

COLOURING OUTSIDE THE LINES: DECOLONIZED APPROACHES TO SEXUAL  
AND REPRODUCTIVE HEALTH

COLOURING OUTSIDE THE LINES: DECOLONIZED APPROACHES TO  
SEXUAL AND REPRODUCTIVE HEALTH

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A thesis submitted to the school of graduate studies in partial fulfillment of the  
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## **LAY ABSTRACT**

Decolonization of global health is a way of addressing the unequal treatment of communities who have been treated unfairly, by placing community needs, knowledge, and experiences first. It is important in research related to sex, relationships, and having children, which are sensitive topics. Decolonization has become popular in recent years, but is not well defined, and there is little guidance on how to use it in research. The goal of this thesis was to understand, explore, and apply the elements of decolonized research through the lens of health related to sex, relationships, and having children. To do this, we summarized published articles, conducted an arts-based decolonized study in South Africa, and provided guidance on how to do decolonized research to global health practitioners. We found that people doing decolonized research should focus on lasting, community-owned approaches that create awareness of the unequal treatment of communities that are still present today.



## **ABSTRACT**

Decolonization of global health as an approach to redressing historical inequities and power imbalances has been popularized in recent years due to its focus on centering community needs, knowledge, and experiences, and decentering western imperialism. It is of particular importance as an approach to sexual and reproductive health (SRH) research, which often focuses on taboo topics with vulnerable populations. Despite the increase in its use, the term decolonization still lacks a shared definition, and there is little guidance on how to apply it in practice. The goal of this thesis is to understand, explore, and apply the elements of decolonized research through the lens of SRH.

This thesis contributes to a shared definition of decolonized research, and provides guidance for global health practitioners in its application in four chapters. First, a scoping review identifies the shared characteristics of decolonized research on SRH topics. Second, a decolonized arts-based study applies the findings from the scoping review, to explore the priority SRH needs of adolescent girls and young women in Cape Town, South Africa. Third, a methods paper explores the methodological findings from the previous chapter, including the development of a novel data collection method, and provides guidance for other researchers. Finally, an arts-based chapter shares experiences surrounding the project from the perspective of the researchers and community members in South Africa.

The findings from these studies illustrate the importance of researchers and implementors prioritizing community-owned approaches to research that focus on long-term sustainable change, acknowledging and redressing the impact of historical inequities and power imbalances. Applying decolonized research methodologies leads

to greater justice and equity for communities, as well as more valid and reliable data.

Future research should continue to explore a standardized definition of decolonized research methodologies and a framework for incorporating these strategies into global health research and praxis.

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"I am not free while any woman is unfree, even when her shackles are very different from my own." – Audre Lorde

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## LIST OF ABBREVIATIONS

ABR	Arts-based research
AGYW	Adolescent girls and young women
CAB	Community advisory board
CAC	Community Advisory Committee
CBPR	Community-based participatory research
GBV	Gender-based violence
OHTN	The Ontario HIV Treatment Network
PAR	Participatory action research
PrEP	Pre-Exposure Prophylaxis
PRISMA-ScR	Prisma Extension for Scoping Reviews
RA	Research assistant
SES	Socio-economic status
SRH	Sexual and reproductive health
TPA	Tafelsig People's Association
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## DECLARATION OF ACADEMIC ACHIEVEMENT

This is a thesis by publication or “sandwich thesis” which combines four individual projects, three of which were prepared for publication in peer-reviewed journals. The first 2 papers have been published. Chapter 2 has been published in *BMC Health Services Research*, in a special collection “Decolonizing Global Health”. Chapter 3 has been published with the *International Journal of Sexual Health*, and Chapter 4 has been published with the *International Journal of Health Equity*.

Maya Stevens-Uninsky is the lead author of every chapter contained in this thesis. She developed the research questions, methodology, conducted analysis, ran workshops, designed figures, wrote manuscripts, and submitted and addressed reviewer comments. My co-authors contributed to data extraction and management, research design, and reviewing manuscripts for publication.

## **Chapter 1: Introduction**

### **Background and Overview**

#### *Decolonized Research Methodologies*

Current global health research and praxis are based in a western paradigm (Campbell-Chudoba, 2024), and rooted in a colonial history of imperialism (Atkinson & Ryen, 2016). The values, perspectives, and epistemologies of western researchers, institutions, and funders influence topics of research, concepts of meaning, and the tools used to collect data (Emerson, 2020). This influence manifests through funding priorities and recipients, academic and methodological approaches, dominant culture interpretations of data, and the structure of global health programming.

Current norms center a Western approach to research and findings, while maintaining a power imbalance that has been present for hundreds of years. The imbalance between researcher and researched can re-create the colonial dynamic of exploitative resource extraction, in this case of data and stories, to control the narrative of findings and research results. These norms are reflected not just in institutions, but in some research methodologies and methods, that overlook the importance of involving communities as equal participants in the exchange of knowledge (Lenette, 2022).

Tools for data collection to measure the outcomes of research and programming are similarly rooted in this Western paradigm, frequently using a cookie cutter approach that fails to account for the culturally specific needs of communities and rendering community knowledge inaccessible through the methods of collecting and translating knowledge. This furthers existing power imbalances, influences the quality of data being



collected, and can contribute to biased data responses or interpretation (Oduaran & Chukwudeh, 2021).

The need for community-centered, community-developed, and culturally appropriate data collection methods is a critical component of the decolonization of research. Decolonized research methods lead to more relevant and accepted forms of data collection, more valid data, increasingly nuanced findings, and new perspectives not centered in the Western research framework (Omodan, 2025; Stewart & Liabo, 2012; Braun et al., 2014).

A major challenge in acknowledging and redressing these harmful structures and imbalances is the lack of a shared standard for defining and applying decolonized research methodologies (Thambinathan & Kinsella, 2021). It is generally agreed upon that decolonization of research involves the critique of existing power structures and dominant culture and the inclusion of other forms of knowledge and knowledge translation to dismantle the lasting effects of colonialism (Tuhiwai Smith, 2021). However, there is not a singular agreed upon definition detailing this complex concept, particularly in relation to process and guidelines for researchers.

While calls for decolonization in contemporary research practices abound, there is a limited body of literature that identifies the practical applications of this premise. More research on foundational principles and evidence on strategies to apply these key principles is required to bridge the gap between theory and practice.

Applying the principles of decolonization to research methodologies amplifies the voices and needs of communities of focus, incorporates diverse value systems, and brings

justice to the oppressed (Garcini et al., 2025), while enhancing the quality, validity, and impact of findings and interventions (Stewart & Liabo, 2012). It is critical that academic institutions, researchers, and implementors develop a shared understanding so that it can be better applied to the global health field, and beyond. The need to decolonize standard research practices is even greater in certain fields within global public health. Topics such as sexual and reproductive health (SRH) research, where the participants are affected by intersecting inequalities and disadvantages are of particular importance.

### *Sexual and Reproductive Health*

Sexual and reproductive health (SRH) is a particularly sensitive topic when it comes to power imbalances and unequal dynamics in research and data collection strategies (Schaaf, Kapilashrami, et al., 2021). The origins of sexual and reproductive health research are deeply rooted in a history of imperialism and the control of “othered” bodies. Often, this has taken the form of population control in myriad ways including forced sterilization, or in some instances forced reproduction for the expansion of an available workforce (Stanley, 2021).

Historical research and institutions framed colonized peoples as being hypersexualized, providing excuses to control and exploit bodies. Across the former colonies there is a history of medical experimentation, where Indigenous peoples were used and exploited to provide knowledge and experience to the colonizer (Kuumba, 1993). This was particularly brutal when it came to sexual health. Researchers undertook physical experiments on unanesthetized and non-consenting enslaved people (Wall, 2006), and encouraged enforced population control and eugenics (Schrader, 2020). Colonial researchers and writers used pseudo-scientific studies of sexuality to justify imperialist

practices, and dehumanize the Indigenous peoples of the territories they were colonizing (Holmes, 2016).

This history continues to impact modern day sexual health practice and research, through the lingering impact of historical and generational traumas, and ongoing policies that remove agency and decision-making capacity from Indigenous, previously colonized, or oppressed peoples. Furthermore, these practices continue to be pervasive in the early modern and contemporary period as seen in instances such as the Tuskegee experiment (Washington, 2006), or the ongoing sterilization of Indigenous women across the Americas (Pegoraro, 2015). Both are examples non-consensual sexual health experimentation on a marginalized population. The Tuskegee experiment, undertaken from 1932-1973, left 300 Black people in Alabama to live untreated for syphilis and uninformed of their diagnosis for over 40 years, as part of a study on the progression of the disease (Park, 2017). Forced sterilization of Indigenous women emerged as a tool for colonial control in the 1700s and 1800s, occurring in Canadian residential schools and on Indian Reservations in the United States, as well as across Latin America. These practices of reproductive coercion of Indigenous women continued well into the contemporary day, with non-consensual administration of injectable contraceptives occurring in the 1980s (Pegoraro, 2015), and forced tubal ligations as late as 2008 (Dhaliwal, 2019).

Modern SRH programming and research rarely accounts for the impact institutional racism, colonial history, sexism and oppression have on sexual health outcomes, and fails to involve communities of focus in developing standards and strategies around sexual and reproductive health research. Without using historical influences to inform

research, context is being overlooked that has an influence on outcomes, and variables that affect SRH are not being incorporated into both identification of root causes, and proposed solutions (Prather et al., 2018). This results in worse SRH outcomes for marginalized populations, increased health inequities, and further maintains existing systemic injustices (Coen-Sanchez et al., 2022). This is furthered by limiting the input already marginalized populations have in determining their own needs and priorities. Without involving those with lived experiences, SRH research and programming will have a more one-sided or limited perspective of the issues (Dean et al., 2025).

Sexual and reproductive health continues to be a priority area of need in global health, particularly considering the challenges imposed by the ongoing COVID-19 Pandemic and the shifting politics of sexual and reproductive health globally (Otu et al., 2021). The expansion of the Mexico City Policy (colloquially known as the global gag rule) has had a particularly significant negative impact on maternal, sexual, and reproductive health outcomes. This United States policy prevents U.S. foreign assistance from funding legal abortion services globally, which results in outcomes such as dramatically increasing rates of unsafe abortions, and maternal mortality (Lane et al., 2021). This is of particular importance in light of the 2025 United States Trump administration legislation regarding foreign assistance, and the specific legislation eliminating all funding directed to South Africa (*Family Planning Impact of the Trump Foreign Assistance Freeze* | *Guttmacher Institute*, 2025). As the global health community of international organizations, non-profits, and governments, continue to set global health priorities and look for new strategies to advance the sexual and reproductive health rights of all, this is a critical area to promote decolonized methodologies, acknowledge

harm done, and take tangible steps towards undoing a history of inequity in SRH service delivery and research that is ongoing today (BMJ, 2018).

Decolonized research methodologies and methods are of particular importance when working with vulnerable and historically oppressed populations, particularly when discussing SRH topics with these populations. In traditional research approaches, intersectional personal, social, and societal vulnerabilities in certain populations, such as adolescents, mean that SRH behavior and outcomes are of vital importance, but are often overlooked, or addressed in a way that emphasizes these power imbalances, rather than acknowledging and addressing them (Schaaf, Cant, et al., 2021). It is therefore critical to approach research with these populations and communities using methodologies and data collection tools that center around creating a safe and equitable space to discuss intimate and personal topics.

Adolescent SRH is an area of particular need in decolonizing SRH research methodologies. Adolescence and young adulthood (10-24) is a vulnerable period of time, where physical and mental changes coincide with SRH decision-making and outcomes, but limited knowledge and decision-making capacity. Adolescents make up a growing portion of the population, 15% globally, and over 30% of southern Africa (WHO, n.d.). These young people, in particular adolescent girls and young women (AGYW), face myriad SRH challenges such as high rates of early or childhood marriage, adolescent pregnancies, and risk of female genital mutilation. AGYW also carry a significant portion of the burden of HIV/AIDs and other STIs globally (Usonwu et al., 2021). AGYW would especially benefit from decolonized research methodologies as a portion of the population with intersecting vulnerabilities, and significant needs, whose

voices often are overlooked in research and design of interventions (Quarterman, 2025).

### *Arts-Based Research*

Arts-based research (ABR) is an umbrella category or paradigm which contains many approaches to research and data collection methods. The paradigm combines creativity and science in the research context, and can be used at any point in the research process from data collection to dissemination of findings. Examples of ABR range from plays and poetry, to photography, collage, sculpture, or multimedia art. Other ABR techniques are exemplified as specific data collection methods, such as body mapping, or photovoice. What all these applications of ABR share is an organic approach to sharing knowledge, a holistic approach to data collection and interpretation, the involvement of participants as equal collaborators in the creation of knowledge, a more inclusive approach that can challenge power imbalances, and a highly descriptive result (Leavy, 2025).

Arts-based research methods are frequently incorporated into decolonized research methodologies, due to the participatory, flexible, transformative, and self-directed nature of these approaches. This enables knowledge sharing outside of traditional research boundaries, and encourages free and open communication between participants and researcher on complex and challenging topics (Melro & Ballantyne, 2022, p. 17).

This thesis pulls on two forms of ABR, both as a research method (body mapping), and as a strategy for sharing findings (a zine). Body maps and body map narratives were used in parts of this research as a primary source of data collection. Body mapping is

best described as the process of creating a visual depiction of the body, on which participants use art to visually represent their lived experiences. Body mapping is often recommended as a decolonized data collection method for its capacity to center the participant and create visibility for vulnerable populations. It also provides a safer space in which to discuss traumatic topics. If used appropriately, it can be a valuable tool to counteract power imbalances often found in the research process (Gastaldo et al., 2018).

This thesis also includes a chapter that is a zine. Zines are best described as a handmade art book (or magazine) that allows the author(s) complete creativity in their knowledge translation strategies- both in what they are communicating, and how they communicate it (Creasap, 2014). Zines have long been perceived as a counterculture form of communication, that can be used to speak in opposition to dominant culture. In the research field, they are a method of data collection and knowledge translation that supports participatory action research, looking beyond traditional publication methods to allow mutual contribution of ideas that may challenge power structures and norms. As a component of decolonized research, zines offer the opportunity to not only work with communities intimately, but also to share knowledge that is often overlooked as important by western institutions. They speak to the subjective nature of knowledge and research, and allow authors to share what has been excluded by other forms of communication (French & Curd, 2022).

### *Research Setting*

The primary research presented in this thesis was conducted in South Africa, but pulls on evidence and practice undertaken globally. South Africa has a predominantly young

population, with almost 50% of the population under the age of 24. The country has a high adolescent birth rate (67.9 per 1,000 women aged 15-19), as well as a high HIV incidence rate. Adolescents in particular are vulnerable in the country, with many engaging in risky sexual behaviour, such as unprotected sex, leaving them vulnerable to the transmission of STIs, STDs, and HIV/AIDs (World Health Organization, 2021). Other negative SRH outcomes including high rates of gender based violence point to the importance of continuing research on SRH needs in the nation. South Africa ranks 55 out of 100 on a global index of women's health outcomes (Global Women's Health Index, 2021).

This geographic area was also chosen as the focal point of this research in part due to its long and complex history of colonialism and apartheid. This further emphasizes the importance of decolonizing research conducted in South Africa. There is an added element of relevance when discussing SRH topics. Apartheid era legislation has an ongoing negative impact on SRH outcomes (Jacobs & George, 2021), in particular for adolescents. This is inclusive of care delivery, as well as institutional mistrust within non-white communities. As recently as 2010, women in South Africa have reported being sterilized without their consent (Strode et al., 2012), coerced into accepting contraceptives, or dissuaded from accessing their right to legal abortions (Odendaal, 2023).

### **Conceptual Framework**

The underlying premise of this thesis is rooted in the concept that knowledge and perspectives on SRH are socially constructed, and that the way information is collected shapes the resulting knowledge. This thesis also draws on existing post-colonial

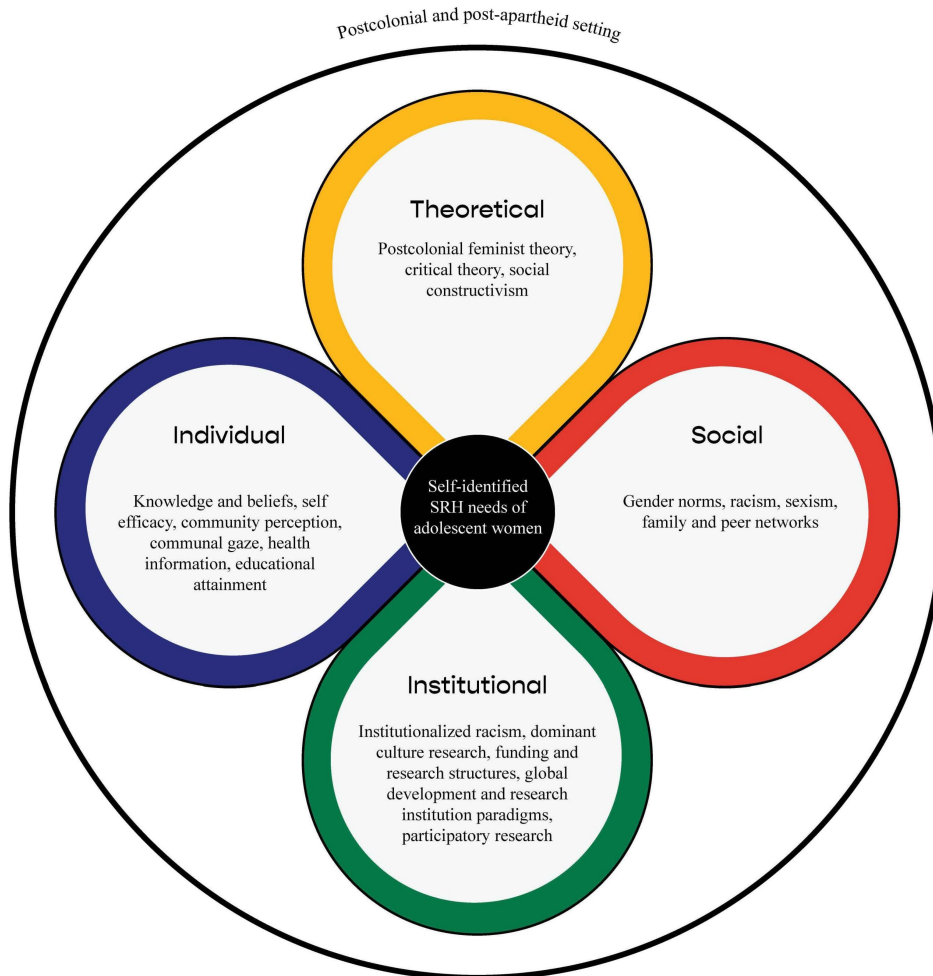


feminist and reproductive justice frameworks, as well as community-based participatory research (CBPR) and participatory action research (PAR) methodologies.

The conceptual framework applied to this thesis, (**Error! Reference source not found.**) identifies theoretical, social, individual, and institutional factors that inform the perspective and outcomes of SRH research, and that influence the ability of adolescent women to voice their own needs and be heard. This framework is partially adopted from the Pulerwitz et al. conceptual framework regarding social norms that influence adolescent sexual and reproductive health (Pulerwitz et al., 2019). Adaptations were made to incorporate the theoretical and methodological elements of SRH research, which was necessary to incorporate the decolonial element of the proposed research. This adjustment to the framework emphasizes the importance and impact of the methodological approach to SRH research on outcomes and findings. Further, the specific geographic setting of the research was incorporated into the framework through the identification of the post-colonial and post-apartheid setting.

The different elements depicted here represent not only the context in which research was undertaken, but also the ability of the women in this environment to speak with their own voices about their sexual and reproductive health needs. The framework guides the research by centering the self-identification of needs and the voices of the women in question as the ultimate focal point of the work. The four elements are couched within the overarching historical, colonial, socio-economic, and patriarchal context of “post-colonial” and post-apartheid South Africa, which inherently influences all elements of the research being done. This framework also informs the methodological and review

components of this thesis, by both providing a structure for the complex ideas identified and discussed therein.



*Figure 1: Conceptual framework*

### ***Researcher Positionality***

Reflexivity and positionality require researchers to examine their own biases, questioning internalized perspectives and assumptions. Positionality statements that center the researcher through a veritable laundry list of personal attributes may be

counter to the goal of creating a nuanced understanding of the perspectives and biases of the author. They reduce the researcher to a few characteristics, leaving the reader to make judgements about why and how these attributes might influence decision-making (Savolainen et al., 2023). This positionality statement instead prioritizes the discussion of a personal and methodological approach to the research based in part on the intersectional lived experiences of the author, and in part on participatory engagement with community members.

Positionality is not fixed; rather it continues to evolve. In this study, reflexivity was not solely an internal exercise but a collaborative and iterative one. The inter-relational reflexivity approach (Gilbert & Sliep, 2009) promoted a more equitable balance of epistemological power and recognized the collective nature of the work. Consistent discourse with co-authors, community members, participants, academic advisors, colleagues, friends, and family helped re-examine and reshape my perspectives. This process demonstrated that knowledge is co-constructed, influenced by the intersecting and diverse identities of all involved. This emphasis on a subjective created reality rather than an objective truth underpins this research as a philosophical approach.

My relationship to this field of study was shaped most strongly by my past work with the Freedom Park community. My relationship with my co-authors and partners in this work began over a decade ago, when I was introduced to NG and TC. It was their guidance and support that enabled me to write a dissertation for my MPH, from which I significantly benefitted- personally, academically, and professionally. The participants and partners from the previous study in Freedom Park received no financial compensation or ongoing action from the research. In many ways it was reflection on

my previous experience, and the extractive nature of the work I had participated in, that led me to pursue the work presented in this thesis. My ongoing relationship with my co-authors and community, as not just a researcher but a friend, provided me with not only the motivation to do better, but also the opportunity.

As a white, educated woman from North America, it is important to recognize my social and political privileges. I was able to conduct this research and benefit from affiliations to elite academic institutions and professional associations, and stand to benefit even further from the completion of this degree. One of my objectives through this work was to ensure that the community of Freedom Park was not only compensated fairly for their time, work, and intellectual rigor, but to guarantee that there would be ongoing benefits to the community from this work, laying the foundation for future work that will continue to benefit them, as this credential will benefit me. I further hope that this work will serve to guide others to approach their own work from a similar perspective.

### **Thesis Objectives & Chapter Outline**

The objective guiding this research is to *investigate the practical applications of decolonized research principles in the design and implementation of SRH research*.

This research focuses on identifying the commonly applied methodologies and methods, examining their shared characteristics, applying them to an SRH research project in South Africa, and sharing the methodological learnings from this process.

This thesis is a “sandwich” of 4 papers, 3 original research papers and an original document in the form of a zine (Chapters 2 to 5) that contribute to this objective.

In Chapter 2, “*Decolonization in sexual and reproductive health research methods: a scoping review*”, we cover the shared characteristics of decolonized research on the topic of sexual health, thereby identifying gaps, common strategies, and recommendations for future work in the field. In this chapter we provide a foundational exploration of the shared characteristics of decolonized methodologies. We used the findings from this review to inform the research design of subsequent chapters.

Chapter 3, ““*Seeing is Believing*”: *Identifying the Adolescent Sexual and Reproductive Health Priorities of Adolescent Girls and Young Women in Freedom Park, South Africa through an Adapted Body Mapping Approach*”, we apply the methodologies and principles laid out in Chapter 2 to a qualitative decolonized case study. We explore perceptions of sexual health needs within a community of focus through the experiences of adolescent women. We identify the SRH priorities of adolescent women living in Freedom Park, South Africa, using a community-designed, novel, arts-based data collection method.

In Chapter 4, “*Re-Drawing the Map: A Case Study of Decolonized Research Methods & Methodologies*”, we conduct a secondary analysis of the methodology, methods, and lessons learned from the previous chapter. We provide evidence and guidance for communities and researchers for the co-creation and use of decolonized research methods and methodologies. In this chapter we further explore learnings extracted from the identification and application of decolonized research practices, including the design of culturally appropriate methods, and co-learning structures. We also ask, how can researchers, communities, implementors, and organizations apply these learnings and

recommendations to the global context to better prioritize community needs and incorporate decolonized methodologies?

Finally, Chapter 5 is a zine, or a visual self-reflection on the research process and findings. Through this zine we explore human experience that underpins all research activities, and elaborate on the nuances of the research, community, and outcomes, through the perspective of the research team and community members. The zine represents key elements of the research process, community, participants, and study team that are often overlooked in traditional academic structures of publication, and provides the reader with a more intimate understanding of the human components of research.

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## **Chapter 2: Decolonization in sexual and reproductive health research methods: a scoping review**

**Preface:** This chapter provides a scoping review of the shared research designs, methods, and study characteristics of decolonized sexual and reproductive health research. It explores the methodologies and methods that are commonly used, while identifying gaps for future work. This provides a more detailed understanding of decolonized research methodologies, and guidance for future work.

**Contributions:** This scoping review was completed between January 2023 and February 2024. Maya Stevens-Uninsky conceived of the study, developed search terms and review protocol, screened articles, analyzed data, wrote the original draft, and responded to reviewer comments. Aisha Barkhad, Dr. Tonya MacDonald, and Alex Perez collaborated on data extraction, thematic analysis, and providing feedback on manuscript edits. Dr. Lawrence Mbuagbaw provided feedback throughout the process.

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## SYSTEMATIC REVIEW

## Open Access



# Decolonization in sexual and reproductive health research methods: a scoping review

Maya Stevens-Uninsky<sup>1\*</sup>, Aisha Barkhad<sup>1</sup>, Tonya MacDonald<sup>2</sup>, Alexander Perez<sup>3</sup> and Lawrence Mbuagbaw<sup>2,4,5,6,7,8</sup>**Abstract**

**Background** As researchers and practitioners in the field of global health continue to acknowledge the ongoing impact of colonialism in their work, the call for decolonized research has increased. This has particular relevance in the field of sexual and reproductive health. Despite this recognized need, there is no singularly agreed upon definition of what it means to conduct decolonized research using decolonized methodologies. The aim of this review is to explore the approaches and methodologies used in contemporary sexual and reproductive health research aligned with decolonized systems of thinking.

**Methods** This review was developed and conducted in accordance with the JBI and the Extension for Scoping Reviews (PRISMA-ScR) Checklist. In January 2023, Medline (Ovid), Embase, EMCare, Global Health Database, and Web of Science were systematically searched for relevant studies. Relevant grey literature was also scanned. The screening and data extraction were conducted by four independent reviewers using an iterative approach. The findings were analyzed to uncover shared characteristics between the studies.

**Results** A total of 1775 articles were retrieved through our search strategy, of which 35 were included as discussing sexual health topics, and representing the principles of decolonization. Few of the included articles explicitly self-identified as decolonized literature. Common themes between studies included that most of the data collection was conducted in high-income countries, largely in North America, and the most prevalent sexual health topics were HIV/AIDS, and STIs/STDs. Most studies were qualitative, used community-based methodologies, and included some form of community advisory board.

**Conclusions** This scoping review identifies shared characteristics of both successes and gaps in decolonized research that may inform the methodological processes of future researchers. It emphasizes the need for more decolonized research originating in low- and middle-income countries, as well as decolonization of quantitative research methodologies. The findings also emphasize the importance of community engagement throughout the research process. A shared definition of decolonization is necessary to codify this body of work. Future researchers should focus on clearly communicating their approach in the methodology so that it can be replicated and become part of a shared definition.

