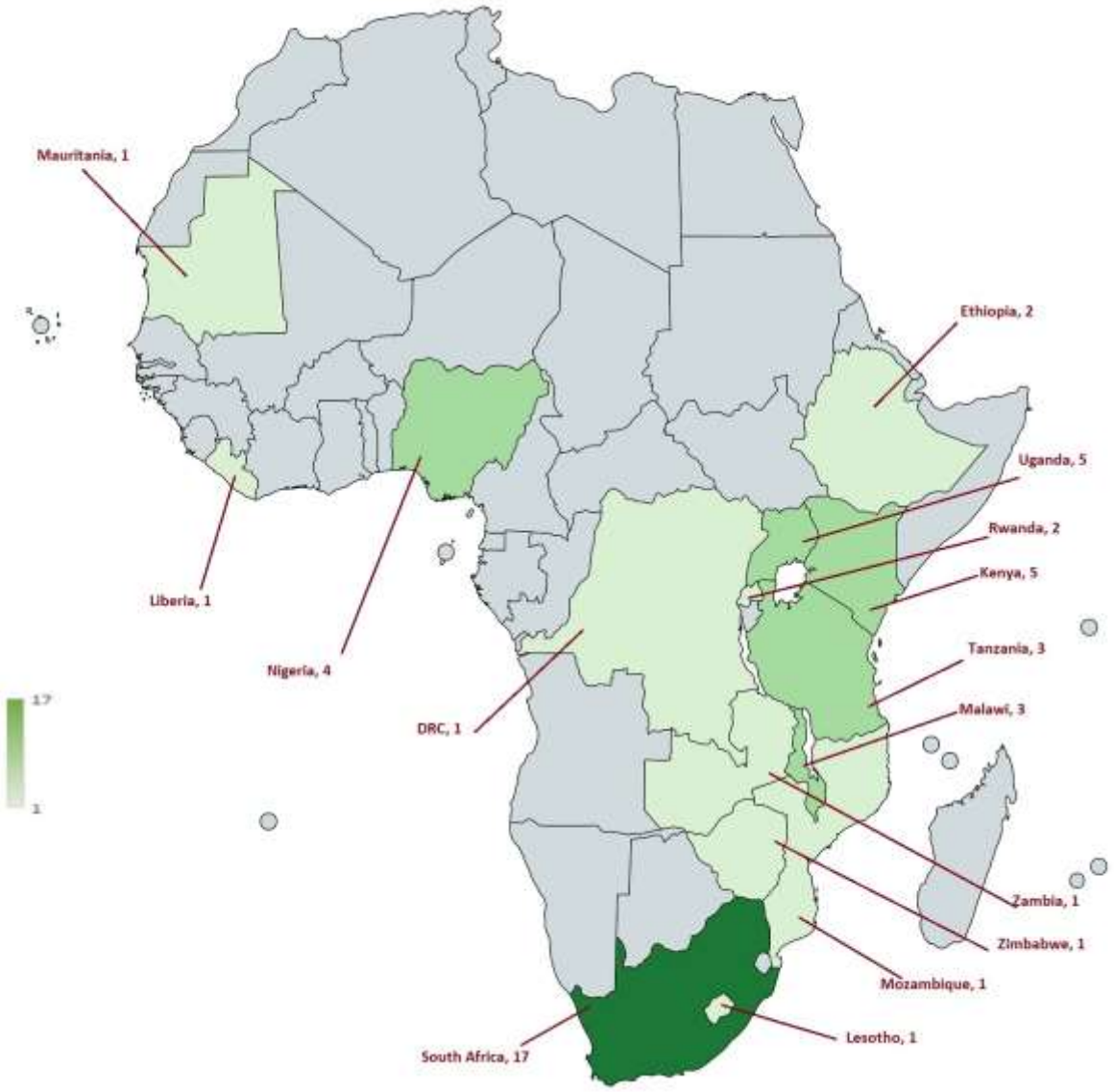


Figure 2: Distribution of 45 articles on gender and sexual, reproductive and maternal health across Africa from 2012-2022

community engagement efforts, none could be classified as emancipatory. In other words, none of the articles undertook the research in a participatory way that shared power with research participants to facilitate their empowerment. There were also no predictive inferences where gender dynamics or effects were modelled.