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**Keywords** Sexual and reproductive health, Reproductive health, Sexual health, Decolonization, Decolonized research, Decolonized methodologies, Community-centered research, Scoping review, Colonialism

## Background

As researchers and practitioners in the field of global health continue to acknowledge the ongoing impact of colonialism in their work, the call for decolonized research has increased [1]. Colonial influence on research is evident at a variety of points in the process, ranging from the determination of funding priorities and academic imperialism to the pervasive use of Western research methodologies and concepts in research design and implementation. Western concepts such as quantitative research tend to focus on experiments and principles of objectivity to uncover a singular truth or fact, limiting the presence of alternative world views [2]. The paradigms of Western research such as individualism, or positivism, have shaped the way contemporary research is conducted, how data is collected, and how knowledge is received, often overshadowing culturally specific and situationally relevant perspectives [3].

The root of decolonization lies in the process of reclaiming the power structures and cultures that were eroded or eradicated by colonialism [4]. When applied in a research methodology it prioritizes community leadership [5] and uproots imbalanced systems of power in research that are based in colonized institutions and epistemologies [6]. Scholars such as Battiste [7] and Smith [6] underscore that in decolonized research, the priority is for indigenous communities and their goals to take the lead, using culturally appropriate research paradigms to reclaim research and knowledge [3]. Therefore, truly decolonized research methodologies and methods will entail a critical examination of dominant Western methodologies [6]. This does not imply opposition to Western methods, but instead values dominant culture and culturally relevant research methodologies equally to determine what is most applicable and effective.

This scoping review pulls on the discourses of these prominent scholars of decolonization to identify important elements of decolonized research methodologies that are broadly agreed upon within the literature. These elements fit within three principles that create the foundation of decolonization in research. Therefore, for the purposes of this review, decolonized research is defined as research which contains elements of the following three key principles: (1) Research practices, from design through implementation, that place communities at the center of the work [6]; (2) Acknowledgement and/or critique of existing power imbalances that influence the research or topic of interest, such as colonialism, patriarchal systems, etc. [8]; and (3) Development of strategies that challenge Western research foundations and

assumptions, or assess the extent to which they may or may not be appropriate [6].

Decolonized research methodologies are particularly crucial when it comes to sexual and reproductive health (SRH) issues. The institutions of colonialism have systematically oppressed women and sexual minorities, curtailing autonomy in decision making, particularly in relation to family planning. Colonial practices weaponized sexual health and reproduction as tools for population control [9], through the hyper-sexualization of indigenous or racialized women [10], gynecological experimentation, eugenics, forced sterilization [11], and homophobia [12], amongst others. This lasting legacy is reflected in contemporary history and ongoing practices of medical experimentation [13], as well as community mistrust of SRH services and institutions. Consequently, research on sexual and reproductive health topics has emerged as a critical focal point for this review.

Although many authors and researchers have begun to discuss the use of decolonized approaches to research and practice, there remains no singular understanding of how decolonization can be executed as a methodology, nor does there exist a set of best practice recommendations [14]. A shared definition is necessary to formalize decolonized practices and applications as the norm within global health research, and to ensure that research strategies are based on a clear foundation of evidence [15].

An overview of the shared principles within existing decolonized research is the first step towards an agreed upon definition of decolonized research and methodology. The aim of this scoping review is to identify contemporary sexual and reproductive health research aligned with decolonized systems of thinking and review the shared characteristics between them. The review asks the question “what are the commonly shared research designs, methods, and study characteristics of decolonized research methodologies in sexual health studies?”. The study will also identify ways in which researchers can learn from and replicate these shared characteristics in culturally appropriate and contextual ways, and where there are gaps that remain to be filled.

## Methods

This review was developed and conducted in accordance with the JBI [16] and the Extension for Scoping Reviews (PRISMA-ScR) Checklist. The initial search of literature was performed in January of 2023, using Medline (Ovid), Embase, EMCare, Global Health Database, and Web of Science. Grey literature sources were also



searched, including World Health Organization (WHO), United Nations Children's Fund (UNICEF), and others. Search strategies were developed using key terminology in decolonized sexual and reproductive health research, research methodologies and methods. Detailed search strategies can be found in the published protocol [17].

To be included in the review, studies needed to be: published between January 2012 and December 2022; have full-texts available; meet at least one element within each of the three principles of decolonization; and be focused on sexual and reproductive health. Additionally studies were included only if the primary participant in the study was a member of the community of focus; and if the study involved direct participant data collection. These inclusion criteria meant only primary data was included, rather than secondary analyses, or data collected from a secondary source, such as participants who were not the population of focus. Studies were excluded if they were a secondary analysis, or were abstracts, protocols, posters, book reviews, dissertations, or blog posts. There was no exclusion based on language or geographic area, as decolonized research can be conducted in any region or dialect.

A data extraction tool was developed for this scoping review. The tool was jointly developed between all the reviewers using strategies such as iterative discourse throughout the screening process, review of archetype articles, and multiple rounds of piloting. To enhance accuracy, agreement, and incorporate all perspectives, after each pilot round the authors met to discuss new findings and determine if data extraction questions should be added or removed. The authors endeavored to be reflexive during this process, prioritizing examination of personal and group biases and dynamics as a part of the review process. Relevant knowledge partners for this study are other researchers who might use these findings in their future research. As such, a range of academics and practitioners were engaged in discussion on the topic, which also informed the data extraction tool.

Screening and extraction were conducted using DistillerSR: Literature Review Software (Evidence Partners). To reduce selection bias, two reviewers screened each study at the abstract and full text level. Conflicts were resolved by discussion. Co-authors were consulted if a consensus could not be reached. Once included, data was extracted at two levels. Data were extracted by two of the four independent reviewers at each level. In the first level, data was extracted around: bibliometric data (such as author name, title, and year of publication); principles and elements of decolonization; sexual and reproductive health subject; and methodology. At the second level, data was extracted on: study characteristics; methods; outcomes; partnership; and community engagement. Missing data was flagged 'not available'.

Topics were analyzed iteratively, with common themes and reflections identified throughout the data extraction process, and discussion between the authors. This led to an agile approach to descriptive analysis. Quantitative descriptive analysis was conducted using R and Excel.

## Results

We identified 1775 studies through our initial search strategy, of which 703 were deemed potentially eligible after title and abstract review. Of these, 586 were available for full-text review. After completing our inclusion processes, we found that 35 met our inclusion criteria. The flow of studies is shown in the PRISMA diagram (see Fig. 1). A synthesis table of primary study characteristics can be found in Supplementary Table 1, Additional File 1.

### Study characteristics

#### Geographic location

Nearly two thirds (62.9%) of the studies were conducted in the Americas Region, as defined by the World Health Organization's (WHO) region divisions. A further 14.3% were conducted in the African Region, and 11.4% in the Western Pacific Region. For more information on the most referenced countries, refer to Fig. 2.

68.6% of the studies were conducted in High Income Countries, according to the World Bank country income level classification [18]. Among the remaining studies, 8.6% were conducted in Low Income countries, 17.1% in Low-Middle Income Countries, and 2.9% in Upper-Middle. One study (2.9%) did research in countries with mixed income levels.

#### Sexual and reproductive health topic

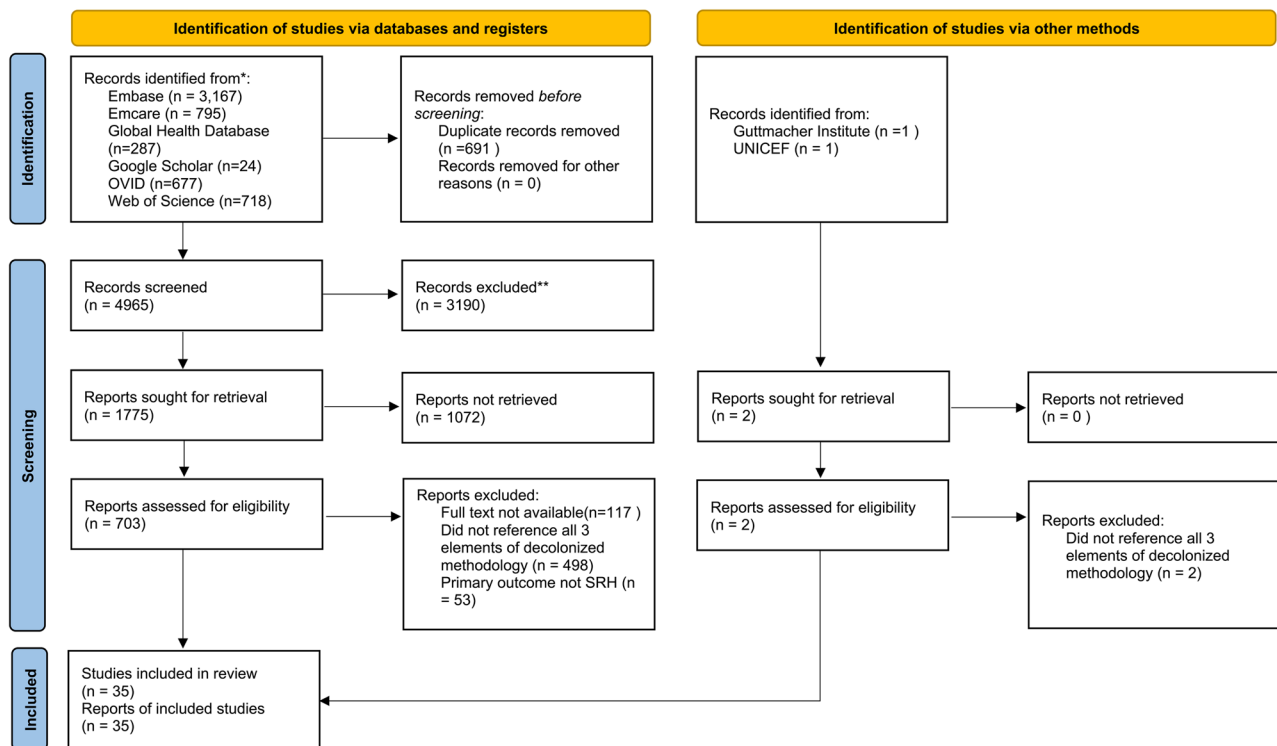
The SRH topic discussed most frequently across all the included studies was HIV/AIDs, which was identified as an outcome of interest in 31.4% of the included studies. 17.1% referenced adolescent sexual health and STIs/STDs as the SRH outcome of interest. The least commonly mentioned SRH topics were abortion, antenatal and prenatal care, and sex work, each of which were mentioned only once. The researchers identified several SRH topics that were not identified in any of the studies, including birth control, circumcision, female genital mutilation/clitoral cutting, and menstruation or menarche. Details can be found in Fig. 3.

#### Participant characteristics

The majority of the studies (65.7%) included young adults, age 18–39. Almost half (45.7%) included middle-aged participants (40–59), and 31% included older adults (60+). Only 3 studies (8.6%) included adolescents (13–17), and none included children.

All but one study identified the sex or gender of their participants. The overwhelming majority of the studies

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

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Fig. 1 PRISMA diagram of the literature search

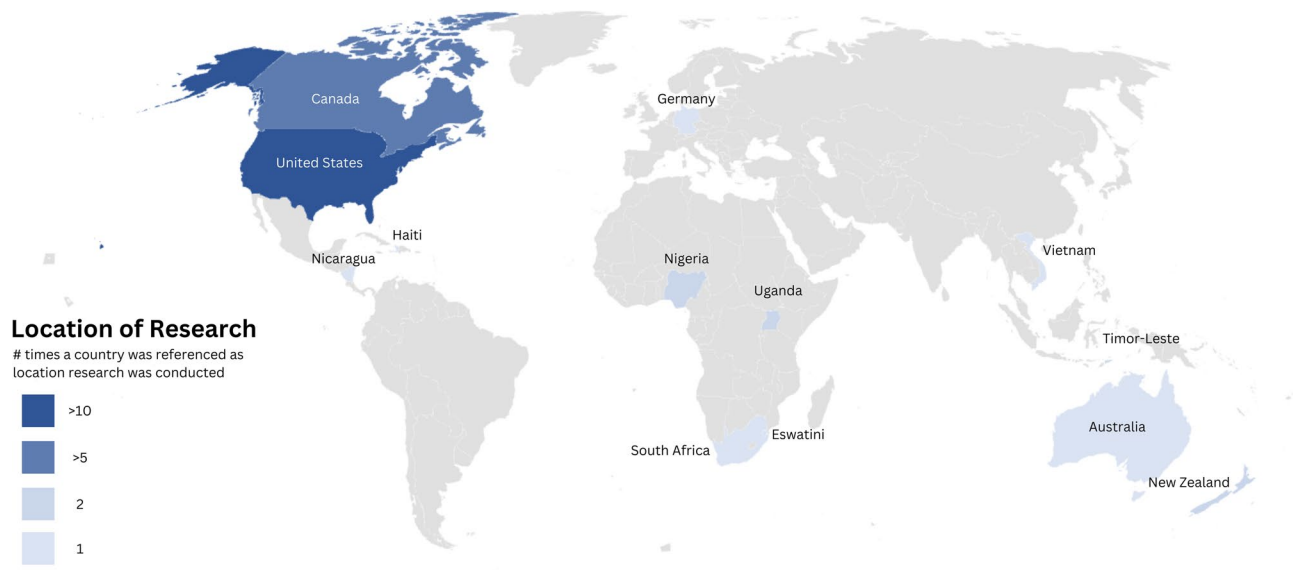
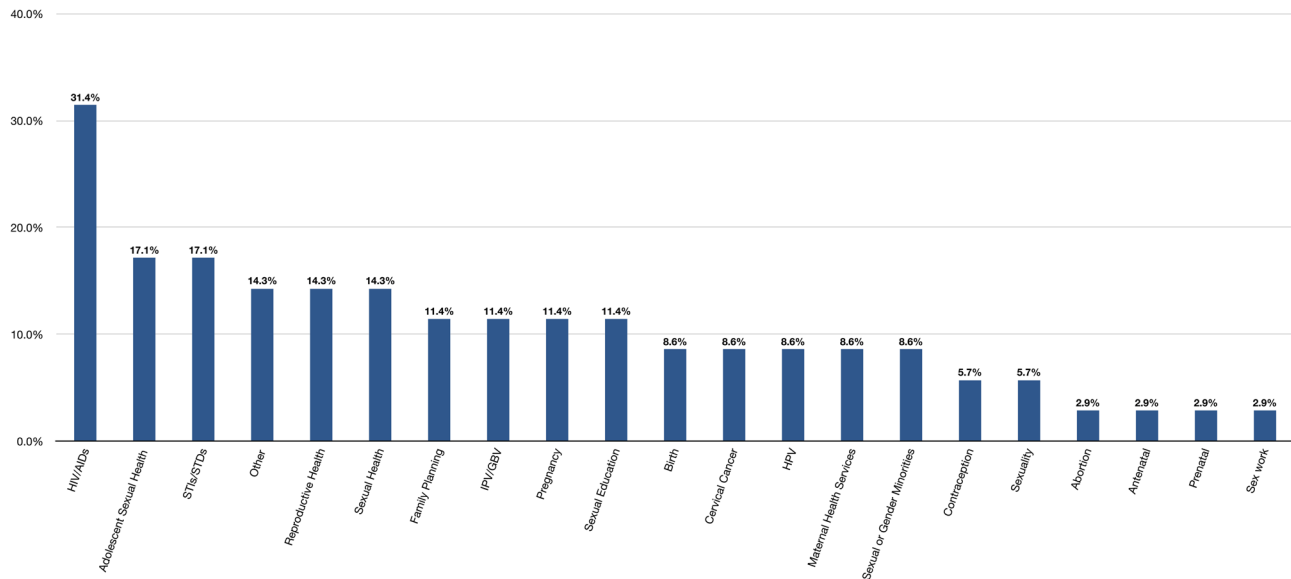


Fig. 2 Location and frequency of research

(82.9%) included women in their study population, while over half (51.4%) included men. Only 1 study referenced gender non-conforming or trans-identifying populations.

Fifteen studies (42.8%) identified their priority population as Indigenous. Six of the 15 (40%) identified

Indigenous Research Methods in their study design. Of the 15 studies, 11 (73.3%) were conducted in the Americas region, and 4 (26.6%) were conducted in the Western Pacific. By contrast, none of the studies in Africa



**Fig. 3** Sexual and reproductive health topic of interest in included studies

**Table 1** Location of indigenous research studies

	Africa	America	Europe	Multiple	South East Asia	Western Pacific	Total
<b>Total # Studies</b>	5	22	1	1	2	4	35
<b>Identifying Indigenous Population % (n)</b>	0.0% (0)	50.0% (11)	0.0% (0)	0.0% (0)	50.0% (1)	75.0% (3)	42.8% (15)
<b>Studies using Indigenous Research Methods % (n)</b>	0.0% (0)	9.1% (2)	0.0% (0)	0.0% (0)	100.0% (2)	75.0% (3)	40.0% (6)

explicitly identified an Indigenous population. For further detail, see Table 1.

### Decolonization

To be included in this review, studies had to exemplify all three identified principles of decolonized research: (1) strategies challenging Western research foundations; (2) critiques of power structures; and (3) a community-centered approach. Each of these principles was divided into sub-elements which allowed reviewers to detail how the study exemplified each principle. Figure 4 shows the prominence of each principle and identifies their constituent elements. See Supplementary Tables 7–9, Additional File 1 for definitions of each element.

Regarding the principle of “Challenging Western research foundations”, the most prevalent element was ‘Joint creation of a methodology with the community’, present in 60% of studies. None of the studies identified all 7 elements of this principle. Regarding the principle of “Critiquing power structures”, the most commonly identified element was ‘research as reciprocal’, present in 57.1% of studies. None of the studies used all 12 elements of this principle. Finally, in the principle “Centering the community”, 91.4% of studies identified ‘community voices engaged as part of the methodology’. One study in this category used all 12 elements of this principle of decolonized research.

Only 9 studies (25.7%) explicitly used the term “decolonization” in their publication, 2 of which were separate publications by the same author on the same research. All 9 of these studies were published after 2017, and the majority (7 out of 9) mentioned decolonization in their methods section. Only one-third mentioned decolonization in more than one section. Table 2 offers a review of the context in which “decolonization” is employed in these articles.

Few of these 9 studies defined the meaning of decolonization or its application in their work. Those who did define their use of “decolonized” focused on centering the needs and perspectives of the community or Indigenous peoples with whom they worked [19–21]. Other mentions of decolonization focused on the process of decolonizing the research, such as through community partnership [22], or the relationship to existing but external decolonization efforts or methodologies [23–25].

Of these 9 studies, 5 used an Indigenous Research Design, 3 were qualitative, and the remaining study employed a mixed methods design. Of the 35 studies meeting our inclusion criteria, only 6 used Indigenous Research Design, indicating there may be a relationship between prioritizing Indigenous Research Methods where appropriate, and taking a decolonial approach to research.

Data were also collected on the number of studies which included a positionality statement to reflect on

Authorship	Is decolonization as a concept explicitly referenced in the study?	Challenge western research foundations					Critique power structures												Center the community												Other		
		Question the use of western paradigms	Acknowledges the use of western paradigms	Question the use of western paradigms	Joint creation of methodology with community	Acknowledges epistemological or ontological assumptions	Refers to transformative methodology	Other	Acknowledges colonialism as an element of its methodology	Acknowledges racism as an element of its methodology	Acknowledges sexism as an element of its methodology	Acknowledges SES as an element of its methodology	Acknowledges heterosexism as an element of its methodology	Acknowledges power imbalance as element of methodology	Acknowledges power imbalance as element of methodology	Acknowledges power imbalance as element of methodology	Cultural competency/positionality	Bias or cultural training as an element of methodology	Acknowledges power imbalance as element of methodology	Research as reciprocal	Acknowledges the power and researched	Recognizes the self-identification of a "community"	Community voices are engaged as a part of the methodology	Recruitment strategies center community members	Strengths based approach to the community	Promotes co-learning with community in some way	Equity based approach to learning/knowledge	Community-defined problems	Iterative, co-learning process	Open partnership with community		Commitment to articulating diverse voices	Individuals allowed to speak for themselves
Aparicio (2020)	no																																
Belaid (2021)	no																																
Belaid (2021)	no																																
Esiemumoh (2018)	no																																
Etowa (2021)	no																																
Felner (2020)	no																																
Flanders (2017)	no																																
Franck (2020)	no																																
Gesink (2016)	yes																																
Hayhurst (2019)	yes																																
Ireland (2020)	yes																																
Kennedy (2016)	no																																
Le Grice (2018)	yes																																
Mai Le (2021)	no																																
LeMasters (2021)	no																																
Liboro (2021)	no																																
Macdonald (2015)	no																																
MacDonald (2018)	no																																
Markus (2012)	no																																
Krüsi (2021)	no																																
Mosley (2022)	no																																
Nguyen-Truong (20212)	no																																
Oster (2016)	no																																
Rand (2016)	no																																
Rink (2017)	no																																
Rink (2016)	yes																																
Santos-Hövenner (2015)	no																																
Shabangu (2017)	no																																
Varcoe (2017)	yes																																
Wallace (2018)	yes																																
Wallace (2018)	yes																																
Wilson (2021)	yes																																
Wood (2017)	no																																
Yancey (2012)	no																																
Zehbea (2015)	no																																
		12	4	10	21	7	3	1	13	8	4	2	1	6	1	7	10	20	8	20	32	8	19	11	21	22	25	16	22	1			

**Fig. 4** Distribution of common elements of decolonization

researcher standpoint or potential biases in relation to the research. Of the 35 included studies, 5 included a positionality statement, 2 of which explicitly mention decolonization.

## Study design and methodology

### Methodology

Most of the included studies (63%) used a qualitative design, with another 17% using Indigenous Research Methods, 11% mixed methods designs, and 9% quantitative.

Across all studies, the two most frequently used research methodologies were Community Based Participatory Research (CBPR), and Participatory Action Research (PAR), each used in 37% of the included studies. Both are broadly identified as qualitative research methodologies, although one quantitative study identified CBPR as a part of its methodology. Other frequently used methodologies were Decolonized Methodology and Post-Colonial Research, both identified in 11% of the studies.

Among qualitative studies, CBPR and PAR were the most commonly used research methodologies, present in 50% and 40.9% of studies respectively. However, the

majority (83.3%) of Indigenous Research Design studies used Indigenous Research Methodologies specific to the community in which they were working, including Cree research protocol and ethics, Two-Eyed Seeing, Piliriquati-giinniq Partnership Community Health Research Model, Mana Wāhine (Māori feminist), Kaupapa Maori, and Inuit Qaujimajatuqangit. Half of the Indigenous Research studies also used Decolonized Research Methods.

Three of the 4 mixed methods studies identified PAR research methodologies, and 25% identified CBPR research methodologies. These studies also included quantitative research methodologies, with cross-sectional methodology, experimental methodology, and quasi-experimental methodologies each getting one mention. In the quantitative studies, each of the following research methodologies was referenced once: cross-sectional study methodology [26], ecological study methodology [27], and experimental methodology [28]. Details of designs and methodologies of included studies can be found in Supplementary Tables 2–6, Additional File 1.

**Table 2** References to decolonization in included studies

Authorship	Mention of Decolonization	Key Phrase
Gesink et al., 2016	Methods	"Cree and non-Cree partners co-led the research as part of the <b>decolonizing</b> and indigenizing research"
Hayhurst et al., 2019	Conclusion	"...prevention of violence to the land and physical environment is deeply enmeshed with preventing violence against young women's bodies, and to broader <b>decolonization</b> efforts"
Ireland, S., Maypilama, E. L., 2020	Abstract, Methods, Results, Discussion, Conclusion	"We used a <b>decolonising</b> participatory action research (PAR) methodology. Our approach explicitly prioritised Yolŋu ways of being, doing and seeing" "This is a <b>decolonising</b> learning approach asserting Yolŋu sovereignty over their knowledge systems, physical bodies and ancestral lands."
Le Grice, J., Braun, V., 2018	Abstract, Methods, Results, Discussion, Conclusion	"Mana Wāhine research privileges Māori women's analyses and aspirations, seeking to <b>decolonise</b> historical and contemporary colonial interpretations about Māori" " <b>Decolonising</b> these assumptions, by speaking to the influence of colonisation on Māori cultural ways of being and practices"
Rink et al., 2016	Methods	"CBPR may be viewed as a <b>decolonizing</b> research methodology that is responsive to promoting cultural relevancy and empowerment"
Varcoe et al., 2017	Methods, Analysis	"Our process to adapt iHEAL for Indigenous women in urban contexts was underpinned by critical theoretical and <b>decolonizing</b> approaches."
Wallace et al., 2018	Methods	"We employed a qualitative research design with <b>decolonizing</b> methodology. This means we placed Indigenous knowledge in the center of our research and considered respectfully Timor-Leste's history of colonization throughout our projects." " <b>Decolonizing</b> methodologies must be beneficial and empowering for the Indigenous participants" "We are mindful of the tension that exists between our <b>decolonizing</b> methodology and inductive coding when compared with a Western biomedical framework"
Wallace et al., 2018	Methods	"The researchers used a <b>decolonising</b> methodology, situating Timorese voices and worldviews in the centre of the research process, and Timorese guidance, collaboration and interpretation occurred across all phases of the project"
Wilson et al., 2021	Methods	Kaupapa Māori research methodology draws on a Māori worldview and <b>decolonization</b> and intersectionality theories to inform the analysis and interpretation of the data"

### Data collection methods

Most studies involved multiple forms of data collection methods. The most common form was interviews, used in 60% of studies, focus groups, mentioned in 31% of studies, and photovoice, which was referenced in 29% of studies. 17% of studies employed the use of a survey or questionnaire. All the studies which used a survey were mixed methods or quantitative. The average number of data collection methods used per study was 2.1, with 74% of studies only using 1 or 2 methods to collect data. The most common combination of methods was using focus groups alongside interviews, followed by a combination of interviews and photovoice (Fig. 5).

None of the included studies referenced the development or adaptation of a new data collection tool or method for the purposes of the study, although many of the methods were chosen with input from members of the community to reflect local knowledge translation procedures and cultural norms. This is in part represented by the 20% of studies which explicitly identified and used Indigenous Research Methods such as talking circles or yarning.

None of the studies mentioned a process of making changes to the standard data collection methods to make it more relevant to the research and context. For example, survey questions may have been developed and

modified for the research, but the process of delivering a survey remained standard to the norm. For more detail on of study designs, methodologies, and data collection methods used, see Supplementary Tables 2–6, Additional File 1.

### Data analysis

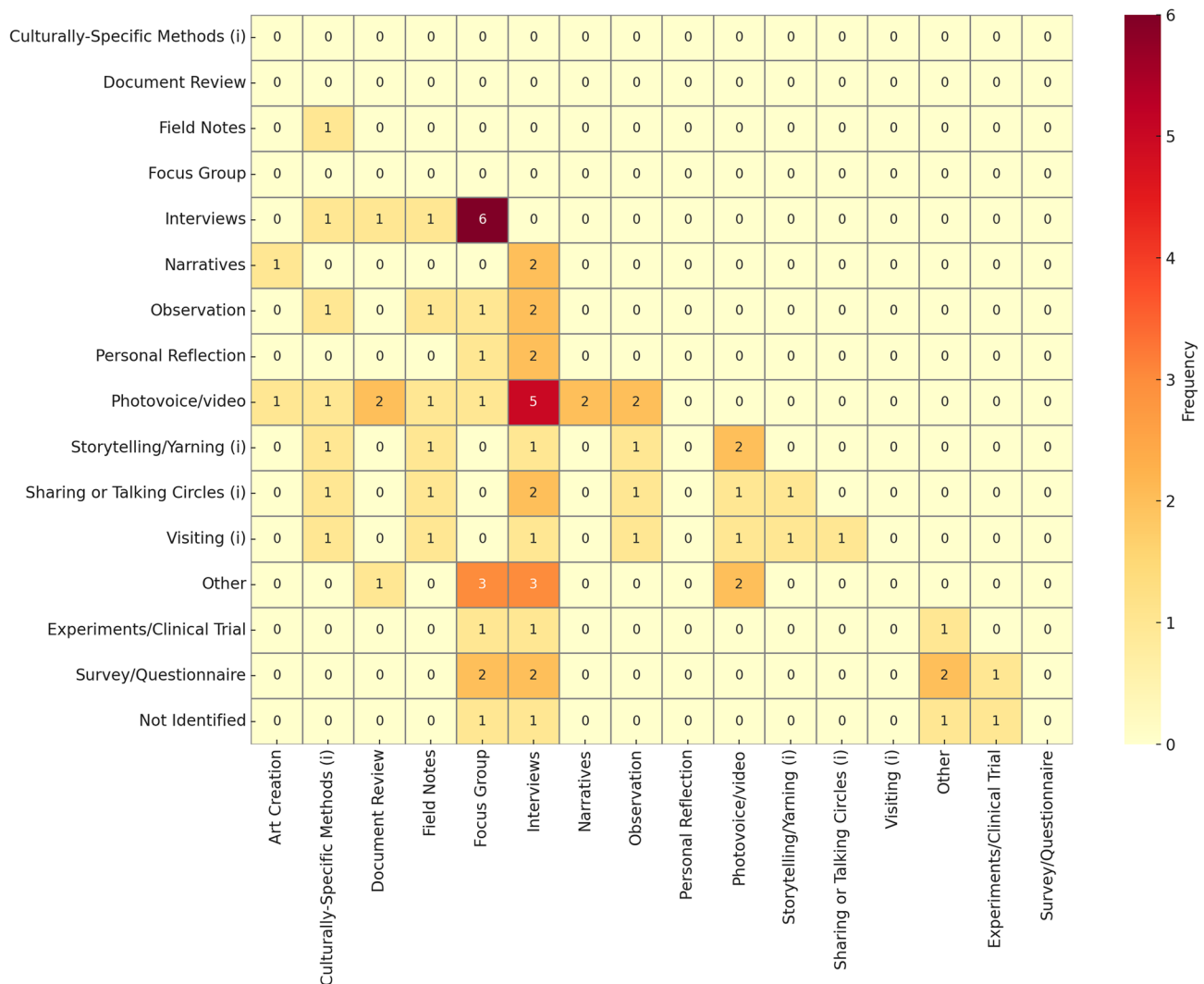
Within the 94.2% of studies that detailed their data analysis process, 78.8% mentioned the researchers participating in the analysis. In 33% of the studies, data analysis was conducted exclusively by the researchers with no other participants. The other group most frequently involved in data analysis were community members, who assisted with the analysis in 21.2% of studies. 9.1% of studies included local research assistants in the data analysis process. In only 1 study were researchers not involved in the analysis at all.

### Community participation in research

#### Partnerships

One measure of community participation in research was through partnership with community members or organizations. 22 of the 35 studies (66.3%) mentioned partnerships. All but one of these partnerships involved an academic institution. The most frequent partnership was between academic institutions and community





**Fig. 5** Data collection methods most commonly used together

organizations. The only study that did not involve an academic institution was a partnership between an NGO and an international organization [23].

Sixteen of these 22 studies (72.7%) had a bi-lateral partnership, usually between an academic institution and community organization (31.3%), or academic institution and community members (31.3%). Four of the studies had a three-way partnership, all of which were between academic institutions, community organizations, and community members.

#### Community engagement points

There are several strategies for community engagement and involvement in the research process. We identified 16 points throughout the research process where community engagement commonly occurs. See Table 3 for a chronological arrangement of these points in the research process. Of the 35 studies, 4 (11.4%) engaged

with the community at 9 or more points in the research process, with another 13 (37.1%) engaging community members at 2 or fewer points in the research.

Community members were engaged at the data collection point of the research process in 54.3% of the studies. Community members were least likely to be involved in the background research (2.9%). 25.7% of studies included community members at all stages (beginning, middle, end) of the research process. Community members were least likely to be involved at the beginning of the research. Table 3 contains the details regarding points of community involvement.

#### Community advisory roles

Another characteristic that was used to identify community engagement and participation was the presence of a community advisory board or committee (CAB). The role of a CAB is to incorporate the voice of community

**Table 3** Points of community engagement in the research process

Stage of Research Process	Points of Community Involvement	Number of Studies (n)	Points of engagement identified in Studies (%)	
Beginning	Proposal writing	5	14.3%	60.0%
	Background research	1	2.9%	
	Identifying the problem/ need for intervention or research	7	20.0%	
	Research question	6	17.1%	
	Research design	13	37.1%	
	Research methods development	7	20.0%	
	Selection or design of data collection tools	14	40.0%	
	Definitions of successful outcomes	3	8.6%	
Middle	Implementation	6	17.1%	71.4%
	Recruitment	8	22.9%	
	Collecting data	19	54.3%	
End	Data analysis	17	48.6%	65.7%
	Member checking	13	37.1%	
	Knowledge translation	13	37.1%	
	Not mentioned	8	22.9%	
	Other	1	2.9%	

members in a more involved and informed way throughout research activities, and can be an indicator of in-depth community engagement [29]. Of the 35 included studies, 16 (45.7%) referenced convening some form of CAB.

It is also of note that in studies with CABs, community members were engaged in the research process

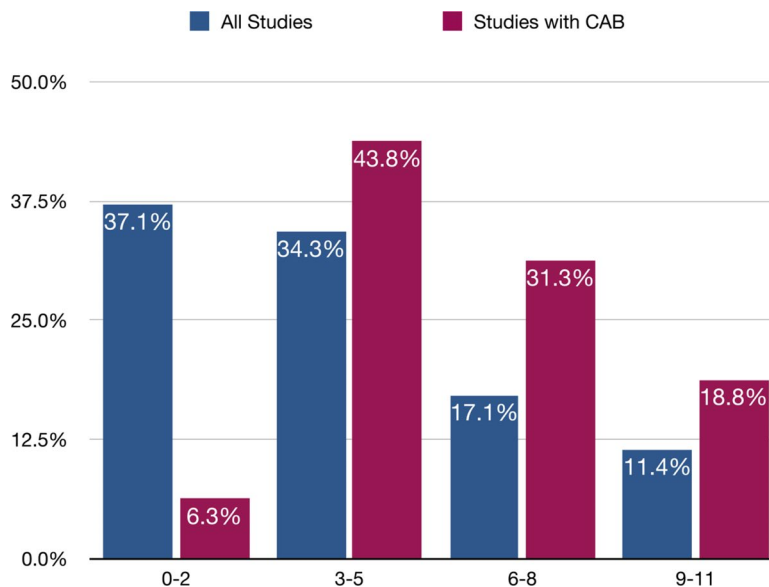
substantially more than in studies without CABs. See Fig. 6 for details. The same is true regarding the extent of community involvement. Studies with a CAB were on average 20% more likely to include community members at all points of the study (beginning, middle, and end), but particularly more likely to include them earlier on in the study.

## Discussion

This review explores the use of decolonized research principles in SRH research, to identify areas for learning as well as areas for growth. We identify some commonly shared characteristics in the way research is conducted, as well as numerous challenges in identifying a pedagogy for conducting decolonized research. The study describes elements of the included research ranging from bibliometric details to methodologies and methods. We identified three key themes in the way decolonized SRH research is being conducted, and ways in which it can continue to evolve. These include: (a) the need for a shared definition and approach to decolonized research; (b) the need for decolonized research to explicitly redress power imbalances; and (c) the need for researchers to incorporate the principles of decolonization at a foundational level.

## Finding a shared definition and approach to decolonization

Our study exemplifies the lack of a shared definition or approach to decolonization. Few studies included in this review used the word decolonization in any form, and even fewer defined or detailed how the terminology was applied to their research or methodology. This may be

**Fig. 6** Number of points of engagement in all studies vs. studies with community advisory boards

due to the current lack of guidance and definition of the term creating reluctance to identify research as meeting a set of unknown criteria implied by “decolonized methodology” [14].

Some shared characteristics in existing research provide direction to other researchers in designing and utilizing a shared decolonized methodology. The majority of studies used methodologies which take a community-based approach to research (such as CBPR or PAR) that is rooted in intersectionality [30], prioritizing and amplifying community voices, and challenging existing power imbalances [31]. While the application of these methodologies was not uniform across studies, it is nonetheless an indicator that collaborative community approaches are a central element of decolonized methodologies.

There is also a noteworthy lack of decolonized research practices when conducting quantitative research. The relative absence of decolonized quantitative research suggests a direction for further research. It is worth considering whether quantitative research methodologies encourage an assumption that their scientific nature removes the need to account for systematic imbalances or implement culturally appropriate methods. Also possible is the assumption that it may be unduly challenging, if not unnecessary, to decolonize the more formal tools and strategies of quantitative research. However, quantitative data is not immune to the pitfalls of colonial history and power imbalances, and also requires decolonization [32]. In fact, given the historical relationship between Western scientific paradigms, the experimentation done on colonized peoples, and the ongoing health research conducted on colonized and marginalized groups with little input from participants, this is a vital area for future work [33].

A clear shared definition of decolonized research and its methodologies would facilitate its application in both quantitative research, where community centered methodologies are less frequently applied, and qualitative research where community research is applied without being identified as an element of decolonization. By clarifying personal and academic definitions and applied strategies of decolonized research in publications, we will come closer to a shared pedagogy and greater ease of application of both the term and its methodologies.

### Redressing power imbalances

A critical element of decolonization, particularly in research methodologies and design, is the acknowledgment, critique, and counterbalancing of unequal or dominant systems of power [6, 7]. The current process of global health research contains numerous systemic power imbalances rooted in a history of colonial influence. Power imbalances emerge throughout the entirety of the research process from funding availability, prioritization

of research topics, objectives, and questions, to data analysis, and the dissemination of study findings [34]. The location and topic of research is strongly influenced by the epistemologies and values of dominant culture researchers and funding institutions [35].

The authors identified the explicit mentions of colonialism and its lasting impact on the community or research in question as a method for analyzing power imbalances in the included studies. The nuance lies not merely in the mention of colonial elements as a matter of background, but in identifying how it is accounted for in the research methodology, including the manners in which multi-faceted inequalities are addressed [36]. This approach to redressing power imbalances was only present in 37% of the included studies and denotes a gap in decolonized literature. This lack of acknowledgement of colonialism's impact affects the quality of data and eventual SRH outcomes, leading to insufficient consideration of intersecting inequities in race, sex, gender, and other areas, all of which negatively impact health outcomes and cannot be overlooked [37]. Identifying, acknowledging, and accounting for these disparities is a vital part of decolonized SRH research moving forward.

Geographic distribution or income level of the area where research is conducted is another space where the field of decolonized research must work to redress power imbalances. The limited number of studies conducted with decolonized principles in LMICs represents a substantial shortfall. The application of these research principles should be at parity between HICs and LMICs, as both continue to carry the structural power imbalances of colonial history. This is particularly relevant in relation to SRH research, where there is clear evidence of a colonial history of systemic oppression through medical and sexual interventions across all formerly colonized nations regardless of income level [13].

Common themes in redressing power imbalances were also identified in the SRH topic areas. The majority of included studies involved SRH topics such as HIV and other STI/STDs [38]. HIV/AIDs in particular is a SRH topic that often reflects a history of stigma and oppression against communities who have limited systemic power to address their needs [39], which aligns with the principles of decolonization. However, there was a gap in research conducted on topics specific to vulnerable population groups. Trans or non-conforming participants were under-represented, as were SRH topics such as sex-work. As a decolonized approach is intended to support those who have been marginalized, providing them with a voice, this is a notable oversight and should recommend opportunities for future research. Research that prioritizes building trust and bridging the gaps between community and global health institutions is of particular importance.



The involvement of the community at early stages and throughout the research process is one identified strategy for redressing the inherent power imbalance between the researcher and the “researched” [40]. Among the included studies, research participants were rarely included at the beginning stages of the research, where directional decisions were being made. This lack of early engagement should be addressed in future research. The current process of research design and implementation, including grant writing and institutional ethics approval, creates barriers for early community engagement and speaks to the need to reconsider power imbalances in current research systems. To truly even the playing field between community members and researchers, all should be involved at all points in the process.

A final common characteristic between studies was the frequency of community partnerships, and CABs. These community engagement strategies provide future researchers with knowledge that will guide them towards greater equity in decision-making power between the community and researchers. One recommendation for future researchers is to make explicit the terms, responsibilities, and outcomes of community partnerships or advisory boards thereby providing resources and guidance to other researchers hoping to accomplish similar work.

These forms of shared decision-making are critical to redressing power imbalances and will help lead to more equity in decision-making power between the community and the researchers. The next step for decolonized research is to explore ways in which researchers can begin supporting community members and organizations as leaders in the research. As it stands, the final decision-making in research almost always lies with the researcher, and this represents an inherent and long-standing power imbalance. These shared characteristics point towards the need for, and development of, a strategy to redress the unequal power hierarchies present in traditional research rooted in a Western paradigm.

### **Addressing superficial adherence to decolonizing principles**

A final theme shared by the included studies was reference to decolonized methodology or community engagement without clarifying how these approaches were incorporated throughout the research. This shared characteristic of “lip service” to decolonization was identified in multiple areas of the included studies.

One way in which this was represented was in the terminology used by authors. In CBPR and PAR studies, the commonly accepted standard practice in the methodology is democratic participation of the community at all stages in the research process [41, 42]. Even though CBPR and PAR were used in the majority of the studies in this

review, specific details of community participation were lacking. It is therefore plausible that the language of these methodologies was used nominally, but the approach was not executed to the fullest possible extent.

A further shared characteristic can be found in the data collection methods of the included studies. None of the included studies developed or adapted new data collection tools. The most commonly referenced data collection tools were often rooted in dominant culture methodology and may have been inappropriate for the research setting. To gather valid data appropriately, it is essential to decolonize the methods themselves [31]. Culturally appropriate, minimally intrusive, and narrowly tailored data collection instruments should be prioritized by researchers.

Subsequent research must make efforts to detail in the text the ways in which the data collection methods being used are tailored or are already appropriate for the context. This will provide guidance for other researchers. Researchers should also consider developing and advocating for the development of culturally appropriate tools or adaptations specific to the location or research they are undertaking, to diversify the data collection methods available and in common use.

Most of the studies did not describe their implementation of the decolonized elements they referenced. For many of the studies, it was the terminology around decolonized methodology that was discussed, rather than the execution. Sharing experiences and explanations about implementing decolonized research is vital in encouraging its presence and guiding others. To prioritize decolonized research methodologies in a clear and transparent manner is a vital step toward encouraging its widespread replication.

For future research, it is clear that “lip service” to decolonized research methodologies is not adequate in decolonizing outcomes. Researchers must find more ways to not only emphasize the community’s role and involve them early and often, but also to encourage and support other authors by detailing the implementation of decolonized methodologies in their work, so others can learn, and research norms can shift.

### **Strengths and limitations**

One of the strengths of this study is that it was conducted by a multi-lingual, international, and interdisciplinary team of global health practitioners and researchers, with a broad range of experiences across a variety of relevant sexual health topics. A data extraction tool was also developed specifically for this review, which created a nuanced and specific set of data held to stringent criteria. In addition, a rigorous procedural and methodological approach was applied to this scoping review. The reviewers met frequently, and regularly discussed and recorded

findings and kept notes as the research proceeded, taking an iterative approach to the data extraction throughout the various levels. This approach meant that data collection process was refined and better calibrated over time, mitigating, among other impacts, potential subjectivity of the content analysis.

One limitation of these findings is that this review may under-represent the true body of decolonized work available, as studies were identified using traditionally Western terms, within a Western institutionalized context. This is an issue inherent in doing decolonized work within a dominant culture institution. Another limitation is the fact that while publications in any language could be included, search terms were only in English, which may have limited the scope of the findings. Multiple studies in other languages were identified through the search, but were excluded exclusively based on the inclusion criteria, so it is the author's opinion that this was not a significant limitation. A final limitation was the lack of pre-existing definition for decolonized research and methodologies. This was addressed with the development of a multi-faceted definition based on the work of recognized researchers in the field of study.

### Conclusion & future directions

The importance of decolonized research is increasingly recognized in the academic space. However, without a shared definition, direction, and approach, it is challenging for researchers to apply and discuss as a concept. Our review demonstrates that there is a compelling need to identify a shared definition and pedagogy for decolonization; use this research approach to redress power imbalances in global health research; and take research terminology from concept to practice. It is encouraging that many researchers examining SRH through a decolonized lens are challenging Western research foundations, critiquing existing power structures, and centering and engaging the communities they work in through their research. Nonetheless, there are several recommendations in research and practice that can be taken to future work.

A common methodology and approach to decolonization of research should be clearly defined and widely disseminated. While this scoping review attempts to contribute to a shared pedagogy, it has also identified the need to create a common understanding of decolonization that can be applied in qualitative and quantitative literature. One approach is to learn further from the Indigenous Research Methods and Methodologies frequently represented in the included studies. While there are many versions of Indigenous research, common elements between them are a shared history of colonial intervention, self-determination and agency, and the inclusion of non-Western epistemologies and ontologies

[31]. Utilizing non-dominant culture research design and methodologies contributes towards the need to consciously redress power imbalances in Western research processes.

Another key recommendation emerging from this study is the need for greater transparency and knowledge sharing when it comes to decolonized approaches to research. The inclusion of strategies and methodologies of decolonized research within published studies serves to not only emphasize its value and relevance, but also standardizes the practice and facilitates it for future researchers. Researchers should focus on elaborating upon their methodologies for decolonized research to assist others in the field.

Finally, this study recommends that researchers working towards a decolonized research methodology should focus on cultural relevancy and appropriateness in order to support the dismantling of residual colonial power structures. Methods such as community partnership, more nuanced and diverse standards and tools for data collection, cultural navigators for research, and other strategies will help to create research that best serves the needs of communities over all else.

The findings of this scoping review show the importance of continuing to discuss, utilize, and share information around the meaning and applicability of decolonized research methodologies and methods. By summarizing these findings on the shared characteristics of decolonized SRH research the authors are able to draw initial implications for future research and inform the design of proposed studies.

### Abbreviations

CAB	Community Advisory Board
CBPR	Community-Based Participatory Research
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
JB	Joanna Briggs Institute
NGO	Non-Governmental Organization
PAR	Participatory Action Research
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SRH	Sexual and Reproductive Health
STI/STD	Sexually Transmitted Infection/Disease
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

### Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12913-024-11817-z>.

Supplementary Material 1.

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Not applicable.

**Authors' contributions**

MSU conceived of the study, and worked with AB, TM, AP, and LM to develop the data extraction tools. MSU, AB, TM, and AP conducted data extraction. MSU conducted the analysis of the data and writing of the manuscript. AB, TM, AP, and LM provided support, and have read and approved the manuscript.

**Author's information and positionality**

The authors represent a unique set of intersecting identities and experiences that influence our perspectives. This diverse set of viewpoints strengthened our process, our unique combinations of lived experience building reflexivity in our discourse. While some of the authors are racialized minorities within the Western context, identifying as Black or Latin American, others identify as white. Our community roots range from being born in North America to coming to North America as a refugee, or first-generation immigrant. These ties to different nations and cultures, including Somalia, Cameroon, Costa Rica, Canada, and the US, shaped our interpretations of the work, and it was our discussion of these perspectives that brought us to a more comprehensive result. Our lived experiences, as queer folk, mothers, fathers, women, and men, and our work in global health programming, epidemiology, and midwifery, brought expertise in many of the topics we reviewed. We were able to share this knowledge and these experiences, and the biases they brought with them, to bring greater depth and understanding to our work. We all acknowledge how we benefit from our affiliations to elite academic institutions and professional associations, and that we stand to gain academically and professionally through the research we conduct. All the authors recognize their varying privileges rooted in education, language literacy and country of residence, and the power structures that affect the inputs and outputs of this work.

Within this range of authors and backgrounds, inherent historical and institutional power imbalances exist. Through this review, the authors built strategies to ensure all voices were equally valued, establishing strategies for open communication, varying responsibilities, and open-minded support. The authors focused on collaboration, the development of our own community, and challenging existing ideologies; a process that consciously reflected the principles of decolonization being assessed. Our open discourse around terminology, findings, and disagreements within regular team meetings was a critical facet of this review, incorporating learning and experiences from our diverse backgrounds. This range of views and perspectives is what allowed us to develop a fulsome interpretation of decolonization, prepare a more in-depth analysis, and reach beyond the confines of the academic format of a scoping review to consider practical implications and applications. The uniting factor behind this review is a shared desire to explore and expand decolonization in our own work, and the work of other practitioners and researchers. From our different standpoints we identified a shared ideology; that privilege, systems of power, and the limitations of existing Western research methodologies do not always reflect the needs of communities. Together through this scoping review, we sought to identify new approaches to decolonized research, inviting the process to shape our own research methodologies, to shed light on what has already been done, and what can be done to improve how we conduct research on sexual health. We hope to create change through knowledge and discourse. The community we have built continues to inform and support our ongoing work as we move forward with this new knowledge. It is our shared long-term goal to use these tools to understand, dismantle, and redistribute the power dynamics at play within global health research, and to set in motion research that engages the historically disenfranchised in service of more equitable global health programming.

We stand in solidarity with all First Nations, Inuit, and Metis Communities of Turtle Island where we reside, and against the historical oppression of Indigenous peoples, lands, and cultures around the world. We also acknowledge our affiliations in the global health system, and the role that these institutions play in perpetuating global power imbalances. This paper was written with the intent of exploring the ongoing colonialism of global health, and identifying our space within that system, with the hope of affecting change.

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**Data availability**

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

**Declarations****Ethics approval and consent to participate**

Not applicable.

**Consent for publication**

Not applicable.

**Competing interests**

The authors declare no competing interests.

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### **Chapter 3: “Seeing is Believing”: Identifying the Sexual and Reproductive Health Priorities of Adolescent Girls and Young Women in Freedom Park, South Africa through an Adapted Body Mapping Approach**

**Preface:** This chapter is a decolonized arts-based qualitative case study that uses decolonized methodologies to explore the sexual and reproductive health needs and priorities of adolescent girls and young women in South Africa. It explores the use of community-designed data collection methods and offers guidance on the application of decolonized research methodologies for other global health practitioners.

**Contributions:** The data collection, analysis, and writing of this manuscript was conducted and completed between April 2024 and March 2025. Maya Stevens-Uninsky worked with the Freedom Park community to design the study, and obtain ethics approval. She also facilitated workshops, led data analysis, wrote the original draft, and responded to reviewer comments. Najuwa Gallant and Tashreeq Chatting supported the research process, as well as data analysis. They reviewed the manuscript and provided feedback. Dr. Lawrence Mbuagbaw, Dr. Deborah DiLiberto, and Dr. Russell de Souza provided feedback throughout the research process.

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## “Seeing Is Believing”: Identifying the Sexual and Reproductive Health Priorities of Adolescent Girls and Young Women in Freedom Park, South Africa Through an Adapted Body Mapping Approach

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### ABSTRACT

**Objectives:** This study uses a decolonized research approach to identify the sexual and reproductive health (SRH) priorities of adolescent women living in Freedom Park, Cape Town, South Africa. The history of colonialism and apartheid has a significant ongoing impact on the SRH of women in the community. The objectives of the research were for adolescent women to create a shared definition of SRH and identify SRH needs and priorities.

**Methods:** A qualitative, participatory action design guided by decolonized methodologies was employed. Community members co-developed a modified body mapping exercise, ensuring cultural appropriateness and participant privacy. This participatory tool was used to explore SRH issues, leveraging its ability to foster dialogue and self-expression in a safe and collaborative environment. Seven workshops were conducted, engaging 54 adolescent girls and young women (AGYW) aged 16–25. Participant body maps and narratives were analyzed with the community through thematic coding and visual interpretation.

**Results:** Participants defined SRH, and illustrated SRH body parts, outcomes, and priorities on their body maps. Five themes were identified when discussing priority SRH issues: reproductive health and sexual wellness, abuse and violence, mental health, support and knowledge, and social pressures. Participants identified the two SRH issues they most wanted to address in their community as gender-based violence (GBV) and adolescent pregnancy. The body mapping methodology fostered open discussion and provided insight into personal lived experiences.

**Conclusions:** This study highlights socio-economic factors, cultural context, and historical influences as intersecting root causes of SRH outcomes in Freedom Park. The participatory body mapping approach empowered AGYW to express their SRH needs and identify community-driven priorities. Findings underscore the importance of contextualized, culturally sensitive research methods in addressing complex health challenges. Future interventions should address GBV and adolescent pregnancy through community-led strategies to foster sustainable change.

### ARTICLE HISTORY

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Sexual and reproductive health; decolonization; body mapping; GBV; adolescent pregnancy; adolescent girls and young women

### Background

There is a significant history of imperialism and coercive control stemming from a long legacy of colonialism in southern Africa. Colonizers used medical practices as a strategy for control, committing violence, and experimenting on

Indigenous bodies. Reproductive control was a strategy for oppression and exploitation of populations (in particular women) (Kuumba, 1993). This history of control through sexual and reproductive health (SRH) services was exacerbated in South Africa during apartheid. The regime

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heavily policed sex and sexuality (Posel, 2011), including making abortions illegal, which disproportionately negatively affected non-white populations (Klausen, 2015). Apartheid rule politicized family planning measures as a method for controlling the Black and Coloured populations, seeding a long lasting distrust of the healthcare system (Kaufman, 2000). Despite the introduction of more progressive contemporary legislation regarding women's SRHR after the end of apartheid in 1994, the context of colonialism and apartheid in South Africa continues to affect SRH delivery and outcomes.

Adolescence into young adulthood is a critical developmental period, particularly in regard to sexual health. Adolescent girls and young women (AGYW) in South Africa experience high rates of coercive sex, gender-based violence, and sexually transmitted infections, including an ongoing HIV/AIDs crisis (Pillay et al., 2020). Rates of adolescent pregnancy are significantly higher than in other LMICs, especially in under-resourced communities, such as townships. These rates have only increased since the start of the COVID-19 pandemic (Smith et al., 2024).

Current approaches to sexual and reproductive health research directly stem from the historical politicization of sexual health and carry with them the weight of an oppressive history. A decolonized approach to research and data collection is therefore key when discussing sexual health in southern Africa. It is imperative to center community voices in research practices, acknowledge systemic power imbalances influencing research topics, and develop an approach that critiques the application of traditional Western research methods (Stevens-Uninsky et al., 2024).

The decolonized approach asks researchers to reconsider the methods and methodologies traditionally applied to community research and identify an approach that is culturally relevant and appropriate so that AGYW are empowered to claim ownership of their own knowledge and experiences. Recognizing context, acceptability, and local knowledge in research design and data collection methods is critical in identifying and interpreting new knowledge (Pienaar, 2023). Adapting existing data collection methods or community knowledge sharing traditions, and the

creation of new data collection methods is an important component of this decolonized approach (Woodbury et al., 2019).

Body mapping, the data collection method used in this research, allows the voices of those who have been oppressed and overlooked to speak freely, often in ways distinct from, or in opposition to, dominant narratives (Jager et al., 2016). The visual nature of body mapping often allows for participants to communicate experiences that they may find challenging to express verbally (Naidoo et al., 2021). It is an effective methodology for reducing barriers to participation, empowering participants to discuss challenging topics, and is an effective method to build comfort amongst participants in speaking openly around culturally taboo, or sensitive topics, such as SRH (Hartley et al., 2023). Body mapping is relatively well-known in South Africa, as the technique originated as an art therapy method for women living with HIV/AIDs in South Africa in 2002 (Lys et al., 2018).