Many studies did not explicitly list what their study design or inference were, therefore the categorisations reported in some instances were the interpretations of the scoping review authors and not necessarily strict ones in some cases. For instance, many of the explanatory studies were qualitative studies reporting on findings of interventions, with some of them not stating any study design or not necessarily using a theory or framework for probing further how and why the interventions worked.

In terms of types of data, while four studies used mixed methods and ten were quantitative in nature, most were qualitative. Among qualitative methods, most used thematic analysis but a few

mentioned grounded theory, discourse analysis, ethnography, life history, intervention mapping, theory based evaluation, and process tracing. Most of the articles focused on gender dynamics within communities, even if interventions focused on individuals and individual change. Out of the 27 articles that assessed interventions only eight reported positive outcomes. Among these six relied on self-reported data from intervention beneficiaries, without triangulating with other stakeholders or data sources. Fourteen studies documented mixed results which reveal the complexities involved in changing gender power relations in sexual and reproductive health (Table 2). Five articles reported negative findings, also revealing the endurance of patriarchal gender power relations and faulty assumptions about transformative change.

Discussion

Between 2012-2022, substantial academic scholarship about gender elements of sexual and reproductive health across Africa has been built, yet it is skewed in significant ways. Geographically, it is focused on South Africa in particular and Eastern and Southern Africa overall. The published literature concentrates programmatically on intimate partner violence and HIV, primarily by working with men. Almost all articles mentioned power as an element, and a substantial number explicitly mention gender transformative approaches, gender equality, empowerment and patriarchy. Very few however engage with concepts of justice, feminist perspectives or intersectionality. There is a dominant reliance on Raewyn Connell's contributions to understanding gender power relations, despite gender analysis being a multi-disciplinary field with many theorists, including those from LMIC contexts. While the primary research is undertaken through a range of study designs, qualitative studies dominate.

Empowerment and participatory approaches are used, but researchers lead the production of evidence, and emancipatory designs where power is shared with study participants to effect change were not reported. Most of the interventions focused on group workshops that aimed at change at the individual level. There was very little measurement of normative change at community level, or engagement with service delivery or policy. Out of the intervention articles, very few had robust designs documenting success. Many of the articles had mixed results, with several studies showing no positive effects.

The dominance of work undertaken on men linked to IPV and HIV is influenced by the number of articles from South Africa, and the research networks focused on masculinities and IPV across the region that use Connell as their theoretical anchor. In a separate sub-analysis, we note that much of the scholarship has high income senior authorship and funding,[43] which may explain the far less linkages to a broader range of theorists and feminist movements grounded in an intersectional understanding of social justice.

Also striking is the narrow range of sexual and reproductive health issues focused on. The absence of published articles that empower young girls and women in maternal health programming, or on gender transformative approaches to issues such as female genital cutting which has such long lasting implications for sexual and reproductive health and rights is problematic. Others, primarily from Africa, have also stressed the need for evidence that centres the perspectives of activists and communities from the global South in supporting and sustaining long term change towards gender equality in health.[44] This is particularly important for under-represented regions such as northern and west Africa.

Even with this skewed nature of scholarship, the findings are revealing in terms of the complexity of supporting social change for gender equality over time. First, sexual and reproductive health interventions rather than inherently amplifying user control, can be deeply embedded in and re-enact problematic gender relations.[20,28,29] Young girls and women themselves navigate a multiplicity of aspirations and trade-offs, being both victims and enablers of patriarchy simultaneously.[21] Several articles documented various narratives of gender and power overlapping.[29,32,45] This provides openings for change, but also means that change is not a given, but constantly negotiated and contested.