### Study objectives

This research applies decolonized research methodologies and methods to identify and engage with AGYW's sexual and reproductive health priorities, and develop a deeper understanding about the application of decolonized methodologies. A central goal of this work was to demonstrate whether these methodologies are an effective approach in allowing AGYW to identify their own sexual health priorities. This self-identification represents the first step in a participatory action research approach to addressing these issues in a relevant, appropriate, and accessible manner.

This research explores two critical SRH questions:

1. How do AGYW define sexual and reproductive health as it applies to them?
2. What are the sexual and reproductive health needs and priorities of AGYW in Freedom Park, Mitchells Plain, as they identify them?

The findings of this study will support ongoing research and interventions with an under-served

and high-needs population, as well as sharing learnings with researchers regarding the application of decolonized research methodologies in SRH research.

## Methods

### *Study setting*

This study took place in Freedom Park, a community in Mitchells Plain township, Cape Town, South Africa. Townships like this one emerged under apartheid in South Africa, as segregated government-sanctioned settlements for “Coloured,” “Black,” or “Indian” communities (Donaldson, 2024).<sup>1</sup> Racial segregations, inequalities, enforced geographic isolation, and the socioeconomic disadvantages created by apartheid remain in effect today, and continue to have adverse ramifications in terms of quality of life. Challenges in accessing education due to geographic distance, inadequate school infrastructure, lack of resourcing, or school fees mean that only 27% of Mitchells Plain residents matriculate secondary school, with almost 50% leaving school sometime during their secondary education (Strategic Development Information and GIS Department, 2013). Educational attainment, in conjunction with inequities in hiring, geographic distance from the city center, transportation costs, and limited employment opportunities in turn contribute to an unemployment rate of over 30% (Gardiner, n.d.). Mitchells Plain covers a large geographic area, where public services are sparsely available. Residents of the township travel long distances, on average over 19 kilometers, to access primary care hospitals (Richards et al., 2024), and face similarly lengthy journeys to access other public services, many of which are under-resourced (Development Action Group, 2009). Additionally, apartheid era policies continue to contribute to the significant levels of gang violence present in Mitchells Plain, which has in turn exacerbated levels of sexual violence, amongst other risks (Ndhlovu, 2024).

Freedom Park neighborhood was formally recognized as a community in 1998, following tenants’ collective action in protesting poor living

conditions and extensive wait times for government-supported housing. The leaders of this community action remain active in Freedom Park, are well respected for their role in promoting the area’s development, and both supported and participated in this research.

The neighborhood has a predominantly young population, with over 60% of residents below the age of 30 (Development Action Group, 2020). Unemployment, crime, and negative sexual health outcomes are higher in this neighborhood than on average across Mitchells Plain. There are a substantial number of AGYW in this community experiencing negative sexual and reproductive health outcomes, including high prevalence of HIV and STIs, adolescent pregnancy, and high rates of gender-based violence (GBV) (Merrill et al., 2023). These health outcomes are exacerbated by unemployment rates over 70%, violence, crime, and poverty—around 25% of households have no source of income (Development Action Group, 2020). In addition, AGYW have limited access to resources and supports that might help address these issues, due to geographic distance, and limited access to public services. Given these conditions, this research was designed to support the AGYW of this community, providing an accessible, non-judgmental environment for openly expressing their own sexual and reproductive health needs.

### *Study type*

The study employs a qualitative exploratory design, integrating community-based and participatory action research approaches. It utilizes a decolonized methodology and incorporates an adapted body mapping technique.

### *Ethics approval*

This research project received ethical approval (Protocol No. 16889/Protocol No. 2957) from the Hamilton Integrated Research Ethics Board in Ontario, and the Stellenbosch University Health Research Ethics Committee in South Africa.



### **Study team**

This study was designed and implemented in collaboration with community members from Freedom Park and a North American researcher. The researcher had previously worked with these individuals and within the Freedom Park community.

The research team consisted of four stakeholder groups: (1) The Community Advisory Committee (CAC) consisted of five community leaders, aged 19–60. They offered guidance and direction at every phase of the study, from defining research and data analysis to logistics and support; (2) Nine Research Assistants (RAs), women aged 18–25, worked in pairs to support the implementation of research, facilitating recruitment, supporting workshop implementations, and discussing findings; (3) The Neighborhood Watch, an informally organized neighborhood security team, established to provide their community with security in the face of gang violence. Five members provided security to the researcher, team members, and participants, and were present outside the facility at all workshops and events; and (4) the researcher. The North American researcher worked to provide funding and support for the research, as well as ethics approval, and institutional relationships. Her role consisted of workshop management and facilitation, logistics and supplies, and knowledge management. CAC members and RAs were compensated at an hourly rate, and Watch members at a daily rate.

Study team members were engaged as equal partners from the conception of research through analysis and completion. This collaborative process involved the CAC in research topic identification, design, implementation, and analysis, to ensure relevance and appropriateness of the work. RAs and neighborhood watch members were also engaged in implementation and interpretation to ensure a broad scope understanding.

### **Eligibility and recruitment**

Participants were eligible to participate in this research if they: self-identified as women; were aged 16–25; and lived in Freedom Park full time. Recruitment methods included word of mouth,

door-to-door outreach, and digital outreach using WhatsApp, conducted both in advance of workshops, and same-day.

RAs used a word of mouth and snowballing approach to invite both those who had already expressed interest, and others, to join. Eligibility was assessed as participants entered the workshop space. At each session, participants were asked to sign written consent forms, with different written forms available for children under the age of majority (18 in South Africa), and their parents. Participants were offered snacks, drinks, lunch, and an airtime voucher for 50 Rand (just under \$4 CAD).

### **Method design**

The CAC focused on formulating a data collection method that addressed concerns such as privacy, and willingness to discuss sensitive SRH issues, while simultaneously prioritizing collaboration, activity, and creativity in the data collection process. CAC members were familiar with body mapping and identified it as an initial framework to work from. The CAC developed an adapted group body mapping method that would address privacy concerns and ensure a collaborative approach. The adaptation was rooted in the desire to ensure that it met the criteria of (1) prioritizing personal perspectives and providing an opportunity for self-expression which was not often offered to AGYW; (2) collaborative and participatory, as a reflection of community communication norms; (3) gave the opportunity for action oriented strategies; (4) creative and engaging to further empower AGYW in discussing challenging topics; (5) provided privacy in their communications to reduce risk of gossip; and (6) reduce discomfort talking about personal topics.

In typical body mapping processes participants, either alone or in groups, illustrate personal experiences that are directly attributed to the individual (Lys et al., 2018). In this adapted approach, participants would work in pairs and create a “third person” body map, on which the generalized experiences of women in Freedom Park, or the personal experiences of the participants could be mapped, according to participant preference.

**Table 1.** Common interpretations of colors.

Colour	Common Interpretations
Blue	<ul style="list-style-type: none"> <li>• Sadness</li> <li>• Depression</li> </ul>
Pink	<ul style="list-style-type: none"> <li>• Happiness</li> <li>• Love</li> <li>• Sexual Frustration</li> </ul>
Purple	<ul style="list-style-type: none"> <li>• Sexual/Sexy</li> <li>• Enthusiastic</li> </ul>
Red	<ul style="list-style-type: none"> <li>• Love</li> <li>• Anger</li> </ul>
Yellow	<ul style="list-style-type: none"> <li>• Happy</li> <li>• Excited</li> </ul>
Green	<ul style="list-style-type: none"> <li>• Nature</li> <li>• Peace</li> <li>• Freedom</li> </ul>
Black	<ul style="list-style-type: none"> <li>• Sad</li> <li>• Depressed</li> <li>• Desire to be Alone</li> </ul>

### Data collection

Seven 3 - hour workshops, designed by the CAC, were held in April and May of 2024. Each workshop began with an icebreaker exercise, led by RAs and the researcher. The first set of prompts guided participants to collaboratively develop a shared definition of SRH by asking “what does sexual and reproductive health mean to you?” The group next discussed how to approach body mapping, including the range of illustration options, art techniques, and creative approaches that could be applied to their body maps, as well as the importance of colors and their meanings, which are defined in Table 1. Participants then divided into pairs and outlined their body maps.

Once body maps were drawn, participants received 3 prompts. First, they were asked to “draw on their body maps the parts of the body that have to do with sexual and reproductive health.” Next, they were asked to “add to the

body map the most commonly seen issues in sexual and reproductive health in Freedom Park.” Finally, they were prompted to “highlight the primary SRH issue that they would like to see addressed in their community.” While participants were drawing, the researcher and RAs visited each group, answering questions and asking participants to provide descriptive narratives or explain elements of their drawings in greater detail.

After all participants were satisfied that their body maps were complete, participants came together in a group discussion to agree on one or two issues they believed were the priority need in the community and provide context on these SRH issues.

### Data analysis

The research team analyzed deidentified transcripts from the workshops, alongside a visual analysis of the body maps. The analysis was done in several stages. First, an oral discussion with RAs was conducted immediately after the workshop, to identify points of interest and themes, which were recorded in field notes. Second, a visual analysis of the body maps was conducted with the CAC, to identify themes, and provide culturally and linguistically specific interpretations. Third, the transcripts and notes from the CAC analysis meetings were used to create an initial codebook for the primary researcher, which was the basis for coding and data analysis. Transcriptions were facilitated through the use of DeScript, and coding was conducted using NVivo. This 3-step process incorporated the critical insights of the research team and allowed for both an inductive and deductive approach to qualitative data analysis. Visuals of the body maps and illustrative quotes are shown throughout this study. Findings were shared back with the CAC for review and approval.

### Results

In total 54 AGYW, aged 16–25 participated across the seven workshops. Sixteen of the participants (30%) were under the age of 18. Workshops ranged from 6 to 10 participants each. All participants identified as women and lived in Freedom Park full time. Participants represented many populations, including young

**Table 2.** Summary of key themes.

Question	Themes	Brief description
Most common SRH issues	Reproductive and sexual wellness	Pregnancy, puberty, STIs, STDs, HIV, contraception and lack of consent for sexual activity
	Abuse and violence	Instances of sexual violence, closely linked with drug and alcohol use, and gangsterism
	Support and knowledge	The need for financial and emotional support from partners and families, and greater knowledge on SRH topics
	Mental health	Depression, suicidal ideation, stress, anxiety, and regret associated with SRH, as well as desire for safety and affection
	Social pressures	External societal pressures and norms, such as fear of judgment, peer-pressure, and self-esteem affecting SRH
Key SRH issues to address	GBV	High rates of intimate partner violence and sexual abuse identified as priority issue, closely linked with high rates of adolescent pregnancy
	Adolescent pregnancy	

**Table 3.** Frequency with which common SRH topics were referenced.

Commonly referenced SRH elements	# Workshops	Frequency (%)
Abortions, HIV, periods, rape	7	100
Clinics/testing, condoms, miscarriage, pregnancy, puberty, STIs/STDs	6	86
Abuse/violence, breastfeeding, contraception, love/affection, peer pressure	5	71
Communication, intercourse, pleasure/desire, self-esteem/shame	4	57
Drug and alcohol use, PrEP, sleeping around, stillborn baby	3	43
Anxiety, depression, family planning, judgment, kissing, premature birth	2	29
Adoption, affection, consent, divorce, fertility, gang bang, gossip, guilt, healthy babies, inappropriate touching, jealousy, overthinking, ovulation, pain, pap smear, privacy, selfishness, sexism, sperm, SRH rights, stress, suicide, support system, teen pregnancy, unprotected sex, yeast infection	1	14

mothers, school attendees, pregnant women, married, single, or dating. All participants were comfortable in both English and Afrikaans. The researcher communicated in English, but if there were words or topics participants found easier in Afrikaans, translation was provided by the RAs. At the end of the workshops, there were a total of 24 body maps available for analysis (Table 2).

### **Question 1: A shared definition of sexual and reproductive health**

At the start of each workshop, participants created a “dictionary” of terminology that they felt applied to SRH. This activity identified the important elements of SRH according to participants, helped create a shared understanding of the phrase, and facilitated discussion of the broad range of topics that could be discussed over the course of the workshop. The identified topics and their frequency across the seven workshops can be seen in Table 3.

### **Question 2: What body parts relate to sexual and reproductive health?**

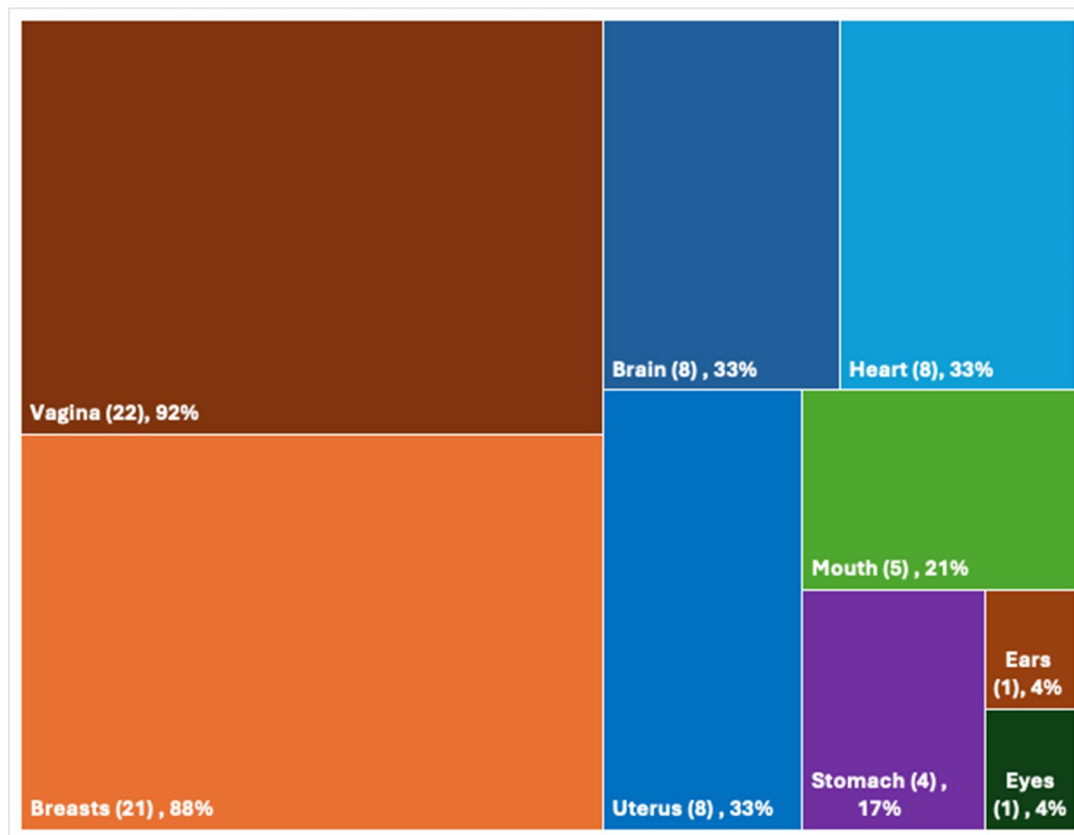
Once the outline of a body map had been drawn by each group, participants fleshed them out to

create a more complete image of a person. This included portrayals of faces, clothing, fingernails, and hair, as well as identifying specific body parts they believed were related to SRH. This created greater nuance and understanding of what SRH meant to participants. The frequency with which body parts were identified as components of SRH across all body maps can be seen in Table 4.

The body map imagery ranged from anatomically correct body parts (as can be seen in Kechia and Kiki, Figure 2), as well as more abstract depictions (Adeelah, Figure 1), and written words (Ruwayda, Figure 3). Other body maps contained additional illustrations external from the body itself, such as in Zoë, in Figure 1.

### **Question 3: What are the most common sexual and reproductive health issues?**

Once SRH body parts were included in the body maps, participants were prompted to illustrate “the most common sexual and reproductive health topics seen in Freedom Park.” This invited participants to apply their definition of SRH to their experiences of common issues within their community.

**Table 4.** Percentage of body maps in which a body part was identified.

### **Reproductive and sexual wellness**

Sexual health issues related to the reproductive life cycle and the sexual wellness of women were some of the most common SRH issues identified by participants on their body maps. The reproductive life cycle represents the biological changes of the female reproductive system, from puberty and periods through pregnancy, childbirth, and menopause (Hoyt & Falconi, 2015). The most common SRH issue identified in the reproductive life cycle was pregnancy, often depicted as a product of abusive relationships and a source of concern for AGYW. Many participants illustrated feelings of sadness or concern about the pregnancy, as can be seen on Kechia in Figure 2, and Zoey in Figure 3. Participants also identified topics related to periods and puberty, such as blood flow, period cramps, hormonal shifts, and crushes on boys, as can be seen on Zoë (Figure 1).

Participants also identified STIs, STDs, and HIV as common SRH issues in their community.

Risk factors for STD transmission were unprotected sex and “sleeping around,” or having multiple partners. In Figure 1, Devil/Drea additionally identifies mother to child transmission of HIV as a risk. Condoms and Pre-Exposure Prophylaxis (PrEP) were identified as modes of protection, as were other forms of contraception, such as the 3-month injection (visible on Zoë in Figure 1), birth control pills, and the implant.

Participants identified contraceptives as strategies for preventing both infection and pregnancy but also mentioned many reasons why a woman might not use them, including pressure from a partner, or a desire to get pregnant. The identified benefits of condom use can be seen on Jessy, in Figure 1, who represents the ideal outcome of good sexual health.

*“Sure, in theory, not wearing a condom can get me pregnant, but I’m not going to believe it until it happens. I must try it for myself to see. Seeing is believing.” (Committee Member 1, CAC Meeting)*





Figure 1. Body maps of Zoë, Devil/Drea, Jessy, and Adeelah.

Younger women in particular spoke about consent as a component of their SRH, as can be seen on the mouth of Adeelah (Figure 1). Issues of consent frequently intersected with participants feeling that they were not yet ready for sexual interaction. Other participants spoke about attraction and desire as a component of SRH.

*"Sometimes you don't feel like you want to do it. Sometimes you don't. Sometimes you feel to do it, but your heart and your mind tells you. So like, unsure."*  
(Participant 3, Workshop 2)

### Abuse and violence

Themes of abuse and experiences of violence were woven throughout the body maps and narratives of the participants. Representations of abuse, such as bruising (Kechia and Kiki, Figure 2), bloody noses, and black eyes (see Tamia and Naeelah, Figure 2), were common. Participants used a range of terminology, including sexual violence, abuse, domestic abuse, rape, sexual abuse, and mental abuse to describe what is best summarized as intimate partner violence. Rape in particular was identified as one of the most prevalent SRH issues in the community. Levels of extreme violence and pain were associated with rape, as can be seen on Tamia (Figure 2) who

was "beaten up and raped. She is not having her period, that is part of the rape. She's... she's been hurt, she is actually 16 years old, and she has bruises on her arm." (Participant 8, Workshop 6).

Abuse was most often depicted as being perpetrated by boyfriends or fathers. In one instance, a participant shared a poignant story of a woman using violence as a form of self-defense.

*"Most of the time it is men, sometimes it can be a woman. There was a case like that...one woman I knew was beating her children. And then there was my friend, was in an abusive relationship. The, the boyfriend always used to beat her up. She came with her friend, kind of blue eyes already, with bruises. At the end of the day, she stabbed him to death in front of the kids and planned to leave. Cause she just had enough. She stabbed him to death with a fork."*  
(Participant 1, Workshop 1)

Participants also referenced drug and alcohol use as a common SRH issue, and closely linked it to violence. As can be seen in Figure 3, Mishka, a direct connection is made between drinking alcohol and violence, as she is being beaten with a bottle of 8 PM, a local brand of whiskey. Similar connections were made between substance use and the spread of STIs/STDs, the health of pregnant women and their unborn children, and as a coping mechanism for stress or depression.

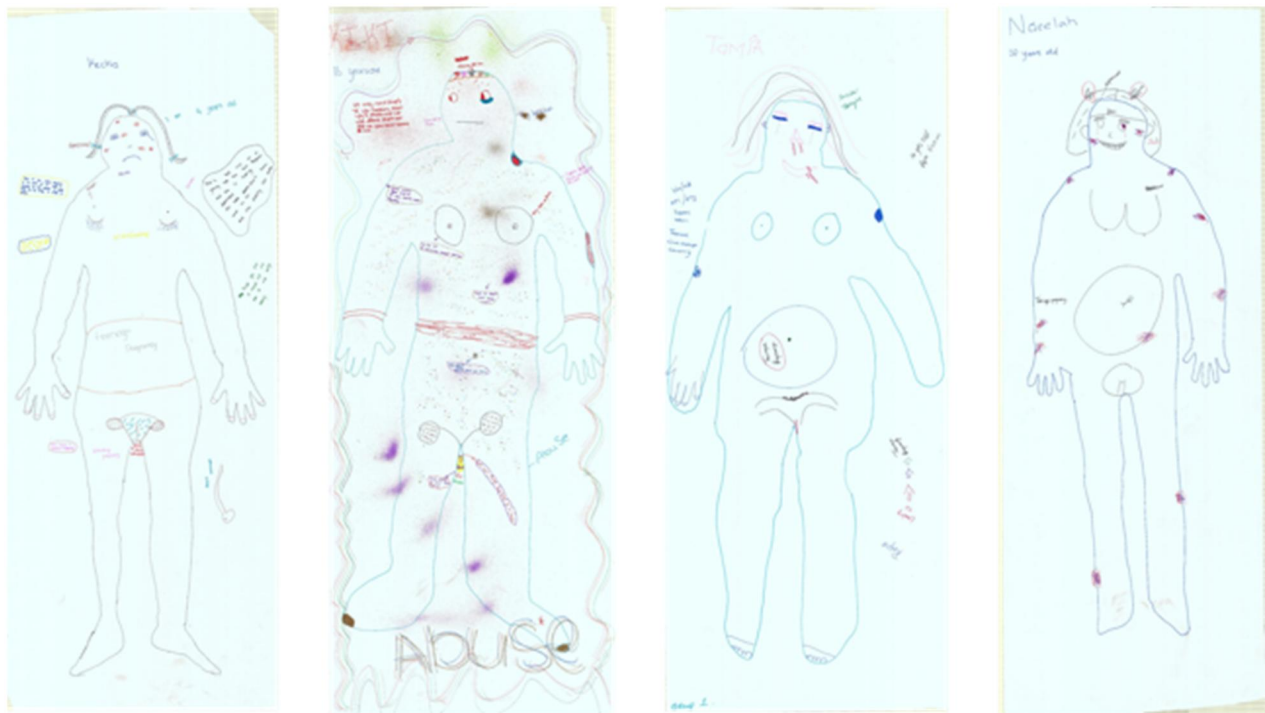


Figure 2. Body maps of Kechia, Kiki, Tamia, and Naeelah.



Figure 3. Body maps of Mishka, Zoey, and Ruwayda.

The body maps also contained mentions of gangsterism, which is very prevalent in Freedom Park, suggesting that the life of a gangster, or as the girlfriend of a gangster, might present a greater risk of violence and abuse. Participants stated that gang members often provide financial security, physical protection, support, and social standing, which were identified as a necessity for survival. Participants also linked the gang lifestyle, and drug and alcohol use, with gender-based violence. Leaving a partner who is a gang member was identified as challenging, due to loss of financial security and protection, and risks of further violence, particularly if parents had distanced themselves from their children, for example due to an adolescent pregnancy. Further, there is a cultural context of male partners as financial providers.

### Support and knowledge

The body maps and participant narratives frequently mentioned a lack of support as a common SRH issue, ranging from housing and finances to sexual health information, and access to resources. Participants shared a desire for such support in their intimate partnerships. Limited support was linked with pregnancy, in particular partners who had left a pregnant partner with no emotional or financial support. Concerns over the availability of essentials, such as food and shelter were frequently connected with having sex for money, returning to abusive partners, or falling pregnant with the expectation that their partners would then provide for them. Participants stated that this strategy was often ineffective, and could in turn lead to loss of support from their parents.

As can be seen on Zoey and Ruwayda (Figure 3), knowledge of sexual activity or adolescent pregnancy often resulted in the loss of parental support. *“For the girl sometimes the family don’t want her and they will kick her out.”* (Participant 6, Workshop 5). Participants also expressed a desire to learn more about SRH from their parents, in particular from their mothers, and wished parents supported them by providing information on SRH topics.

Knowledge sharing from family and elders around sex and sexuality in the community

emerged *after* sexual activity had begun. Participants identified that once young women are married, or visibly pregnant, even if they are adolescents, the acceptability of discussing SRH increased. Many participants who were already adolescent parents were more comfortable sharing SRH information and experiences.

Other sources of SRH support and knowledge mentioned were clinics and counseling. Participants identified accessing checkups, clinics, and hospitals, as important forms of support, especially after abuse, or during a pregnancy. One participant said of her body map *“She must go to clinics, counseling. I think she do, she do have a support system. When she was raped, obviously she needed to go to the hospital, which means then, because she’s under age also, that’s where she got a support system.”* (Participant 9, Workshop 6).

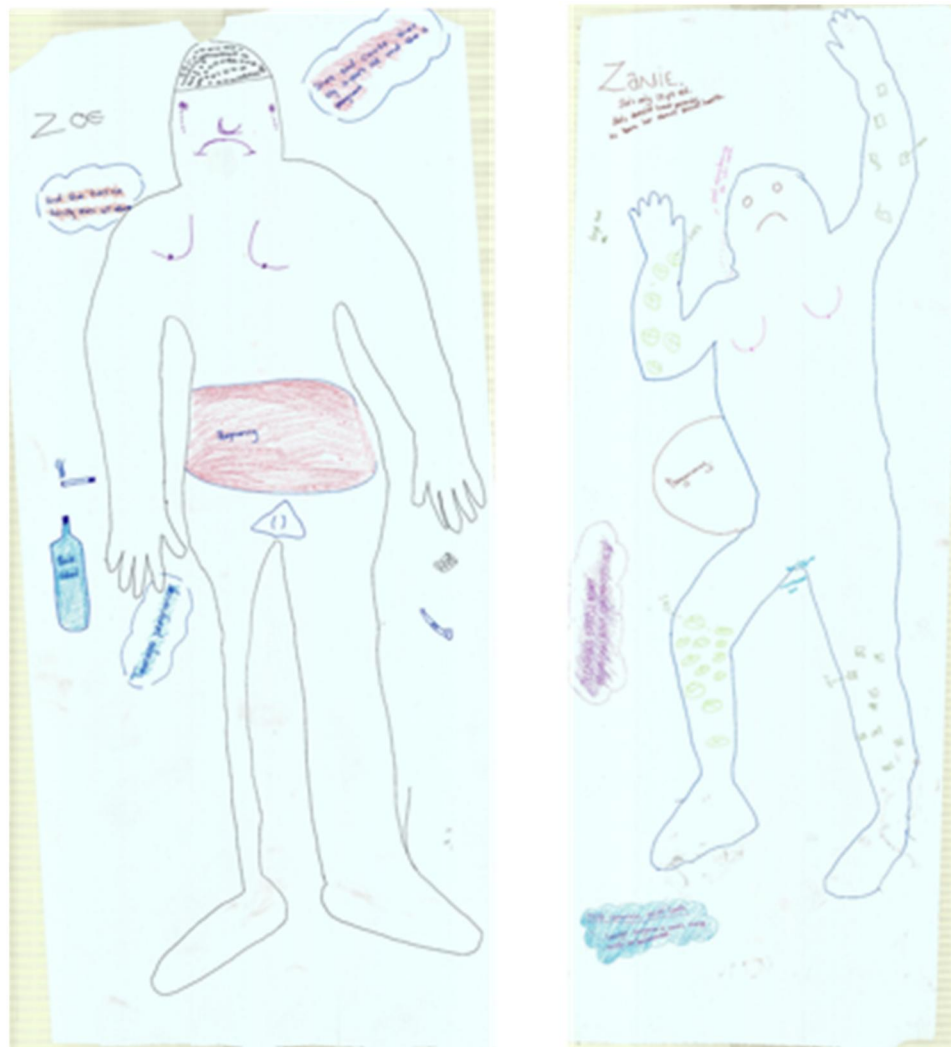
### Mental health

Participants frequently mentioned mental health as a component of their SRH, with negative emotions mentioned more than four times more frequently than positive emotions. Depression was referenced frequently, often as the consequence of unintended adolescent pregnancy. One participant explained *“She’s depressed because she is pregnant. She’s a teenager, she’s too young.”* (Participant 2, Workshop 1). Participants also closely related depression to the absence of a partner, or violence and abuse from their partner, as can be seen on the body map of Kechia (Figure 2). Many body maps depict depression and sadness through tears and frowning faces, as can be seen on Mishka in Figure 3, and Zoe and Zanie (Figure 4).

Depression was also closely linked with suicidal ideation. During analysis, CAC members and research assistants identified the phrase “overthinking” as synonymous with suicidal ideation, as seen on Tamia (Figure 2). Body map references to overthinking and suicidality were frequently attributed to instances of rape and abuse, especially among body maps representing younger women.

Feelings of stress and anxiety were also identified throughout the workshops. Stress was often linked to an unintended pregnancy, or resource





**Figure 4.** Body maps of Zoe and Zanie.

availability post-partum. References to stress and anxiety were also occasionally accompanied by feelings of fear, sometimes regarding the pregnancy itself, or fear of the reaction from parents.

Many of the body maps and participant narratives discussed regret, frequently in relation to unintended pregnancy, and while pregnancy is regarded as generally a positive event, the value of family planning was also recognized.

*“Okay, people are having these babies without thinking of their futures. For teenage pregnancy, they must come out of school, they may stop their lives. You can feel depressed, and you might not be able to care for it. [If her boyfriend leaves] she is going to blame the baby.” (Participant 11, Workshop 7)*

Participants also drew depictions of positive emotions in regards to their SRH, although often framing them as ideals not as present realities.

Participants spoke of having comfort and security, partners present during pregnancy, romance, and love as emotions that influenced their sexual and reproductive health positively. As one participant demonstrated on her body map, *“She’s happy. She can feed her baby. She don’t have to worry because the father is working every day. And she is working. [She’s not worried about being pregnant.] She’s good.” (Participant 4, Workshop 3).*

In most workshops, there was one body map that focused exclusively on positive outcomes. An example is Jessy in [Figure 1](#). Jessy depicts positive emotions surrounding SRH. Her face is smiling and drawn in the color pink which was equated to happiness and love. She represents a young woman who feels protected, safe, and hopeful.



The theme of social pressures regarding SRH also included references to self-esteem.

*"Holding up that self-esteem, that's actually what the kids are lacking at. You know, they're not, they're not intrigued of knowing themselves as to what they can do or what they could not do. They're not asking themselves 'is this right for me, is this wrong for me'. They're not challenging themselves. They're more challenging their friends and not realizing it's hurting themselves."*(Committee Member 1, CAC Meeting)

#### Question 4: What sexual and reproductive health issue should be addressed?

Finally, participants were asked, out of all the common SRH issues they had identified, which was the priority need to be addressed in Freedom Park. All workshop participants came to a consensus on one or two SRH topics. Across all workshops, the two priority issues between all groups emerged as gender-based violence (GBV) and adolescent pregnancy.

#### Gender-based violence

Participants identified the frequency of violence against women as a key SRH issue that needed to be addressed in their community. For the purposes of this study, the term GBV is inclusive of the many terms participants used to describe gendered abuse and violence. Typically, participants referred to the issue as “abuse” or in two instances, “violence against women,” as can be seen in Figure 6. After selecting this as a priority issue, participants created a definition of abuse that included sexual violence, rape, physical, verbal, emotional, and financial abuse, amongst others, as can be seen in Figure 6.

From participants’ perspectives, those responsible for perpetrating the abuse were largely men. While female family and friends could be perpetrators, the bulk of the abusers were identified as boyfriends, husbands, or other male relatives.

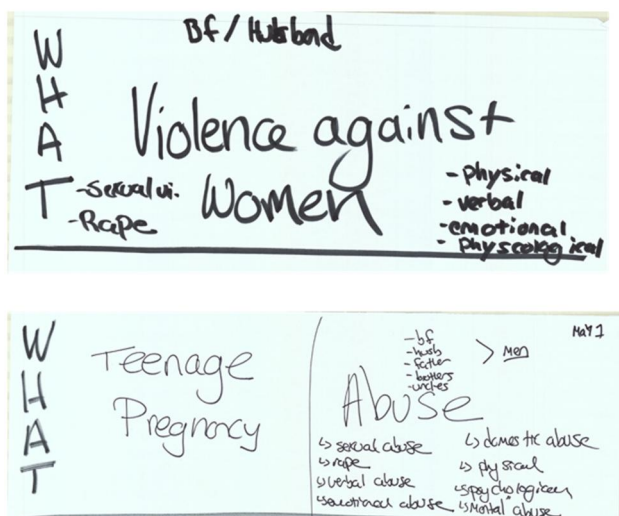


Figure 6. Participant definitions of gender based violence.

#### Adolescent pregnancy

While many of the body maps depicted pregnancy, participants identified the high rates of adolescent pregnancy as a specific priority for Freedom Park. The underlying issue was identified as the impact adolescent pregnancy can have on both the individual and their community, as can be seen in Figure 7.

Participants emphasized that “every baby was a blessing,” however there is a time and a place to bring that child into their lives. The underlying issue was more about choice and options, than about pregnancy itself. They detailed that the underlying risks were to the health of adolescents, their financial stability, and their educational achievements, in particular when they lacked familial support and SRH knowledge.

Of note is the link between GBV and adolescent pregnancy. Participants regularly identified GBV, in particular rape, as a cause of adolescent pregnancy in their body maps, as can be seen at the base of Tamia’s body map (Figure 8). Participants also referenced this interaction in

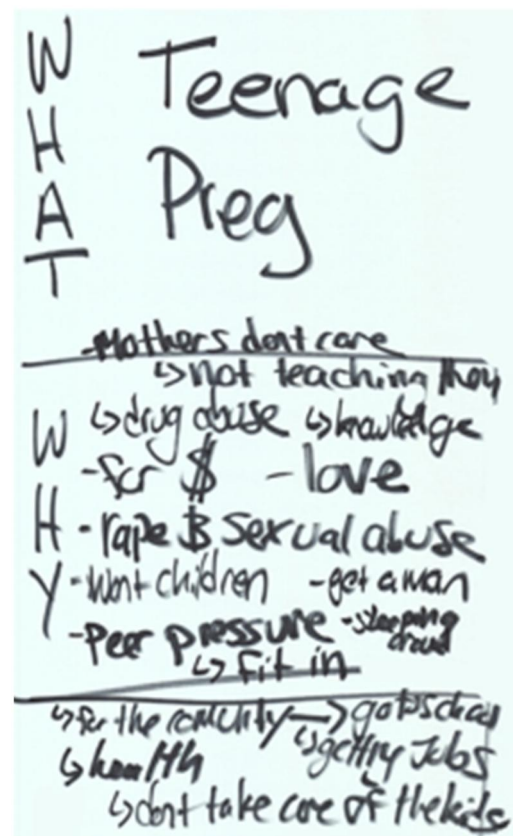
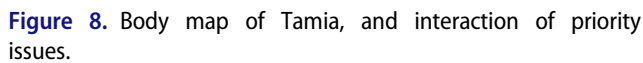


Figure 7. Participant determinations of underlying issues regarding adolescent pregnancy.



## Discussion and implications

The AGYW of Freedom Park identified GBV and adolescent pregnancy as the issues they most wanted to see addressed in their community. Participants positioned these needs in the overarching context of their everyday environment, using SRH outcomes as a vehicle to describe the underlying need for change. The socio-economic

### Contextual components of SRH priorities

Socio-economic conditions, such as high rates of poverty, hunger, housing insecurity, and unemployment, affected women's well-being and SRH. These stressors, which are common in the community, influenced choices to stay with abusive partners, or to have children. Low SES is a risk-factor for GBV, as are depression, experiences of childhood abuse, and youth (Muluneh et al., 2021).

Participants' survival in this challenging environment superseded any resulting negative SRH outcomes. Addressing these socio-economic conditions, and by extension gangsterism and violence in the community was expressed as a fundamental component of addressing the identified SRH priorities.

### **Cultural context**

AGYW reported limited community support, low levels of social cohesion, and sparse SRH knowledge translation in Freedom Park as another component of the identified SRH outcomes. A lack of shared community values and interconnectedness results in a reduction in “mutual care,” or the sense that community members are alienated, and will not care and support one another. As the Freedom Park community formalized and built structures in the post-apartheid era, this created shifts in interpersonal dynamics that affected this loss of social cohesion. This decline in mutual care is also both influenced by and influences violence and gang activity in the neighborhood (Brown-Luthango, 2016). This lack of community support, in particular for AGYW experiencing GBV or pregnancy, is a significant contributor to women remaining in precarious situations, whether due to fear of judgment or fear of non-responsiveness. It is clear that to address SRH outcomes, cultural shifts around support of AGYW are necessary.

Limited communication around SRH was also identified as a key component of SRH by participants. Guidance on SRH from those with similar lived experience has a positive impact on SRH outcomes (Duby et al., 2021). However, a culture of silence is pervasive within the community. Many in Freedom Park do not publicly discuss SRH outcomes, including instances of abuse or adolescent pregnancy. This contributes to the culture of “putting on a brave face,” so that community support for experiences of abuse is perceived as nonexistent by AGYW. Participants identified these issues of communication and social support as a critical component of addressing their priority SRH issues.

### **Impact of history**

The complexity of Coloured culture, heritage, and Indigeneity has a significant impact on the SRH needs of AGYW in Freedom Park. The community is “Coloured,” with many of the older generation identifying Indigenous Khoisan roots. The apartheid government used racial classification systems to not only define where people could live and work and what resources they could access, but also erase identity, ethnicity,

and culture (Cloete, 2023). Further, the integration of informal communities into formal settlements in the post-apartheid era disrupted many of the social patterns and supports that had been created during that time period, and created further inequalities in social power structures (Brown-Luthango, 2016). This erasure of culture, tradition, and identity had a lasting impact on the well-being and cohesiveness of Freedom Park.

The end of the apartheid era is within living memory for much of the Freedom Park community, and its ramifications continue to impact the younger, “born free” generation. An extended history of social marginalization through pass laws, limited access to resources and services, such as health and sanitation, control of gender and sexuality, and authoritative government regulation are a significant cause of the socio-economic inequality, high unemployment rates, violence, and gangsterism within the community. These directly influence the lack of hospitals, clinics, and educational facilities, as well as the geographic distance of the neighborhood from the city center where most employment opportunities can be found. As a result of this, participants have limited access to available resources and are forced into the precarious situations identified throughout the research. Syndemic theory, or the theory that socio-cultural factors cluster and combine to exacerbate negative health outcomes (in this instance SRH outcomes), further emphasizes the significant impact that these intersecting socio-economic, cultural, and historical components have on the vulnerability and well-being of AGYW in Freedom Park (Choi et al., 2019; Duby et al., 2021). The lasting historical influences of systemic oppression must be addressed, alongside the cultural and socio-economic issues that stem from them, to address AGYW’s priority SRH needs.

Addressing the identified SRH needs must go beyond the symptom, and instead prioritize addressing the interconnected nature of SRH with context and environment. The burden of addressing these needs lies not with women accessing resources to address the SRH outcomes, but on the broader community and programmatic approaches to effectively address root causes.



### **Acceptance of body mapping**

Decolonized research approaches prioritize the self-determination of participants, and redress historical and ongoing harms by examining, acknowledging, and addressing the social and historical context (Andermahr, 2016). The use of decolonizing methodologies in this research supported community empowerment and equality in the research process (Omodan, 2025). Not only did this create a greater sense of ownership of the findings (Gingell et al., 2024), but also led to the development of a novel data collection method.

The body mapping method was adapted by community members to align with AGYW's specific concerns and needs and provide a range of opportunity for in-depth expression. The CAC identified clear criteria as critical to increase acceptance by the community and deliver the necessary data. The application of this adapted data collection method was met with approval from the CAC, as by meeting the criteria they had established it provided a culturally appropriate and effective method of discussing sexual health. This method provided participants with an opportunity to illustrate how these socio-cultural and historical processes play out in an acute manner in everyday life.

An unintended outcome of this research was that centering this population's voices created a sense of ownership and agency that seemed to spread to their everyday lives, building confidence and engagement with other community members. Feedback on the efficacy and usability of this data collection method and participatory model was communicated both during the workshops, and informally to researchers and the CAC. Participants noted that the process provided them with greater freedom and more methods of communication than just spoken word. Despite the intensity of the subject matter, researchers observed that participants laughed, chatted, and told stories more freely while drawing body maps.

The use of body mapping as a tool for interpretation and expression, but also for art and play, helped create a space for AGYW to share personal experiences without fear of judgment,

and confidence in being listened to. Body mapping activities have been used in SRH research as a valuable tool for self-expression. The process helps participants feel comfortable, and to speak openly about sensitive, personal, traumatic, and emotional topics, and provides (Naidoo et al., 2021).

### **Limitations**

SRH research is prone to eliciting concerns about privacy and personal safety. The researchers built safeguards, such as group body mapping, and discussions of confidentiality within the workshops into the process. A potential limitation is that some participants may not have shared some personal experiences out of fear of gossip; however, the shared body maps were an effective strategy to mitigate this. Another limitation is that some women in the community may not have wanted to participate in the research at all, as they may not have been aware of the mitigation strategies in place. Nonetheless, almost twice the number of the identified sample size participated.

Other limitations of this study were logistical, such as finding alternate and appropriate locations when security concerns arose on short notice. This was addressed by adjusting start times and having Neighborhood Watch members accompany RAs to bring participants to different locations. Finally, while all participants spoke English and Afrikaans, there were linguistic limitations when participants switched to Afrikaans for certain conversations, as the researcher is not fluent. However, RAs were prepared to translate, and this was an infrequent occurrence.

### **Conclusion**

The experiences shared by the participants emphasized the importance of systemic, sociological, economic, and historical causes of AGYW's SRH experiences. By demonstrating the nuance and interconnectedness of these issues, this study provides a starting point for future research to further explore the root causes of negative SRH outcomes, and how to improve the well-being of AGYW in Freedom Park. The

decolonized approach to this research reveals the importance of understanding and addressing the intersection of historical trauma and socio-economic impacts on SRH outcomes, and listening to the needs of AGYW in their own communities.

Even while discussing shared experiences of violence, women portrayed resilience through their survival, active participation, and particularly amongst the younger adolescents, their desire for change. We believe that body mapping, in particular this novel format, presented a unique strategy for sharing stories, experiences, and defining priorities.

The identification of contextual components of SRH, and the SRH priorities of GBV and adolescent pregnancy as topics requiring intervention and solution provide the next step for such action research projects. Researchers are continuing to work with participants in exploring root causes, and how AGYW believe they should or could be addressed, to improve their SRH. Further studies will provide details on this subsequent community engagement, as researchers work with the community to design an appropriate response to these needs.

Exploration of SRH with AGYW requires empowering approaches that provide ample opportunity for self-expression, while simultaneously addressing colonial histories and their intersecting influence on present realities. By taking this approach, our research identified potential areas for intervention that show promise to address intersecting realities. Interventions to address SRH should start with understanding the issue to be addressed from the perspective of people experiencing it.

This work was conducted as a component of the primary author's doctoral research.

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## Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

## Note

1. These racial designations are still used by the census in South Africa today. Coloured applies to those of Khoisoan heritage—the Indigenous peoples of the Western Cape, or those of mixed-race heritage, Black refers to those of Black African descent, and Indian to those of Indian descent (Tewolde, 2024).

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## **Chapter 4: Re-Drawing the Map: A Case Study of Decolonized Research Methods & Methodologies**

**Preface:** This chapter is a methodological review of the lessons learned from the application of a decolonized research study, and the identified methods and recommendations for other practitioners. The study explores the community co-design framework, and the application of a novel data collection method. The findings show how decolonized methodologies can be efficiently implemented through community partnership.

**Contributions:** The manuscript was completed between January and April 2025. Maya Stevens-Uninsky conceived of the research concept and design, conducted analysis, wrote the manuscript draft, and responded to reviewer comments. Najuwa Gallant and Tashreeq Chatting provided data insights and reviewed the manuscript to provide feedback. Dr. Lawrence Mbuagbaw, Dr. Deborah DiLiberto, and Dr. Russell de Souza provided feedback throughout the process.

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## RESEARCH

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# Re-drawing the map: a case study of decolonized research methods & methodologies

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## Abstract

**Background** Decolonized research methodologies aim to challenge existing power structures and amplify community voices, yet there is little guidance on their practical application. This study documents the methodological process, adaptations, and outcomes of applying decolonized research methods in a qualitative exploratory study on adolescent sexual and reproductive health in Freedom Park, South Africa.

**Methods** This study is a methods documentation of lessons learned in an exploratory study. We applied a decolonized methodology, which incorporated elements of PAR, Indigenous, and co-design research approaches, engaging a Community Advisory Committee to collaboratively design research and data collection methods.

**Results** We used the research processes of this study to demonstrate how decolonized methodologies can be applied and integrated into research. The Community Advisory Committee's involvement resulted in a unique adaptation of body mapping that was culturally relevant, and prioritized anonymity, community context, and participant comfort. The research process emphasized reciprocity, non-hierarchical collaboration, and collective knowledge production, challenging traditional Western research paradigms. Participants were highly engaged, and the adapted method facilitated open discussions on sexual and reproductive health topics that might otherwise be stigmatized.

**Conclusions** This study illustrates how decolonized methodologies can be effectively implemented through community co-design, centering local knowledge while addressing power imbalances in research. The findings highlight the importance of self-determination in research design and the potential for adapted participatory methods to enhance data validity and community impact. Future research should continue to explore and document practical applications of decolonized methodologies to inform ethical and contextually appropriate research practices.

**Keywords** Decolonized methodology, Co-Design, Body mapping, Sexual health, Justice, Reciprocal research, Method design

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## Background

### Decolonizing methodologies

Many calls have been made regarding the need to decolonize research, however there is no standardized approach or guidance regarding a methodology [1]. There is limited research describing the methodological application of the process and benefits of decolonization, and how these strategies may benefit other researchers [2, 3].

Generally the approach to decolonization is one of critiquing existing power structures and dominant culture, to dismantle the lasting effects of colonialism [4]. Applying this theory to research methodologies amplifies the voices and needs of communities of focus, incorporates diverse value systems, integrates differing epistemologies and strategies for knowledge production [5], and brings justice to the oppressed, while enhancing the quality, validity, and impact of findings and interventions.

As with many methodologies, decolonized methodology is based around an underlying set of principles, rather than clear protocols and guidelines. Drawing on previous research [6], a truly decolonized research methodology contains elements of three principles: (1) Research practices, from design through implementation, that place communities at the center of the work [4]; (2) Acknowledgement and/or critique of existing power structures and imbalances that influence the research or topic of interest, such as colonialism, patriarchal systems, globalization, racism, etc.; and (3) Development of strategies that challenge western research foundations and assumptions, or assess the extent to which they may be appropriate or inappropriate [4, 7, 8].

Closely linked with the need for decolonized methodologies, is the need to decolonize research methods. Methodologies refer to the underlying principles or concepts through which the research is approached, whereas the methods refer to the data collection tools [9]. The need for decolonized, community-centered, and culturally appropriate data collection methods must not be overlooked as a part of this process. Decolonizing research methods leads to more relevant and accepted forms of data collection, more valid data, nuanced findings, and new perspectives not centered in an individualist Western research framework [3, 10, 11].

There are many research approaches and methodologies which have elements that align with and support the principles of decolonization. Participatory Action Research (PAR), is a commonly used methodology that requires a deep level of partnership with community, and pursues change and research simultaneously [12]. Community Based Participatory Research (CBPR), a subset of PAR, prioritizes the involvement of the community at all points in the research process [13]. This approach to community partnership may also be referred to as co-design, or co-creation. Indigenous research

methodologies also prioritize community engagement, with the added component of challenging the foundation of Western research methods and the production of knowledge, incorporating different ways of knowing into the research process [14]. A persistent question is how to draw appropriately from these methodologies, as well as from Indigenous, feminist, anti-colonial, and other perspectives, to create truly decolonized research in practicality. Long-standing Western methodologies are no longer suited for the necessary task of centering local knowledge while dismantling the colonial structures of epistemology that dominate the discourse [8].

Despite a wealth of knowledge regarding various approaches to decolonized research, there is a lack of practical examples of how to apply the principles of decolonization to research, and lessons learned through the process. The flexibility of this approach to research, where key decisions are made collaboratively throughout the process, can prove challenging in the traditional academic system, where steps such as research proposals and ethics committees require structure. It is important for the academic and implementation fields to understand the costs, steps, and limitations of a decolonized approach, and the implications it has on findings.

### Study rationale

The objective of this paper is to illustrate how decolonized research practices can be applied, integrated, and replicated by other researchers to design research, and create culturally relevant and appropriate data collection methods. To do so, we describe the methodological approach, process, methods, outcomes, and learnings identified as secondary findings in another study.

The primary study was qualitative exploratory research that used decolonized methodology to empower adolescent girls and young women (AGYW) to share their sexual and reproductive health (SRH) priorities, as the first step in a PAR project. The findings from the research on SRH priorities can be found elsewhere [15].

### Study context

In the context of South Africa, applying decolonizing methodologies is of particular relevance. Oppressive structures that remain from colonialism and apartheid are reflected in the socio-economic system in which the population resides. This study was conducted in Freedom Park, a neighborhood of Mitchells Plain, a Coloured<sup>1</sup> township in Cape Town, South Africa. Under apartheid rule, segregation based on arbitrary racial categorization governed an individual's rights, work opportunities,

<sup>1</sup> In South Africa, Coloured is one of five racial categories identified in the South African census: Black African, Coloured, White, Indian or other Asian, or Other. Many communities (including Freedom Park) self-identify as Coloured, although the term has a complex and controversial history.

and the location in which they lived. Townships were designed to create geographic segregation and control of populations, and were further segregated between the racial categories of Black, Coloured, and Indian [16]. The racial divisions between townships still persists, although formally revoked in the 1990's, meaning Mitchells Plain remains over 90% Coloured [17].

The Coloured signifier was constructed first by early colonizers of southern Africa. The creation of this historical identifier is complex, but initially was used as a descriptor of the Indigenous peoples of the region, the Khoisan, and later expanded to include those of mixed-race heritage. It was adopted by the apartheid government as part of a strategy to eradicate a collective Indigenous identity. Through racial categorization, the apartheid government intentionally erased heritage, culture, and language, as a tool for control. In particular, relationships to Indigeneity were intentionally targeted, with the Khoisan identity being negatively stereotyped [18]. Revival of Khoisan heritage, and reclamation of this identity is slowly returning in South Africa, representing another living memory of the impact of colonialism and apartheid [19].

Despite the progressive constitution and democratic structure of modern South Africa, this history of oppression and racial segregation has clear ramifications on daily life in the townships, rooted in the contemporary state of extreme inequality along racial lines, and persistent negative racial stereotyping [20]. Coloured and Black populations in particular face significant inequities in education, employment, socio-economic status (SES), land ownership [21], and access to healthcare services [22], as well as experiencing disproportionate levels of violence (particularly gang related) [23], and negative health outcomes [22]. It is this living history of colonialism and apartheid, and its ongoing impact on the health and wellbeing of the population that recommends Freedom Park as an important location to conduct decolonized research, and to learn from its application.

## Method

### Methodology

This study is a combination of an exploratory study, and a methods documentation of lessons learned. The study applied a decolonized methodology, which incorporated elements of PAR, Indigenous, and co-design research approaches. Further details of the application of these methodologies are detailed as the results of this paper.

Findings in this paper were taken from field notes, research logs, and transcripts of Community Advisory Committee (CAC) meetings. Field notes were collected on Microsoft OneNote and by hand over the course of the research. Research logs take the form of attendance sheets, budgeting, and communications with the research

team. Transcripts of CAC meetings were created using Descript, and analyzed in NVivo. The study took an inductive approach to the data, pulling on the approaches of Brown [24] which emphasize the flexible and participatory nature of analysis of arts-based data.

### Study design

Given the complex historical connection between Indigeneity and Coloured identity, Indigenous research approaches were a critical component of the research. While there is a distinction between Indigenous and decolonized research approaches, they are nonetheless linked. The decolonized approach focuses on identifying and redressing systemic and historic power systems [4]. Indigenous research methods originate in specific cultural contexts, and prioritize local needs and community-specific strategies [25]. They overlap in their resistance of Western epistemic dominance, and their value of localized, community-centered approaches and knowledge. The incorporation of Indigenous research methods in this study ensures that the approach is not extractive, and focuses on non-performative, meaningful participation from the community [4, 26]. This study pulled on literature regarding decolonized research methods as well as South African Indigenous research approaches such as the San Code of Ethics. The San Code emphasizes the importance of local context and community needs, and centers respect, honesty, justice, care, and right process in all research [27].

### Research team

This study was undertaken as a collaboration between community organizers from Freedom Park and the primary researcher (MSU). The research team took a non-hierarchical approach, consisting of 4 stakeholder groups. These included the Community Advisory Committee (CAC), Research Assistants (RAs), Neighbourhood Watch, and Primary Researcher. Details of the responsibilities and reimbursements for each group can be seen in Fig. 1.

The CAC consisted of 5 community members with varying experiences and roles. The members of the CAC were: **NG** (Chair), life-long resident of Freedom Park, and a well-recognized community leader. She is a founding member of the Tafelsig People's Association (TPA), a community organized advocacy group that all CAC members but one participate in; **TC**, a community advocate who organizes local youth groups, including sexual education programming, and represented male community members on the CAC; **Auntie T** is seen as a source of information and support in particular for young women in the community; **Auntie K** represented the older generation on the CAC, and is a founding member of the local neighbourhood watch; and **LF**, head research



**Fig. 1** Roles and Responsibilities of Research Team

assistant, represented the study population on the CAC. She was pregnant with her first child during the course of the research, and provided valuable insights into sexual health, pregnancy, and birth over the course of her experience. She also has previous training as a research assistant from a local non-profit, and was able to provide guidance to the researcher, research assistants, and participants.

Research assistants consisted of 9 young women, all residents of Freedom Park. MM, RX, KL, KR, ZH, RN, AK, and KT, led by head RA LF worked in groups of two

to identify participants, support data collection in the workshops and other events, and undertake data analysis and interpretation.

The Neighbourhood Watch is a local informal group dedicated to improving the safety of their community. With significant gang presence in the area, security at each of the events and for travel across the neighbourhood was imperative. GR, MY, and CE, led by FC, provided this support. The Watch members were present at each event, standing outside the community hall to ensure privacy.