Many of the articles also showed that gender transformative change is not consistent or

complete.[39,45,46] The changes documented were often incremental and even in some cases a façade, belying reconfigurations of patriarchy.[16,47] Most of the reviews found as part of this scoping review, similarly report findings that are equivocal or more likely to be efficacious if certain program elements were featured.[48–54] The engagement of multiple sectors and stakeholders over time to foster critical awareness of community members was highlighted as critical in a global review examining gender transformative programming.[48] Critical mass ensuring accountability for behaviour change, supporting social networks and shared vocabularies of new meaning was seen as key for internalization of gender transformative programming.[55] Several articles emphasized the limitations of programming delivered through workshops aiming at individual change, in the absence of broader community engagement and structural change.[16,32,47,56] However, long-term mobilization to advance intersectional gender equality across sectors, societal levels and stakeholders, was largely not featured or if present not well documented in our scoping review.

It is striking that so few studies reported positive results, irrespective of study duration, and only one did so with robust methods and outcomes.[24] Dworkin and Jennings both call for investing in more rigorous research, that understands the intricacies of gender power relations, and that at a minimum triangulates responses from both men and women, rather than assuming that self-reported change by male program beneficiaries is sufficient. More is needed to understand the dynamic processes that support and sustain change for gender equality, especially given the current anti-gender context spreading across the world.[5]

The illusion of transformative change assumed by the plethora of articles published has the potential to mislead programmatic investments if not interrogated and contextualized appropriately. The male engagement articles in this scoping review either highlighted how women navigated the tensions involved with men controlling rather than aiding their sexual and reproductive health,[57,58] with interventions showing mixed[14,59] or ineffective outcomes.[37,45] Many of the masculinity-based interventions also either showed positive results but only based on self-reports from male beneficiaries,[38,56] or mixed [16,39,46,55,60,61] and ineffective outcomes.[13,18] Strikingly, the few female empowerment studies found, also had mixed outcomes[22,23] or ineffective outcomes.[34] Overall, this evidence base needs to be strengthened, given the urgency with which gender inequalities underpinning sexual and reproductive health across Africa must be addressed and supported in ways that are more effective and do not do further harm.

Given the skewed nature of the published scholarship to date, it is urgent to catalyse African leadership to invest and support African led research on gender equality and sexual and reproductive health and rights to ensure that the research responds to informing change initiatives at community, service delivery and policy levels. The contributions of African women and gender studies faculties, as well as other social sciences that examine social change across the continent, must serve as key reference points to contextualise public health research on gender equality and sexual and reproductive health and rights within broader African political economies. Currently, the published evidence, reflects funding silos shaped by short term responses to specific donor calls, rather than sustained collaboration with social movements and implementors over the long run. Despite the prolific nature of some of the publications in South Africa, the learning generated has not been sustained or transferred into substantial policy change in South Africa.[40] It is critical not just to re-align African scholarship on gender and sexual and reproductive health and rights, but to do so in ways that supports more effective ownership and research translation into policy and practice across the continent.

Study strengths and limitations

The review is limited to two databases and journals indexed under these, even if they are the most dominant ones for public health. These databases reinforce the dominance of the English language in academic knowledge production. African social scientists who specialise in gender studies are less likely to publish in public health journals and thus are not represented in public health databases. The review has not included grey literature, which also

may have had more African lead authorship, particularly from civil society. These limitations are countered by the team's validation of the findings at an in person consultation with gender and rights academic and civil society stakeholders drawn across diverse African contexts. We also followed established procedures for scoping reviews to ensure the rigour of the findings.

Conclusion

This scoping review reveals that while a substantial body of evidence on gender and sexual and reproductive health and rights across Africa is building, it remains skewed geographically, programmatically and analytically. Despite these limitations, the review highlights the diverse programmatic entry points that exist to address gender dimensions of sexual and reproductive health and rights and the complexity of sustaining changes that affirm gender equality. Significant investment and redirection of the research is needed to ensure it responds to the urgency of advancing gender equality as a key determinant of sexual and reproductive health across the continent. More rigorous research is needed that understands the dynamics of shifting gender power relations undertaken in partnership with social movements and practitioners who can ensure more ownership and accountability for progressive change for gender justice in sexual and reproductive health and rights in Africa over the long term.

Conflict of interest

None

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