The primary researcher (MSU) is an outsider to Freedom Park, with existing personal relationships with community members. The role of the researcher was primarily one of partner and facilitator, working to empower and build the capacity of community members. She led the work in North America and with academic institutions and funders, and facilitated workshops in South Africa. The community was aware that initial findings from the research would also serve to support the completion of her PhD.

### Research timeline & delivery

Informal discussions regarding the concept, purpose, and feasibility of the study began between community members and the researcher in September of 2023. The long-term goal was identified to be a community-owned longitudinal intervention, that would improve upon previous research conducted together by prioritizing: Community design; equitable payment of community members; incorporating decolonized approaches; and the goal of long term and lasting impact from the findings. This study represents the initial steps towards achieving that goal.

Ethics approval was received in Canada and South Africa the following January. During this time, documents such as consent forms and outreach posters were designed and translated. The researcher and CAC Chair worked together to identify CAC members, potential RAs, and finalize other logistics. The researcher arrived in South Africa in April of 2024 to begin the workshops. The CAC had 4 formal meetings, at the beginning, middle, and end of the data collection process, with the final meeting held at the end of May 2024. These meetings incorporated elements of a co-design process, where the research team met to discuss and design research, data collection methods, workshop structures, and more. Details on meetings, co-design processes, and timeline can be found in Fig. 2.

## Results

### Research principles

The crux of establishing the decolonized approach was the formal and informal meetings held with the Community Advisory Committee (CAC). The first CAC meeting was dedicated to detailing the logistics, process, and methods that would be applied to the research. The meeting began with a discussion of the principles of decolonization and Indigeneity in the community, and

how these related to the study goals. The research team came to a shared understanding that decolonization as a principle meant working to undo the lasting impact that colonialism and apartheid had on their day-to-day lives. The practical application of this was the decision to create a “Freedom Park” way of doing research, that focused on community needs and realities, and allowed people to speak about their own experiences safely, acknowledging the influence of existing and historical systems of power.

CAC members also shared the complex relationship to Indigeneity and Khoisan heritage present within their Coloured community. There was a collective recognition that the Coloured community has “Khoisan forefathers”, although their relationship to that heritage had been intentionally eradicated throughout apartheid. One committee member shared a story about how, as school children under apartheid, they had been taken to museums where they were shown deformed skeletons. They were told these skeletons were Khoisan. Teachers emphasized the skeleton’s lack of humanity, unappealing appearance, and low status in the apartheid racial hierarchy, asking the children if they thought they were as horrifying as the skeletons. The intent was to encourage Coloured children to no longer self-identify as Khoisan, something associated with being grotesque, or “inferior”. Exhibitions of this type that perpetuated the racial stereotypes and hierarchies of the apartheid government were not uncommon during this time period [28]. CAC members emphasized that while their history was important, they were still in the process of reclaiming it for themselves, unlearning, learning, and teaching their children about their heritage.

Through this discussion it evolved that decolonizing the research was not about returning to historical Indigenous ways of knowing, but of understanding the contemporary context and realities of life in Freedom Park, and how they are influenced by a history of trauma and oppression. This discourse laid the foundation for how to approach the development of the research framework and data collection methods.

The research team discussed the importance of framing this initial study as the first of many, with the end goal being a community-owned solution to the identified SRH issue. The CAC emphasized that seeing the bigger picture of the work was important both for their planning, and for what they communicated to the community. One CAC member described the process, saying *“This planning process is planting a seed, and now we will water it.”*



**Fig. 2** Flow of co-design process

*The more we water it, the more it will grow, and bloom, and turn into something strong and beautiful.”*

### Research method

The research team then turned to the identification of an appropriate research method. CAC members developed criteria the data collection method must have to be an appropriate tool for the community. The data collection tool had to: (1) prioritize personal perspectives, allowing young women to speak for themselves; (2) be collaborative and participatory; (3) create action strategies; (4) be creative and engaging; (5) provide privacy to reduce the risk of gossip, and; (6) reduce discomfort in talking about personal and sexual topics.

The researcher provided examples of data collection methods for discussion, (see Table 1) informed by common data collection methods in decolonized SRH research [6]. The opportunity was to modify, combine, or create an entirely new approach to data collection. The CAC discussed the positives and negatives of each method in relation to their criteria. Their assessment of the utility of each proposed data collection method in alignment with their criteria can be seen in Table 1. The CAC also discussed how each method would relate to AGYW's communication norms. Body mapping aligned best with the criteria, but the CAC opted to modify the approach to create a unique method that would be more appropriate to local norms, provide more privacy, and reduce the risk of gossip for the AGYW participating.

### Unique “third person” approach to body mapping

Body mapping emerged in South Africa as a form of therapy and data collection for women living with HIV/AIDS. It was first implemented in Khayelitsha township in the post-apartheid era [29], and continues to have a significant presence in the country. CAC members were already aware of its existence and were familiar with the approach.

Typically, body mapping provides the opportunity for an individual to illustrate their personal experiences and emotions. The CAC modified this approach, asking AGYW to partner up and draw a body map of a third person who represented a “woman in Freedom Park”. This meant that the map would not be explicitly representative

of an individual's lived experience, but rather informed by multiple experiences. To make it clear that the map was a different woman, they would give a name and age to the illustration, as seen in Fig. 3, an example of a body map from a workshop. The partners would then work together to answer prompts on SRH topics. They were able to pull anonymously from their own personal experiences, or the experiences of families, friends, and community members.

The modifications made by the CAC meant that AGYW could provide personal insights anonymously to prevent gossip; work collaboratively to discuss common SRH issues; and provide forward-looking action responses, both through the maps and their narratives. The activity would create space for art and creativity and allow young women to bring up sensitive SRH topics through drawing and writing to reduce discomfort. This approach to body mapping in the “third person” appears to be unique in the literature and represents an approach that moves from the individual body, to the collective body.

### Workshop design and implementation

#### Co-design of workshop framework

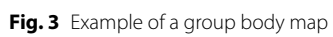
At the following CAC meeting the research team detailed workshop logistics, and co-designed the workshop implementation process. The discussion focused on how to introduce the adapted body mapping approach to ensure participants were receptive and open to active participation.

The priorities of the CAC when co-designing the workshops were (1) personal safety of the participants; (2) participant comfort in discussing topics related to SRH; (3) active participation; (4) participant understanding of the creative freedom of the body mapping approach; and (5) clear prompts to gather insights on SRH priorities. They also emphasized the importance of appropriate incentives for participants. The decision was to offer snacks and drinks during the workshop, lunch at the end of the workshop, and an airtime voucher of 30 Rand.

To activate participants, the CAC proposed starting the workshops with an icebreaker, designed to create a sense of familiarity, shared experiences, and invite physical movement and engagement. Next, to build comfort discussing SRH topics, the research team proposed guiding

**Table 1** Potential data collection methods and their relationship to the criteria set by the CAC

	Personal perspectives	Collaborative	Action-oriented	Creative	Privacy	Reduced discomfort
Interviews	✓	×	×	×	✓	✓
Focus Groups	✓	✓	×	×	×	×
Body Mapping	✓	✓	✓	✓	×	✓
Photo/Video Voice	✓	×	×	✓	×	×
Poetry/Play/Music	✓	✓	×	✓	×	✓
Community Conversation	✓	✓	✓	×	×	×
Storytelling	✓	×	×	✓	✓	×





participants through the creation of a shared SRH “dictionary”, or collection of terms and concepts that qualify as SRH (see Fig. 4 for a sample dictionary).

#### ***Developing body mapping activity***

The CAC then discussed how body mapping could be presented to participants. They opted to create talking points for the workshop facilitator. The facilitator would discuss with participants the potential forms of artistic expression that could be used (drawing, writing, ripping paper, etc.), what participants might want to draw on the body (SRH outcomes, feelings, root causes, etc.), and have participants explain the meanings and use of different colours.

Finally, the research team identified three prompts for the facilitator that would address the underlying research question around priority SRH needs. The prompts asked participants to: (1) Draw the parts of the body that have to do with SRH, (2) Draw the SRH issues that are most common in Freedom Park, and (3) Draw the number one SRH issue you would like to see addressed in Freedom Park. While participants were drawing, the researcher and research assistants would visit each group, answering questions, providing additional prompts, and asking participants to describe and explain elements of their drawings in greater detail.

#### ***Knowledge sharing & implementation***

The CAC established the importance of an equal exchange of information. Participants were offering up time and knowledge, and the research team felt it was important to offer knowledge in return. Participants were informed that once priority SRH issues were identified, experts would be brought in to host educational series on these topics for any interested community members, after which participants could join additional workshops focusing on problem solving. Details of these educational and problem-solving workshops will be explored in future research.

Ultimately, between April and May of 2024, seven 3-hour workshops were held. Fifty-four AGYW, aged 16–25 attended, all of whom identified as women, and lived in Freedom Park full time. The findings from the workshops are detailed elsewhere, as this study focuses on the decolonized methodologies, co-design process, and methodological findings.

#### ***Data analysis***

All members of the research team participated in the analysis and interpretation of the body maps. The role and mode of data analysis that the different research team members were responsible for can be seen in Table 2. This was critical in applying a culturally relevant lens to the extracted themes.

At the end of each workshop, the RAs met with the primary researcher and discussed the findings from the workshop while it was fresh in their minds. Following the workshops, the primary researcher digitized the body maps and removed any identifying characteristics, before presenting them to the CAC at an analysis and interpretation meeting. CAC members conducted in-depth visual analysis, interpreting the meaning of shapes, drawing styles, and assessing how the maps reflected community norms. They also identified linguistic and culturally contextual points that were vital to the analysis. One example is the use of the word “overthinking”, which in their community typically referred to suicidal ideation, rather than anxiety. The analysis conducted with the CAC provided the parent themes used for final data extraction.

#### ***Discussion & implications***

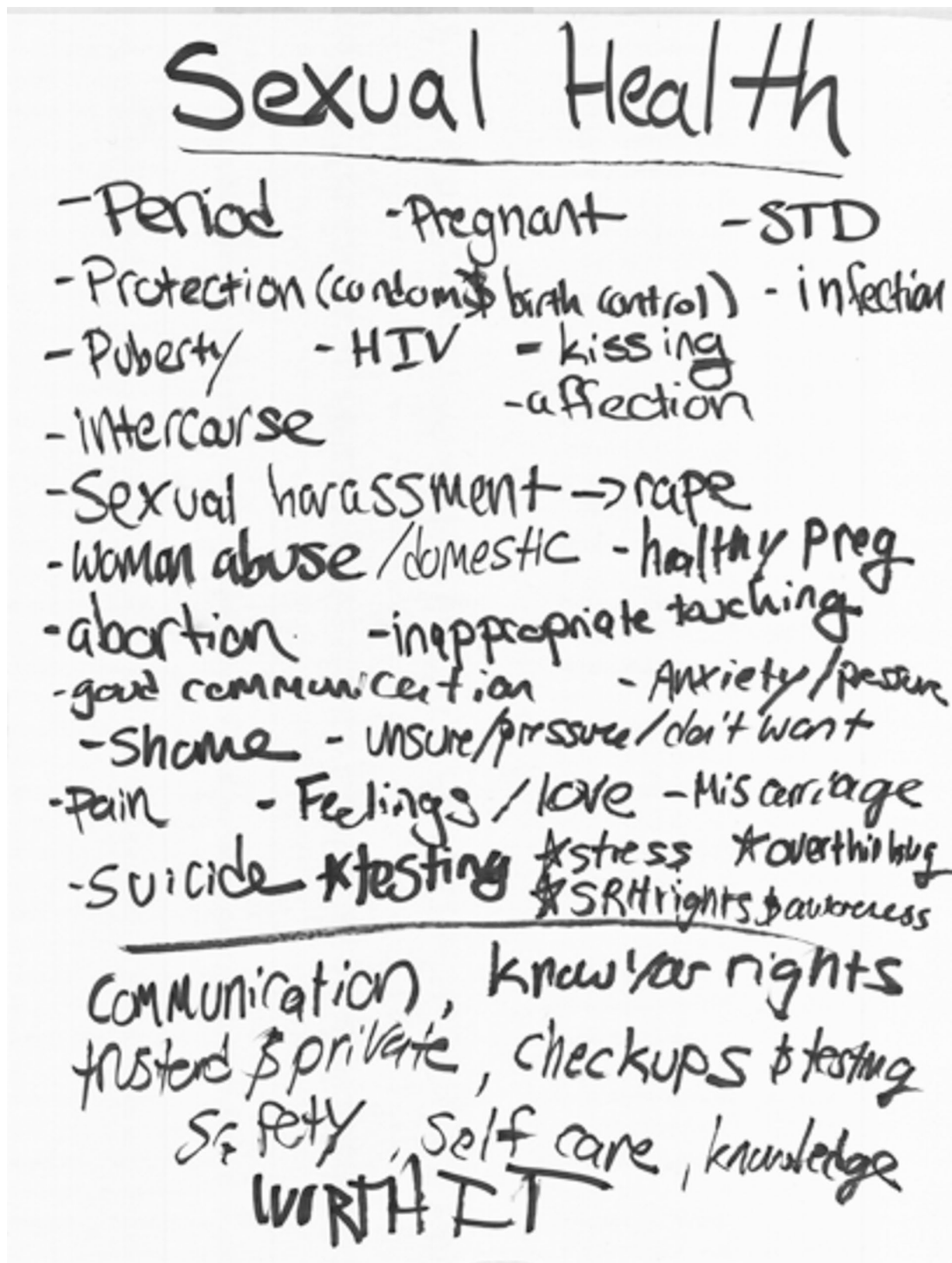
This study explored the process of applying a decolonized research methodology, and the resulting adaptation of a data collection method specific to community needs. Findings from the application of decolonized research methodologies are identified, providing guidance for other researchers.

#### ***Centering the community***

##### ***Research as reciprocal***

The research team emphasized the importance of an equal knowledge exchange between community participants and researcher. Western academic research strategies often focus on the extraction of data, repeating colonial practices of taking resources to benefit themselves, without considering the needs of the community [3]. The principle of reciprocity in research is emphasized in decolonial literature as a strategy to uplift and empower communities, changing participants from “the researched” to an equal partner in the research, by ensuring that both participants and researcher gain value from the research process [3]. A priority in this study was arranging relevant subject-matter workshops to offer a trade in knowledge to the community on topics requested by participants, engaging the entire community in this reciprocity of information. Reciprocity was further pursued by ensuring that research team members were adequately compensated for their labour.

The research design prioritized an equal exchange of personal knowledge and vulnerability between all members of the research team, and created mutual opportunities for reflection. CAC members shared personal experiences with apartheid, research, and community communication norms, reciprocated with personal experiences from the outsider researcher. Outsider researcher refers to an individual who is a cultural outsider from the community of focus. Outsider researchers are prompted to be reflexive, critiquing their own biases and motives



**Fig. 4** Example of an SRH dictionary

**Table 2** Data analysis roles of research team

Research Team Member	Mode of Data Analysis
Participants	Narrative analysis of body map illustration
Research Assistants	Inductive analysis of workshops
CAC Members	Inductive and deductive thematic analysis of body maps
Neighbourhood Watch	Participation in discussion of themes
Primary Researcher	Inductive and deductive analysis of transcripts and body maps

throughout the research process [30]. However, this approach centers the researcher, rather than the community. The equal exchange of knowledge through an open dialogue of self-reflection and vulnerability in this study ameliorated the complexity of outsider research status, centered the community in the reflexive thinking, and moreover, allowed for different levels of reciprocal knowledge sharing throughout the research.

One CAC member reflected on their impetus behind participating in this research process saying *“I’ve been working since the age of 9 years old. I know what it’s like. We can bring [the participants] hope, but hope depends on perseverance and commitment. Hope can only be action once you play that action into real things. And it is going to take effort.”* This sharing of motivations and experiences created greater trust, and enabled collaborative research, done with the community rather than to them.

#### **Transparency creates trust**

The study sought to create an environment of transparency both within the research team, and with the community writ large, regarding the research approach and both short and long-term goals. Removing a traditionally hierarchical structure, and offering an equal exchange of knowledge, both academic and personal, built a deeper and more equitable relationship between the community, research team, and researcher. This created a more even playing field, and a greater sense of trust and respect. We found that this made the collected data deeper and richer, ascribed greater value to the knowledge and contributions of community members, centering their voices more directly in the work [31].

#### **Critiquing power structures**

##### **A justice based approach to research**

The principle of justice focuses on counteracting the imbalances brought about by historical and contemporary oppression to create equity, and is therefore a key component of decolonized research [32]. Particularly as referenced in the San Code of Research Ethics, a justice-based approach to research ensures that community influences and opinions are held at an equivalent if not greater value to those of the dominant Western research culture [27]. This approach provided a framework for the research team to acknowledge and address the power imbalances that are prevalent both in traditional

research, and in Freedom Park- between researcher and community stakeholders; between Western research methods and local ways of knowing; between academic institutions and community organizations; and between white and Coloured populations, amongst others.

The non-hierarchical structure and co-design research processes used in this study were critical in challenging the power imbalances common in Western research practices [33]. The co-design process and regular checkpoints with CAC and RAs ensured community leadership on research processes, and balanced decision-making power. In particular the joint creation of research methods and methodologies that incorporated local norms and epistemologies was a pivotal component of this justice-based approach. The incorporation of culturally relevant research techniques redresses power imbalances inherent in academic research, both between researched and researcher, and in the choice of research methodologies [34].

##### **Communication, care, and asking the right questions**

Traditional Western research practices mandate that the researcher is removed and objective, keeping an intentional distance, with a practice of non-interference. However, the open, flexible, and even informal channels of communication between researcher and community members in this study contributed to greater equity throughout the research [35], and challenged the hierarchy and power imbalances inherent in many Western research models [31, 36]. This changes the role of community members from passive sharers of knowledge, to mutual participants [3]. One of the greatest challenges to unequal power systems and hierarchies is representing the humanity of all people involved.

The fluid communication style used in this study opened the door to more quotidian discussions regarding how daily life is influenced by power imbalances and historical intervention. Open discourse regarding existing power structures also plays a key role in challenging them- leaving them unspoken lends to their power. Discussion and recognition of the ongoing impact of colonialism and apartheid on health, SES, safety, housing, patriarchal norms, and more, was vital to the development and implementation of the research. An open discourse with reflexivity, transparency, and communication throughout the research process allows feedback to

be heard and incorporated into the process itself [36]. It is for that reason that ongoing recognition of historical and contemporary outcomes of colonialism and unequal power structures is a key component to ensuring they are addressed and redressed in the research process, methods, and outcomes.

### Challenging western research foundations

#### *Community-designed data collection methods*

This study highlights that using a decolonized approach to identify appropriate and culturally relevant data collection methods enhances the validity, credibility, and applicability of findings [3, 11]. Use of western methodologies in health research dominates academic literature and modes of thinking [37]. Co-creation of research methods and equal valuation of systems of knowledge critiques the concept that dominant Western research strategies are the only effective and appropriate approaches to research. In this instance, the application of decolonized methodologies and community co-design processes resulted in an adapted body mapping approach that was efficient, effective, and widely accepted by the community.

Body mapping is an empowering process that gives participants greater control over their stories and experiences, and enables outsiders to better understand the perspectives of populations who are frequently marginalized [38]. The modified “third person” approach to body mapping may in part be seen as the CAC reflecting the collectivist identity present in Coloured communities such as Freedom Park [39]. Collectivism values community support, and interconnectedness with family (where family is an extended definition beyond blood relations) and community, rather than the personal independence of individualism. The unique “third person” body map challenges the Western norm of individualism that is often perpetuated through traditional research practices and data collection methods. An individualist perspective on data collection and knowledge translation may overlook key insights from communities when used in a collectivist context, where knowledge is relational to other individuals and experiences [40]. This adapted approach to body mapping speaks to the value of community-designed culturally appropriate data collection methods to account for the unique epistemologies of communities, in contrast with pre-determined data collection methods that perpetuate neo-colonial epistemological and individualist perspective dominance in Western research [41].

Further, this adapted approach speaks to the identification of the body as a construction of the social and political environment in which it exists [42]. The findings of the primary research represented SRH as something that cannot be separated from the local socio-economic and political context [15]. The CAC’s creation of a “third body” or body politic, can be seen as a reflection of these

findings. Other researchers, in particular researchers working to incorporate arts-based research into their global health praxis may find the application of this data collection method, or the strategies used to develop it, useful in their approach to decolonizing the traditional research process.

This adapted data collection method was highly accepted within the community. AGYW were extremely engaged with the process through each workshop. Participants were creative, introspective, and despite the intensity of the subject matter, they laughed and told stories more freely while drawing on the body maps. One RA summarized this by saying *“I noticed that in the workshop today, they found it very difficult to communicate to you, vocally, but they could draw it out. And once they were drawing it, they could express more.”* This, alongside the precautions taken to prevent gossip, allowed participants to discuss and share feelings and knowledge on a range of topics that might otherwise have seemed taboo.

### Limitations

There were some limitations in this study that further enforce the lessons learned and best-practice recommendations for other researchers. One limitation of this study was the power imbalance created by the primary (outsider) researcher providing compensation. While fair payment for labour is an essential component of reciprocal research, it nonetheless creates an inherent imbalance between members of the research team. This was mitigated in part by placing the question of reimbursement amounts, types (e.g. financial or otherwise), and timing in the hands of the CAC. Further, while the “third person” body mapping was effective in increasing privacy, Freedom Park is nonetheless a small community, and fear of gossip may have prevented participants from joining, or from being fully transparent. Those who did participate were frank and open, but it is a significant risk that others with different experiences may have been wary of participating.

An additional limitation is that the summarizing and interpretation of findings, even when guided by community members, nonetheless reduces the ability of the participants voices to be directly heard. While quotes and images have been shared in the primary research, this limitation should encourage other researchers to explore additional avenues that allow participants, especially AGYW, to speak on their own behalf.

Finally, because this study was a unique attempt at applying decolonizing methodologies to an SRH study, utilizing new data collection methods, there were certain methodological limitations in the form of limited standardized protocols for delivery. This further emphasizes the recommendation that more information and

**Table 3** Best practice recommendations for implementing decolonized research methodologies

Principle	Best Practice Recommendation
Center the Community	Engage community members regularly from the outset to shape the research question, methods, and analysis.
Open Communication Channels	Ensure regular formal and informal opportunities for discussion and feedback.
Co-create Research Methods	Design or adapt methods in collaboration with community to reflect local norms, comfort, and context.
Appropriateness Over Efficiency	Ensure data collection methods are appropriate, rather than efficient, to ensure ethical integrity of findings, such as the incorporation of collectivist approaches in relevant communities.
Co-Design Research Process	Collaborate with community to develop key steps and design of the research.
Foster Reciprocity	Ensure mutual benefit through knowledge exchange, fair compensation, and capacity-building.
Use Non-Hierarchical Structures	Flatten traditional academic hierarchies by sharing decision-making power across the research team.
Practice Co-Reflexivity	Encourage mutual reflection rather than centering researcher positionality alone.
Acknowledge and Address Power	Make power imbalances a component of the research and discuss them openly throughout the process.
Incorporate & Prioritize Local Knowledge Systems	Recognize and elevate community epistemologies alongside academic frameworks.
Transparency about Intentions	Clearly communicate short- and long-term goals of the project with participants.
Culturally Relevant Meaning	Involve community in interpretation of findings to ensure culturally appropriate interpretation and reduce epistemological dominance.
Document and Share Learnings	Capture decolonial methodological applications, approaches, and lessons, and make them accessible for replication by others.

guidance on the application of decolonized research methods be shared by researchers.

### Conclusion & what comes next

This study shows how the application of decolonized research principles results in a culturally appropriate and transformative research process. The research exemplifies how these strategies can be used to effectively center the community, address power imbalances, and recognize other ways of knowing. Through this process the importance of self-determination emerged as critical for community empowerment. The emphasis on community co-creation was an opportunity to acknowledge and critique existing power structures, while simultaneously developing an appropriate and applicable research process that recognized other ways of creating, interpreting, and sharing knowledge.

To support the increased application and use of decolonized methodologies by other researchers and practitioners, this study has identified several best practices and practical strategies derived from this study. These recommendations can be found in Table 3.

These practices reflect not only theoretical commitments to decolonization and justice, but practical strategies for embedding community voices, epistemologies, and leadership into all phases of research.

The authors believe that this research supports their work to advocate for the greater use of decolonized research, as a strategy to benefit communities in need, and create a shift in the way research is conducted that acknowledges and addresses many years of harmful practices. This work aligns with wider calls for approaches to adolescent sexual and reproductive health that focus on a re-centering and redistribution of power towards

greater mutual accountability, collaboration, and prioritization of non-Western ways of knowing and leading [43]. We further propose the ongoing creation of exemplars that guide not only the questions we must ask ourselves as researchers, but demonstrate their application in the work, and the benefits they bring.

### Abbreviations

AGYW	Adolescent girls and young women
CAC	Community advisory committee
CBPR	Community based participatory research
PAR	Participatory action research
RA	Research assistants
SES	Socio-economic status
SRH	Sexual and reproductive health
TPA	Tafelsig people's association

### Acknowledgements

The active role of all research team members in the community was vital to conducting this work. In particular, their ability to vouch for the validity of the research, their long-standing commitment to community improvement, and their positions of trust enabled this study to be undertaken. Without their community organizing and standing this work would never have been possible.

### Author contributions

NG and TC contributed to the conception and design of the research from its conception, and participated in the discussion of and analysis of the data. DD and RS provided guidance and support, and revised and approved the findings. LM contributed to the conception of the work and supported and revised the final document. MSU was primary researcher, and contributed to the conceptualization and design of the work, analysis and interpretation of data, and drafting the final work. All authors read and approved the final manuscript.

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### Data availability

No datasets were generated or analysed during the current study.



## Declarations

### Ethics approval and consent to participate

This research project received ethical approval (Protocol No. 16889/ Protocol No. 2957) from the Hamilton Integrated Research Ethics Board in Ontario, and the Stellenbosch University Health Research Ethics Committee in South Africa. Written informed consent was provided by all participants in this study.

### Consent for publication

Consent for sharing anonymous body maps using consent forms was received during the primary research.

### Competing interests

The authors declare no competing interests.

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## **Chapter 5: The Hall, The House, The Street**

**Preface:** Zines are an art based form of knowledge translation that allows the author(s) to be more flexible in both what information is being communicated, and how it is presented (Creasap, 2014). They are hand-made art books that use different media as a way to share both knowledge and emotion, and are usually self-published, in order to remain counter-culture, and anti-commercial (or ex-academic). Zines are a way of interpreting data in a way that is representative of the more complete research experience for those who were involved (Biagioli et al., 2021). As an element of decolonized research, zines allow for community voices and unique experiences to be centered, with a mutual contribution of ideas that may challenge Western research methods, and common inequalities in academic publications. This form of knowledge mobilization further highlights the subjectivity of knowledge, and what can be lost through traditional publication processes, allowing authors to share what is often excluded from other forms of knowledge translation (French & Curd, 2022).

This zine represents a counterbalance to the colonial format of academic writing that represents much of this thesis (Molinari, 2022). It is important to share the personal experiences of both researcher and community, as well as the nuance and context in which the research was conducted. Further it is important to reflect the decolonial nature of the work in not only the research design, methodology, and methods, but in the way in which the findings, stories, and experiences are communicated to others (Nelson, 2024).



This chapter is a visual reflection on the research process and its findings, exploring the human and quotidian experiences that are an integral component of research experiences, as well as the nuanced context in which much of the research in this thesis was conducted. The pages of this chapter allow researcher and participants to speak directly and without interpretation about the more human elements of research. This concluding zine pulls on a narrative storytelling approach that is thematic through the other chapters of the thesis to explore how rumor and reality mix together. It includes short stories, diary entries, recipes, and quotes from community members, photos, artwork, maps, and data, which serve to share a piece of the contemporary history and experiences of the community of Freedom Park, and the research conducted there.

**Contributions:** The manuscript was completed between March and May 2025. Maya Stevens-Uninsky conceived of the concept and design, as well as creating much of the art and design. Members of the Freedom Park community contributed anonymously, and partnered with the primary author to collaboratively create art pieces.

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# THE HALL, THE HOUSE, THE STREET.



1

**Movement**.....the story of Freedom Park

2

**Growth**.....from sprout to tree

3

**Nourishment**.....food for the soul

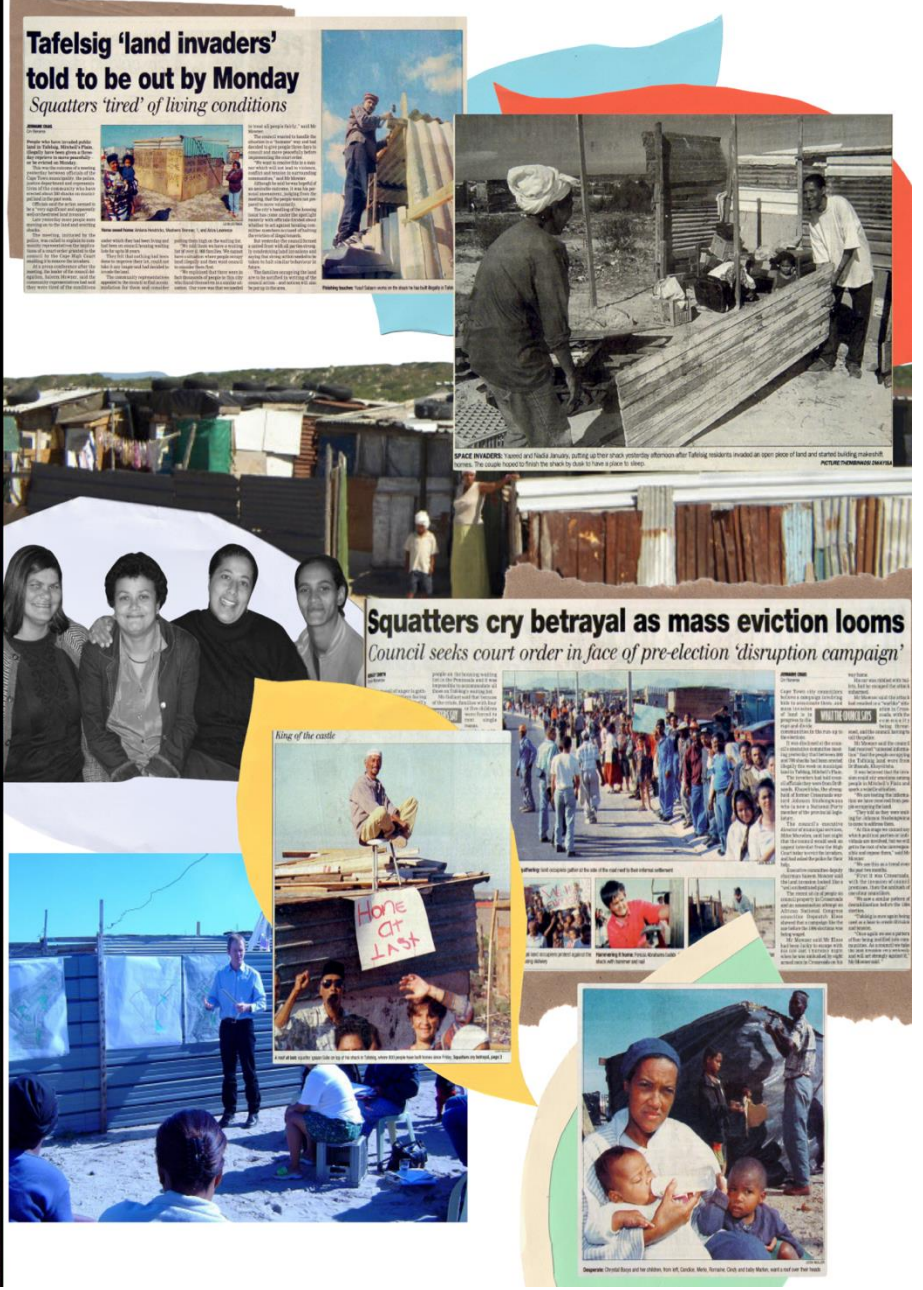
4

**Imagination**.....knowledge is power

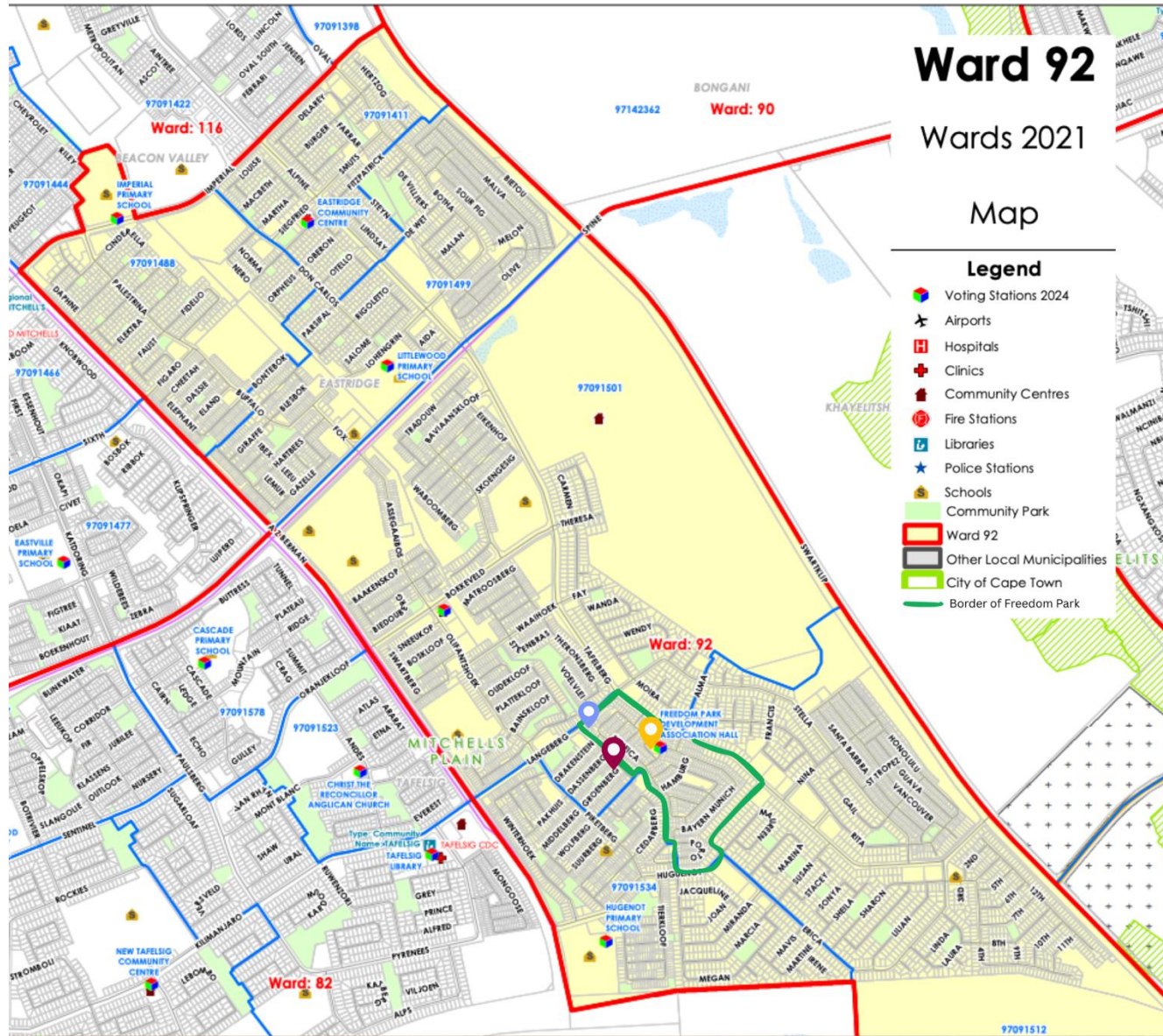
5

**Connection**.....friends of all sorts









- The area is still called “the field”, and is a hotspot for crime, like shootings and robberies
- in 1998, the people occupied the land, on freedom day, hence “Freedom Park”- a place to be free
- After 5 years of living informally, their land rights were granted

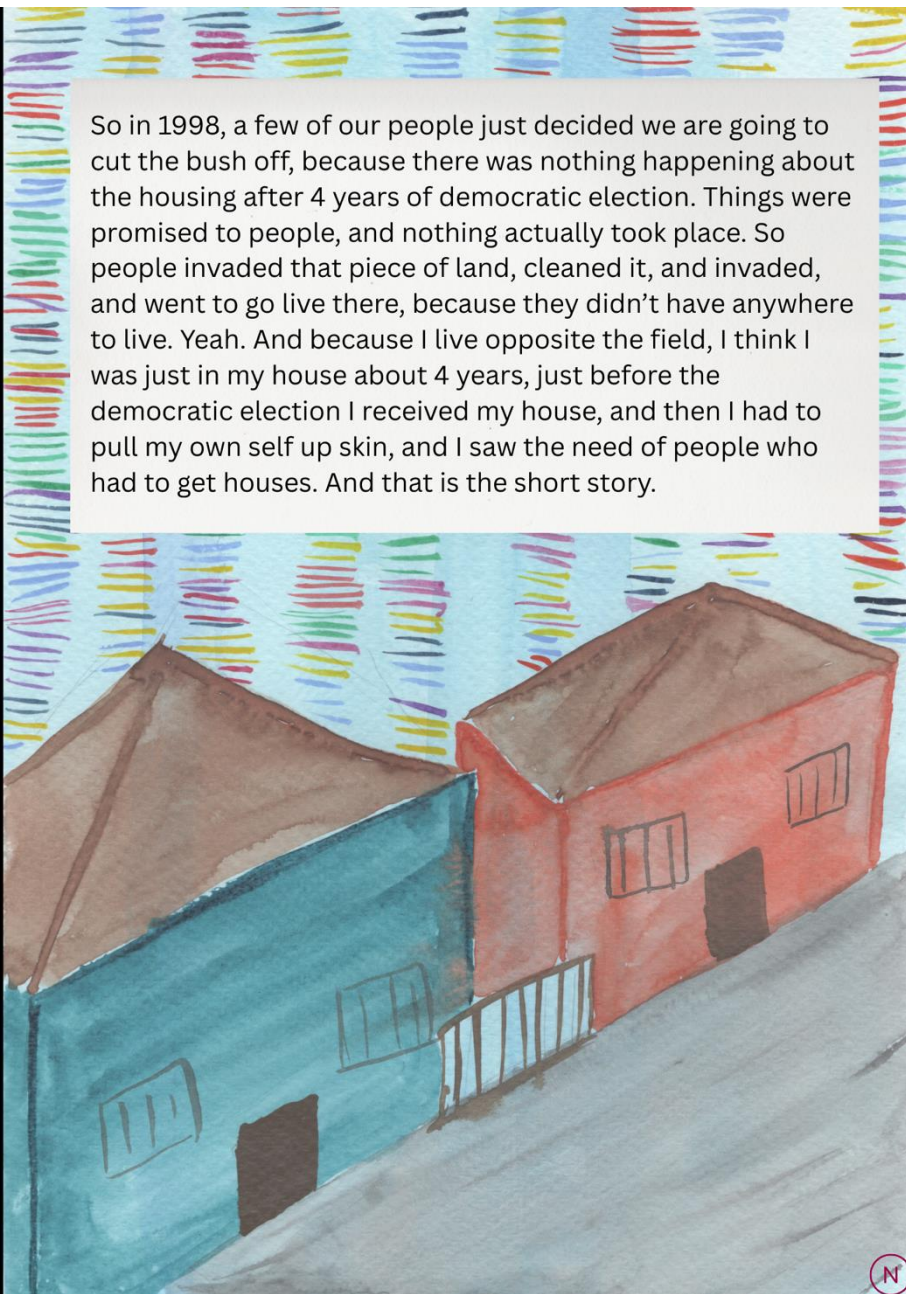
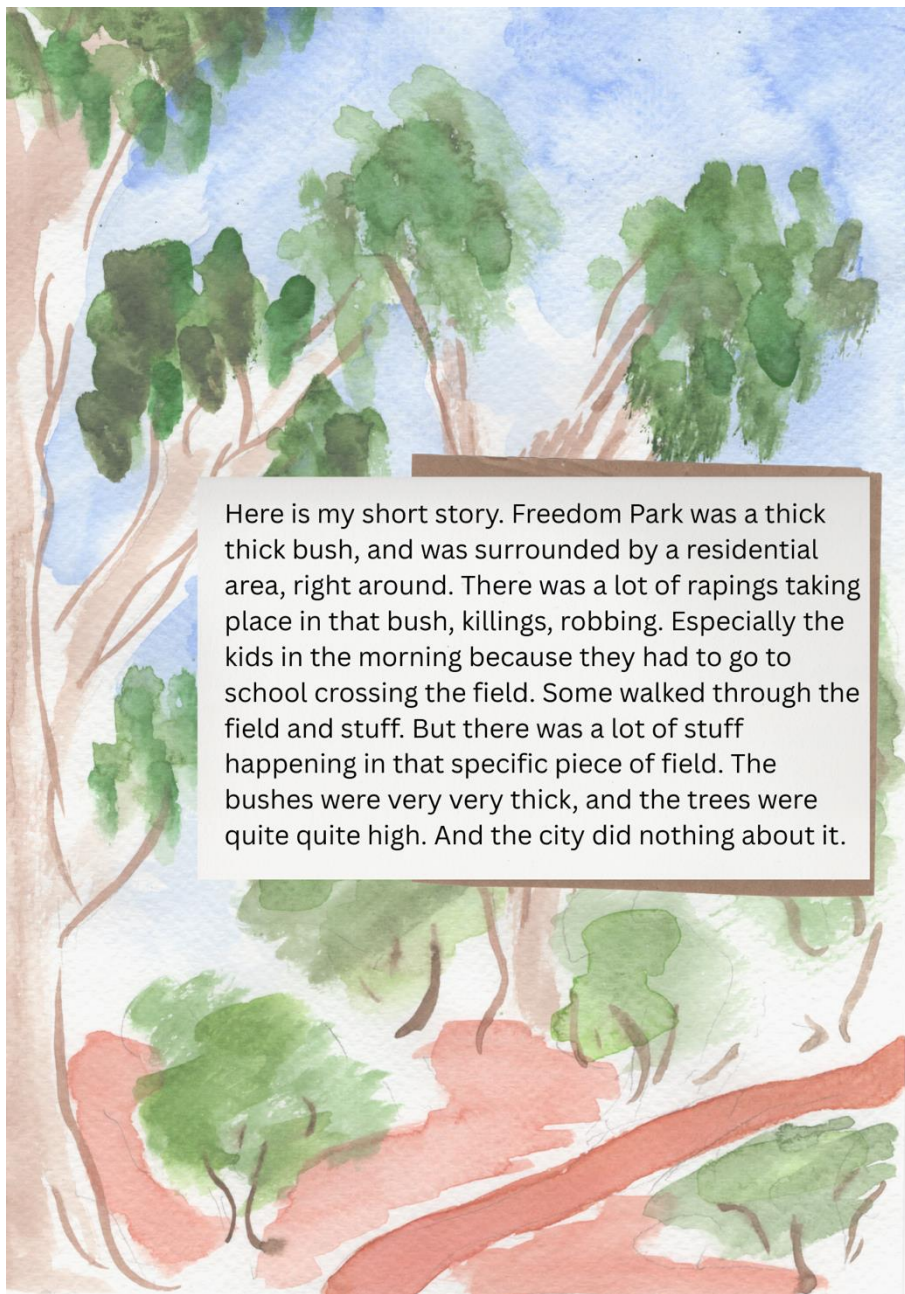
- The community organized to form the Tafelsig Peoples Association, and formalized
- Still, even with formal residences and construction there are a lack of services
- No hospitals, no clinics, no community centres, fire stations, libraries, schools, or police
- But strong sense of community

- Most time spent during is research was in:

- The Hall
- Najuwa’s House
- The church

or the streets, recruiting participants and talking







## LIFE IN FREEDOM PARK

Growing up in Freedom Park was fun but the struggle was real and still is for a few people.

Growing up in Freedom Park as kids we were told that we were living on a graveyard property, that people were buried their To scare us as kids to not stay out late as the dead would catch us It got us scared Our elderly would make fire and sit around it they would explain how they made a Human Chain to not be removed from the land as there were only sand and bushes.



## SOUP!



Soup were a favorite as a child growing up

### Recipe

\*1 Soup mix

\*1 potatoe

Carrots

Celery

Meaty bones

1 onion

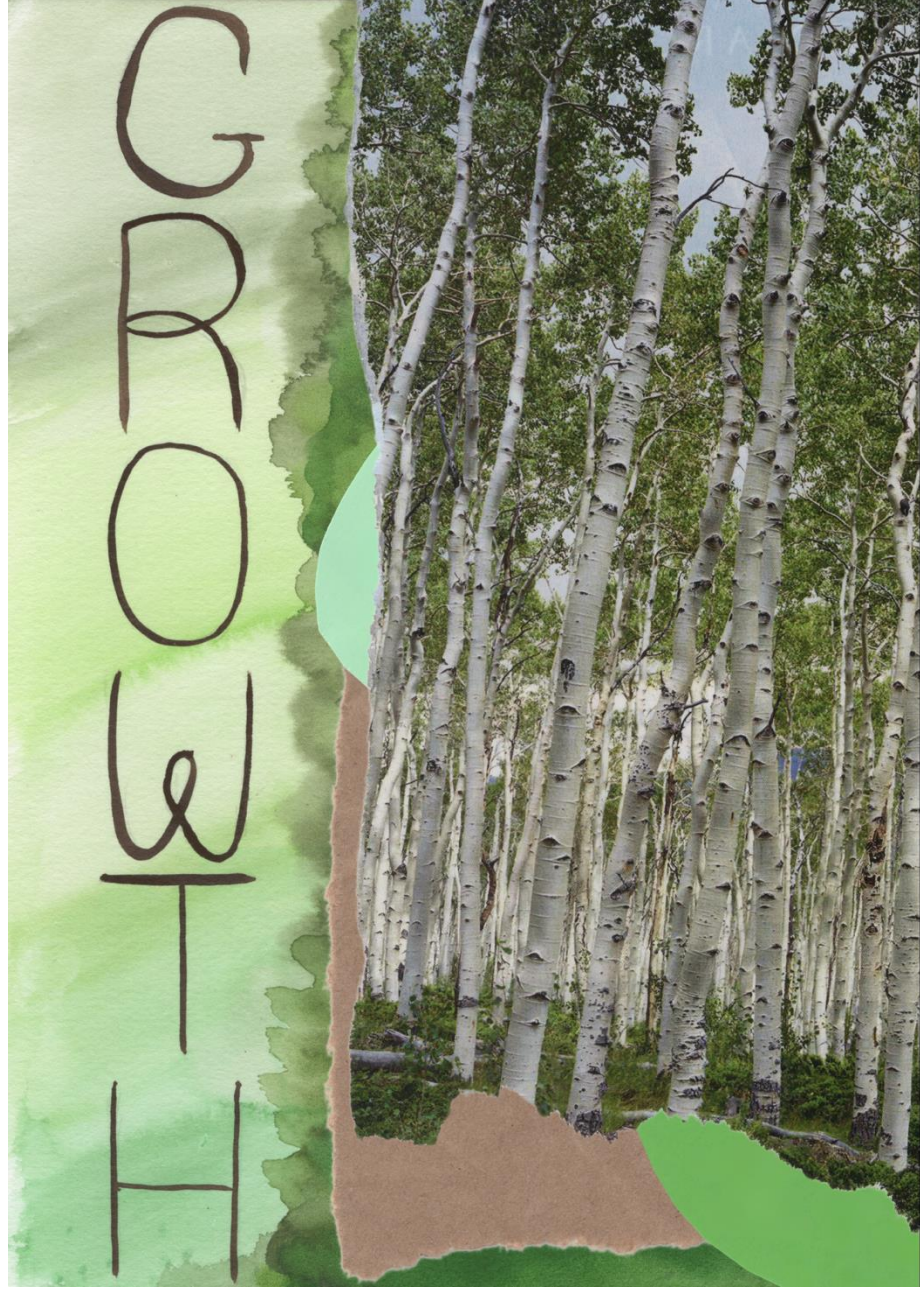
Salt

Black pepper

Depending on the size of the pot.







WE'VE PLANTED THE  
SEED AND WE ARE  
WATERING IT AND THE  
MORE WE WATER IT,



THE MORE IT WILL GROW  
AND BLOOM AND TURN  
INTO SOMETHING  
STRONG AND BEAUTIFUL





SPECIAL BABY DELIVERY EDITION.

14TH APRIL 2024

## BABY NEWS DAILY MEET BABY T THE FAMILY'S NEW BINDLE OF JOY

Laaiah & Grandma Shariefa are thrilled to share their happy news With friends and family.

Laaiah & Grandma Shariefa are proud to introduce Their newest family member T to The world. Born on May 4th @09:35am in L District Hospital. Little T tipped the scales at 3.3kg  
EXCLUSIVE FIRST LOOK:

### T'S FIRST LOOK

We managed to get exclusive snapshots of T Just moments after his arrival. These first cherished photographs Are filled with the promise of new adventures



### FAMILY & FRIENDS CHIME IN WITH HEARTFELT MESSAGES:

As news of T's arrival spreads Close friends and notable figures are quick to Share their excitement and congratulations. Congratulations mama im super excited for you. His so precious aww jinne mama.



## The research we did on teenage pregnancy

It was so memorable because at the time I was pregnant and could share a lot of advice to our younger groups we had. I learnt alot about what was really happening in my area.

There were so many different stories. My favorite part of the research was meeting all the girls and being to have an open discussion of why they were led to drugs and how they became pregnant. And its all thanks to Maya for giving us such a wonderful experience.

But what excited me most was I had my son 1st born a true joy while working on the research he was born

the 4th of may and I even took him with me to finish with the research.

Thank you Maya for giving me the opportunity to be part of it and to take home all information to share

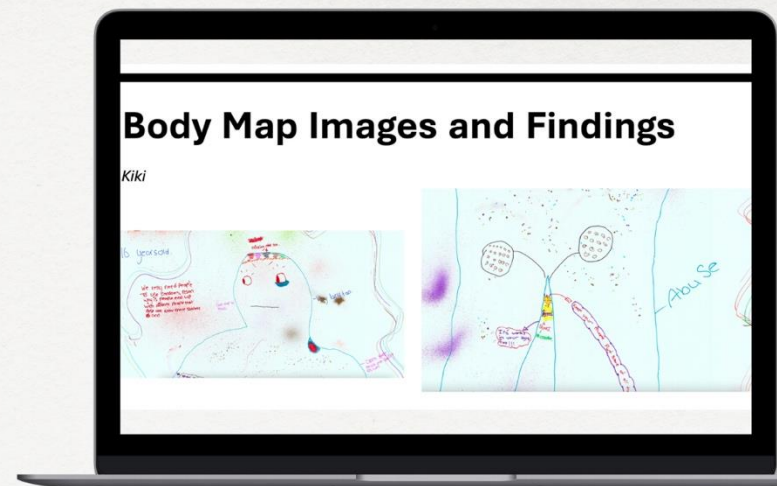
with my niece who couldn't attend as she was to young for our survey.



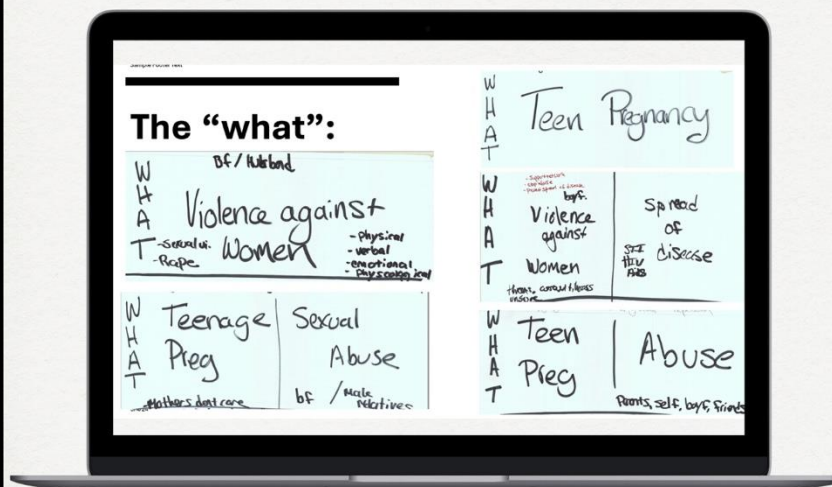






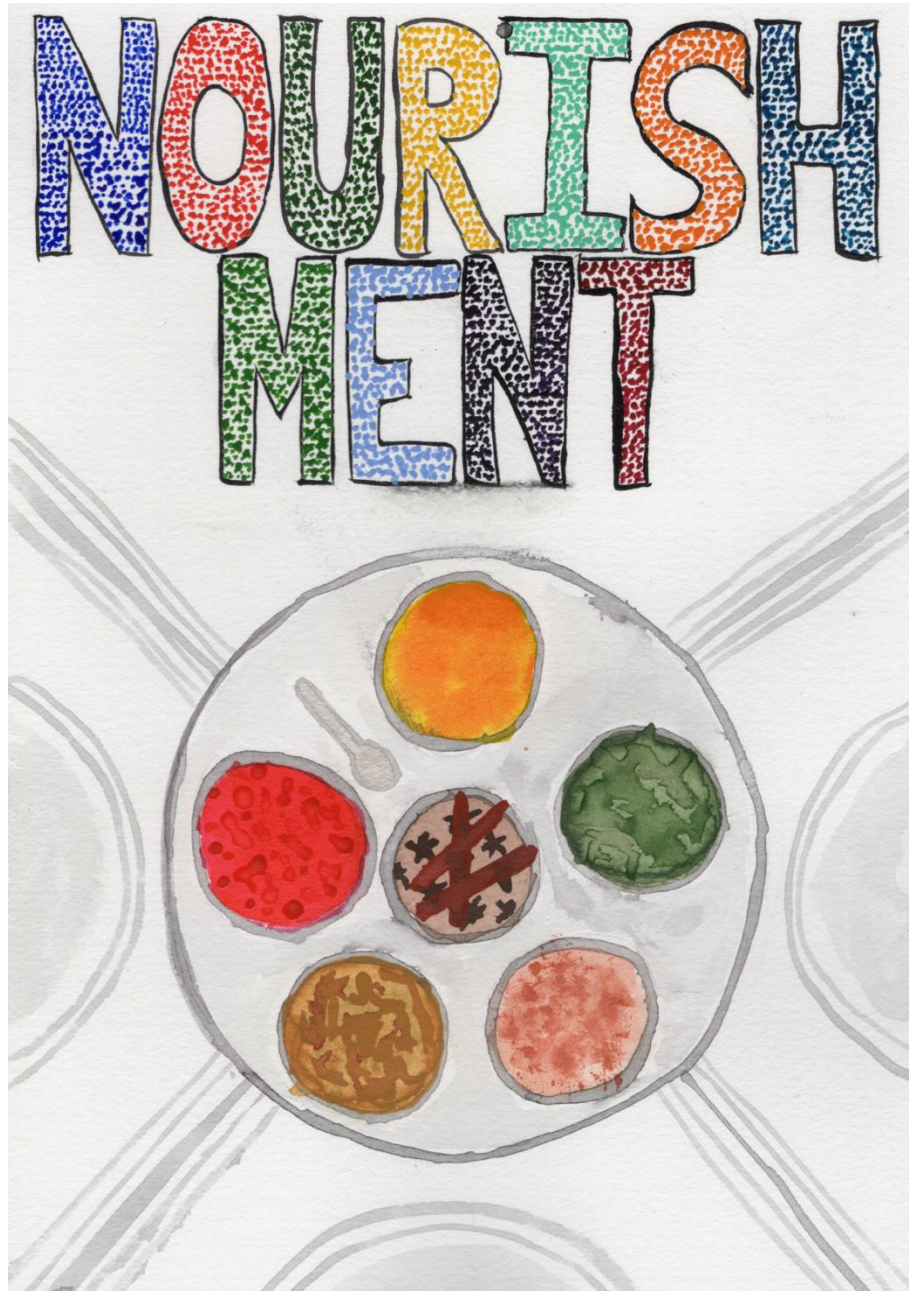


How much do you think the children will remember? as we look at graphic drawings, and discuss abuse?



How many of the stories have they already heard? how many of the bruises have they already seen?





**Food that  
feeds the  
soul. In its  
heart, one  
motto:  
make sure  
our people  
are fed.**

HAJI MOHAMED DAWJEE



# LUNCH CATALOG

Head Chef: Tashreeq

MONDAY

Chicken braai & 3 bean salad

TUESDAY

Rooti & Curry

WEDNESDAY

Hake, chips & greek salad

THURSDAY

Nayawa's breyani

# Atlas

TRADING CO.

## SPICES

- Leaf masala 200g
- Turmeric 200g
- Jiera 200g
- Stick cinnamon 200g
- Caramonk 200g
- Achar Masala 200g
- Fisherman Spice 200g
- Aknie spice 500g
- Garlic & ginger the medium tub
- Pepper corns 300g
- Chicken Spice 500g
- Black pepper 500g
- Packet of saffron





## Najuwa's Secret Brayani rec..

### ingredients..

Basmati rice ..

Brown lentils

Meat or chicken 🍗

Onions

Potatoes 🍠

Butter milk

Safron

Fish oil

Butter 🧈

Aknie spice

Cardamom

Stick cinnamon

Turmeric

Leaf masala

Jiera ...

Lay ur meat or chicken in a few days before cooking ..with spices and buttermilk

Cook 2kg rice separte for 2kg meat 🍗 or chicken 🍗

Just 1 cook ..with salt to taste..

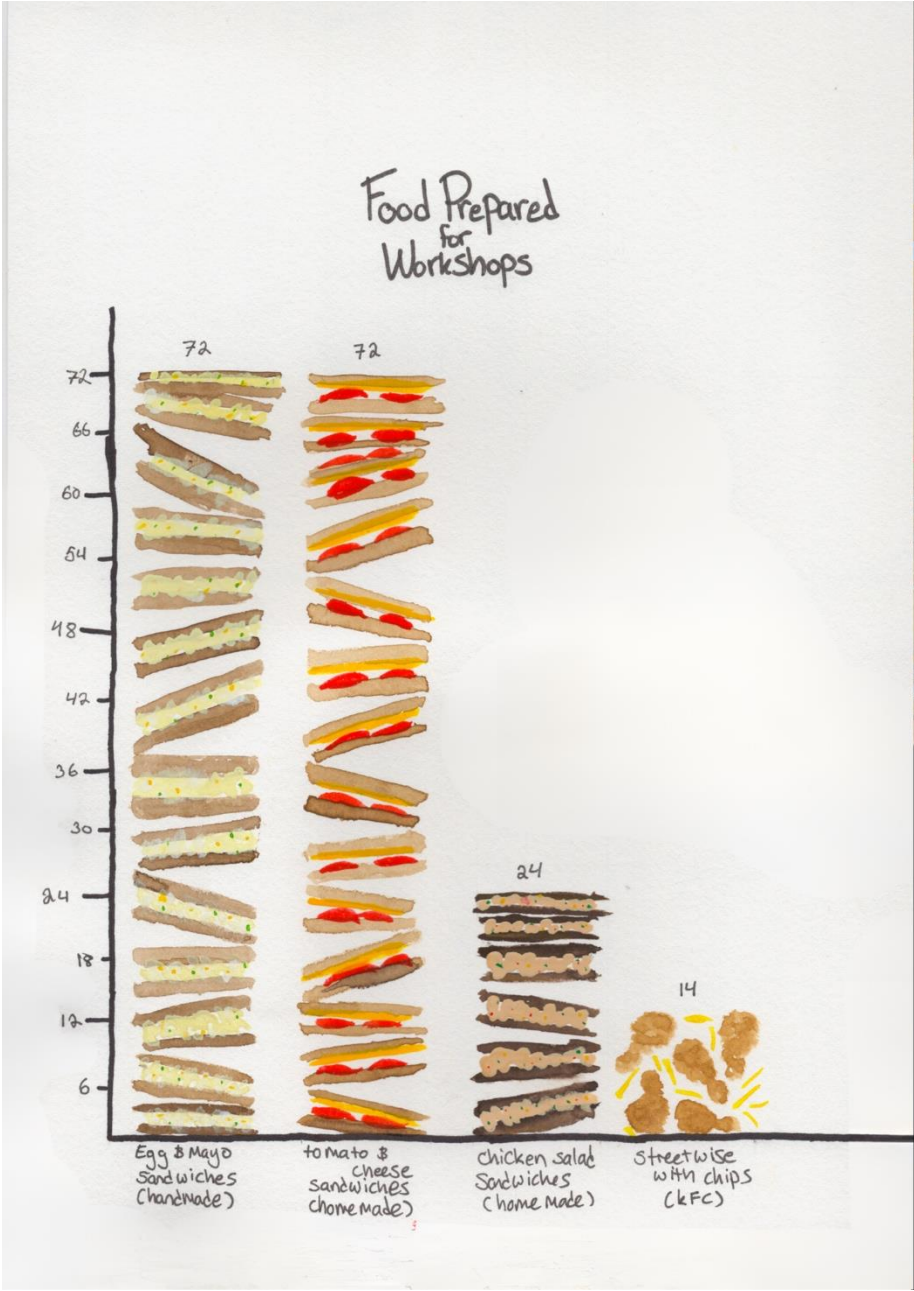
Cook lentils with salt to taste..

Deep fry onions. ..little by little. With cardamom and stick cinnamon..

To lay in ur meat or chicken in . for 2kg chicken 🍗 or meat use 4 table spoons of aknie spice ..1 table spoon Turmeric ..1 table spoons of jiera ..2 table spoons leave masala .salt to taste a few stick cinnamon...a few cardamom ..Butter milk ..

Do that the nite before making it ..next morning add fish oil to put not too much ...then add ur potatoes 🍠 layered at the bottom of the pot ..then add ur chicken 🍗 or meat 🍗 ..then layer ur rice and then lentils then onions 🍅 then put ur butter on top and add ur saffron a few strands that was over nite in hot water 💧 and a little water to the pot steam till water is gone 😊 the eat 😊









BY THE NUMBERS

**70+**

LITRES OF JUICE

**400+**

STYROFOAM CUPS

**THERE IS NO BETTER MOMENT TO BE A  
VULNERABLE OBSERVER...THAT UNLOCKS  
HIDDEN TRUTHS ABOUT OUR SHARED  
HUMANITY, OUR SHARED MORTALITY. I  
BELIEVE WRITING WITH A BROKEN HEART  
IS THE PATH TOWARDS UNDERSTANDING  
WHAT WE CANNOT YET NAME, WHAT THE  
SEA HAS NOT YET SWEEPED AWAY.**

*Ruth Behar*

There is so much that has no name, no place in the academic, but is a part of us. For the people who are being researched it is a struggle with power, because the power to define what is written, interpreted by others, is a dominance, sweeping away the self.

For the researcher, it is all the moments that make research a human experience, when you are prepared for it to be a sterile one. It is seeing how much juice 8 girls can drink and understanding why. It is chips and lollies but also a cigarette break. It is making 24 egg and mayo sandwiches before 7 AM. It is going to the shops every day for more cups because you never seem to have enough, until the manager at the Shoprite learns your face and gets them when he sees you coming. It's driving Biryani in a styrofoam container 1 hour home from Mitchells Plain to share with your partner because your friends want to make sure he has enough food.

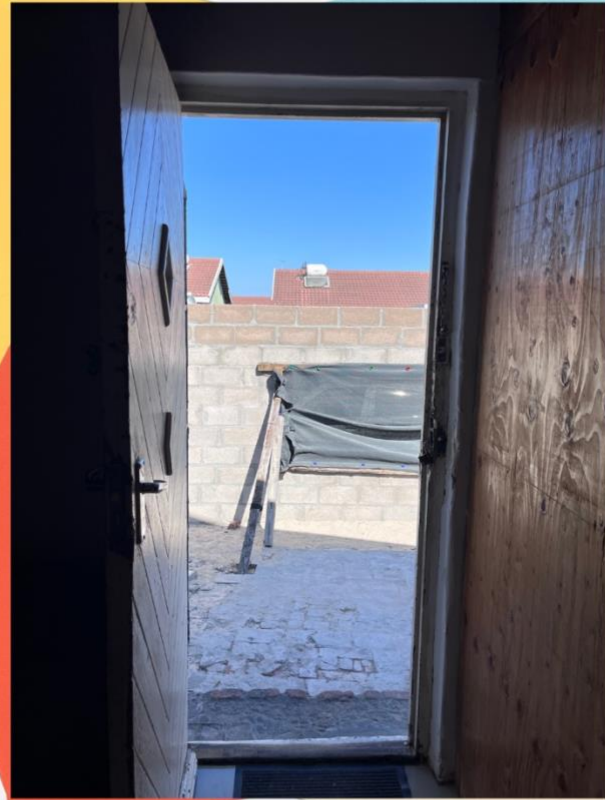
It is the points of overlap, where your life intersects with the life of someone else and they let you in for that brief moment. That is the question we didn't ask, but is the best answer we can have.







# NAJUWA'S LOUNGE



There is mistrust in the air. Governments have broken promises.  
Developers have stolen money.

You have to make community, gather people in your own way.  
What there is, is each other.

Najuwa's Lounge brings the planners, the aunties, the watchmen, the youth, the outsiders, the researchers, all together in one place. We are greeted by the dogs, given sweet milky rooibos, and the work begins.



BREAKING  
NEWS

Daily Sun

SPECIAL  
EDITION

## GOSSIP COLUMN

MISINFORMATION AND GOSSIP  
SPREAD QUICKLY IN THE SMALL  
COMMUNITY OF FREEDOM PARK

Young people in Freedom Park learn about sexual and reproductive health more from their friends than they do from school. In the digital era, Facebook and Whatsapp in particular are responsible for sharing critical information about the day-to-day concerns of adolescent girls. Posts, memes, gossip, and stories are a valuable tool for spreading knowledge, but lack fact checking or follow-up.

"Stay away from men if you have your **period**" one young woman said, as her peers nodded vigorously. Common knowledge in the community is that once menstruation begins, any contact with the opposite sex (sexual or otherwise) can result in an unintended pregnancy. Older women in the community recount similar stories. One research assistant, who later says she knows it isn't true, says "when I was 9, even though I was a tomboy, I was told if I went out and played with the boys I would get pregnant, so any time I had my period I was just sitting inside."

**Family planning** is also plagued by common misconceptions. Many girls had been told that peeing after sex prevents pregnancy, echoing former South African President Jacob Zuma who frequently claimed that showering after sex prevents HIV transmission. Young women are concerned that using family planning such as the pill or injection too young will prevent them from getting pregnant later in life- a claim not unique to Freedom Park.

In Freedom Park, **abortion** is a controversial topic. While it is legal in South Africa, access is still challenging, and perceptions within the community are negative. As with many such scenarios globally, young women instead seek out illicit abortion services. Many young women said that the safest way to cause an abortion at home was to either eat newspaper, or soak the newspaper in water and drink it. "At least the baby will come out literate" said a community leader, when informed of this rumour.

RUMOURS AND STORIES CAN HELP  
KEY INFORMATION, TO KEEP  
PEOPLE SAFE AND INFORM  
DECISION MAKING

The large gathering inside the house on the edge of Freedom Park buzzes with stories, Afrikaans and English blending together. Stories are important for sharing key information around the neighbourhood, the group says, and there are different types that give different value. Visiting, one woman tells me, is the most valuable, part of a knowledge sharing network. You visit your neighbours house and tell stories that communicate necessary information.

"She tells me her neighbour stole from his sister, and used the money to buy alcohol, and this is important for me! Now I know I can't trust him, or bring him to the NGO events where I need to be reliable" one woman shares. Pure gossip on the other hand, happens on every corner. These are made up stories, or "skinnering" shared by busybodies who are just passing time. The distinction is clear, that this gathering is about knowledge.



True stories are passed around the room, embellished with personal details, creating colourful narratives. The topic of conversation turns to the Freedom Park Development Association Hall, or "the hall". This community resource is used for events, parties, and voting, as well as research workshops. Despite being community owned, only one man holds the keys, and must be carefully cajoled to open the doors, usually by someone who he owes a favour. "He is the boss of the Hard Linings" one man says. The Hard Linings are a local gang, notorious for initiating very young boys through cruel tactics. They say that he holds the keys to the hall because he uses it for these indoctrinations, forcing sexual acts and cruel initiation rituals on new recruits. The rest of the room nods sadly at this statement. This sheds a dark light on the single room space. Despite, or perhaps because of, this knowledge, the boss is a man with status, control, and power. Despite the disapproval of his behaviour, he holds significant sway due to his role in the gang, and therefore the community.

Skinnering to share false words and stories about neighbours is frowned upon by the members of the gathering, but sharing stories, history, and knowledge is vital. This room is a gathering place, replacing a meeting room that has long since burned down. The couches are soft and deep, and the hosts are generous with their food. Big plans are made for the community in this room, that go beyond stories of need, and into opportunity for the future. By sharing stories of pain, they build strength and resilience, and develop systems of support.

NEWS



STORIES



GOSSIP

NEWS



STORIES



GOSSIP



## Freedom Park

In the heart of Freedom Park, where laughter and tears entwined, a different reality unfolded. For many the promise of freedom, equality remained an elusion, overpowered by poverty, abuse and illness.

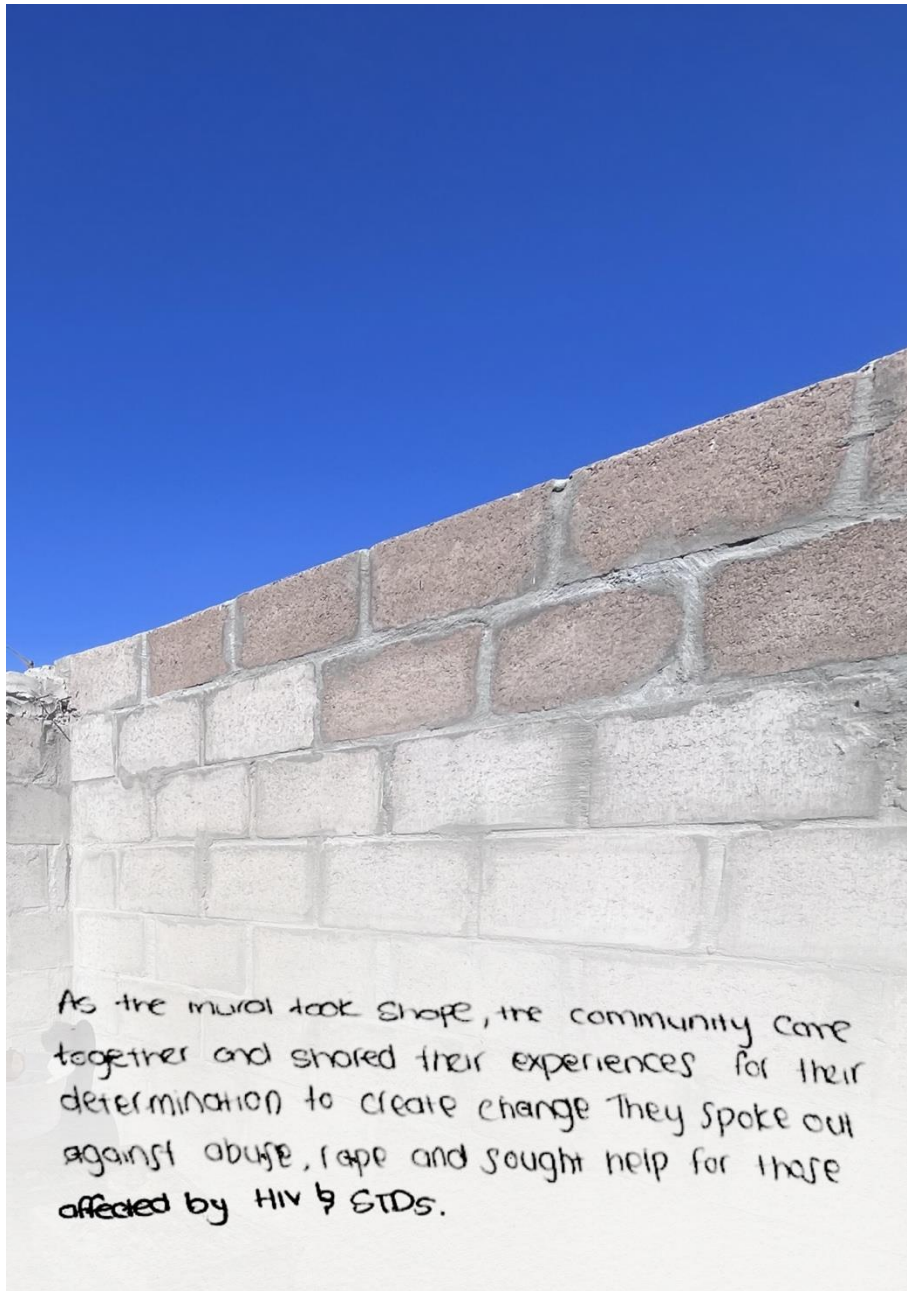
Young girls with impeccable talent and potential, lived in a paradox filled with the vibrant colours of art and imagination, but their rights were darkened by the harsh realities

The streets of Freedom Park whispered secrets of abuse, of bodies broken and spirits crushed. Each with their own stories, bore the scars of a world that seem determined to silence them. Yet they found solace in their art, their laughter and their resilience

The specter of HIV and STD's loomed large. The community was disproportionately affected with infection rates that seemed to mock the very notion of freedom.

Introduced was a project ~~they~~ that would help make a change. They would create a vibrant tapestry of colors and stories that would tell the world about the struggles and triumphs of Freedom Park.





The mural became a beacon of hope, a testament to the power of art and community. It was a reminder that even in the darkest shadows, there is always a way forward.

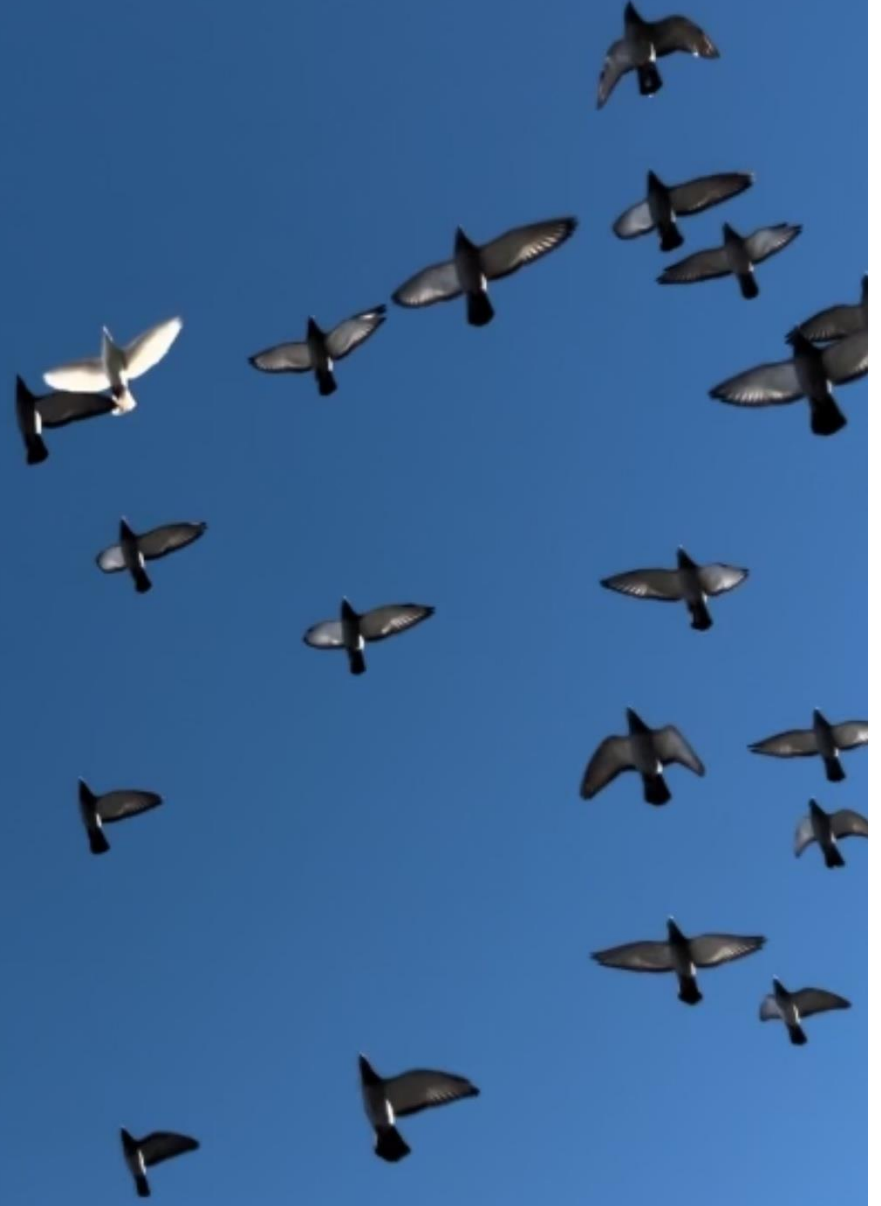
This story aims to capture the complexities of life in Freedom Park, where poverty, abuse and illness are ever-present, but so too are the resilience, creativity and hope of its residents.



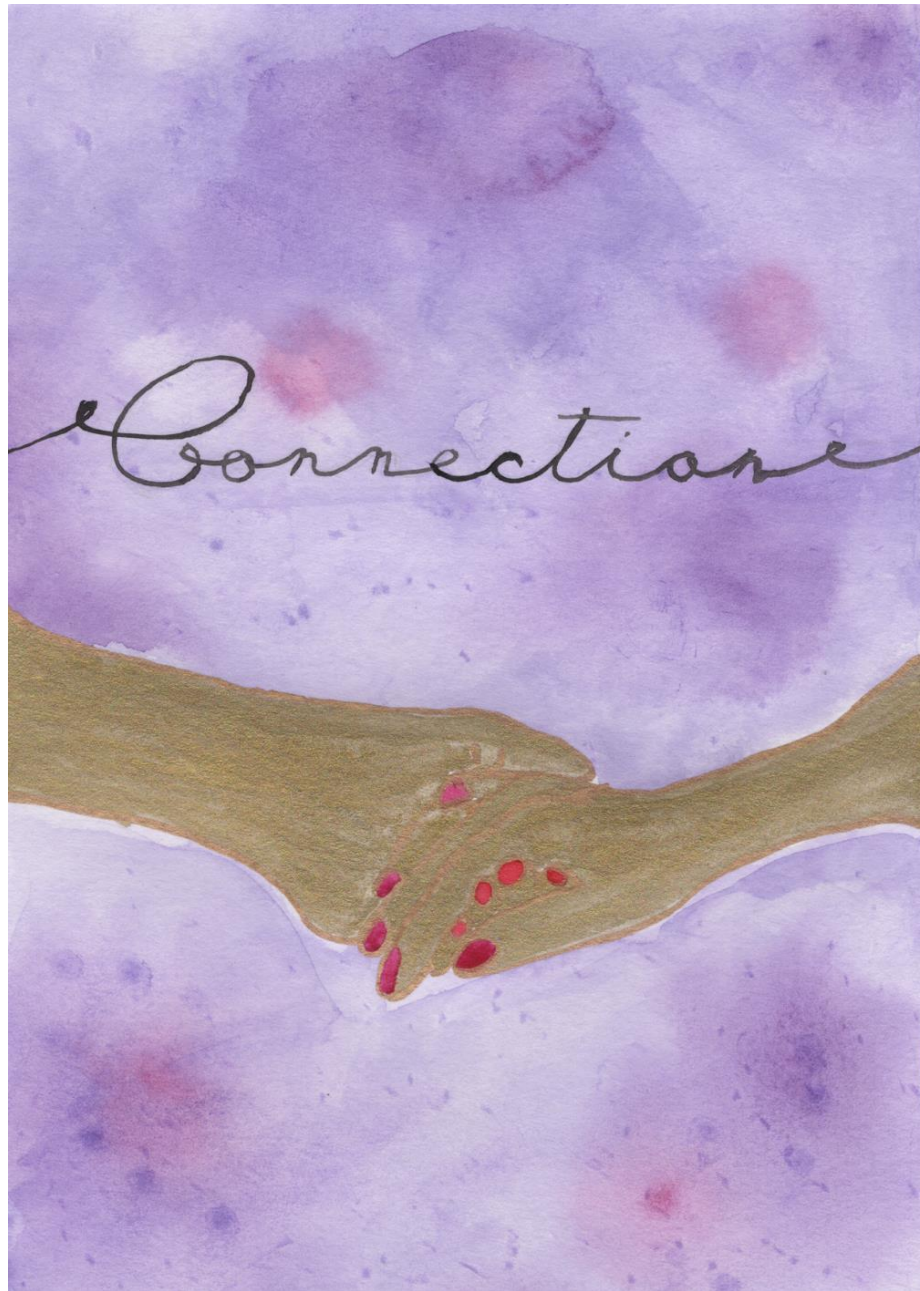


We asked - why do  
our neighbours and  
your neighbours  
keep pigeons?

We learned- pigeon  
racing is a lucrative  
side hustle.







A pseudonym is a fictitious name. An acronym is an abbreviation.  
They become half truth, truncated, interpreted.  
They are never called friend, sister, aunt. But those are names with power.

Good morning 🙏 pray all is well with you and your family  
👨👩❤️..so glad u are sis .we miss u guys tooo much ..we  
were talking about u and ur hubby yesterday..thank u for  
everything much appreciated sis give my luv and regards  
to all at home 🏠

9:47 AM

Oh my good morning angel hope u good and well I'm ok  
my baby is great Thanx for asking.

And yeah u can not a problem

1:09 AM



It's nice hearing from you

1:09 AM



Video call

57 min

10:50 AM

We miss u guys too 😭 but patiently waiting for the day to  
arrive where we can meet again

7:23 AM

we give off ancient witches who have known each other for 100  
years vibes

Edited 3:53 PM

Hi Maya, hope you well 😊

Yes sure no problem.

All the best with your paper you writing 🌸

Keep well hope to see you soon again 😊

1:27 AM

Hi Maya, happy to hear from you 😊...im good and hope u  
are too,i honestly don't have a problem with that at all 😊

12:20 PM

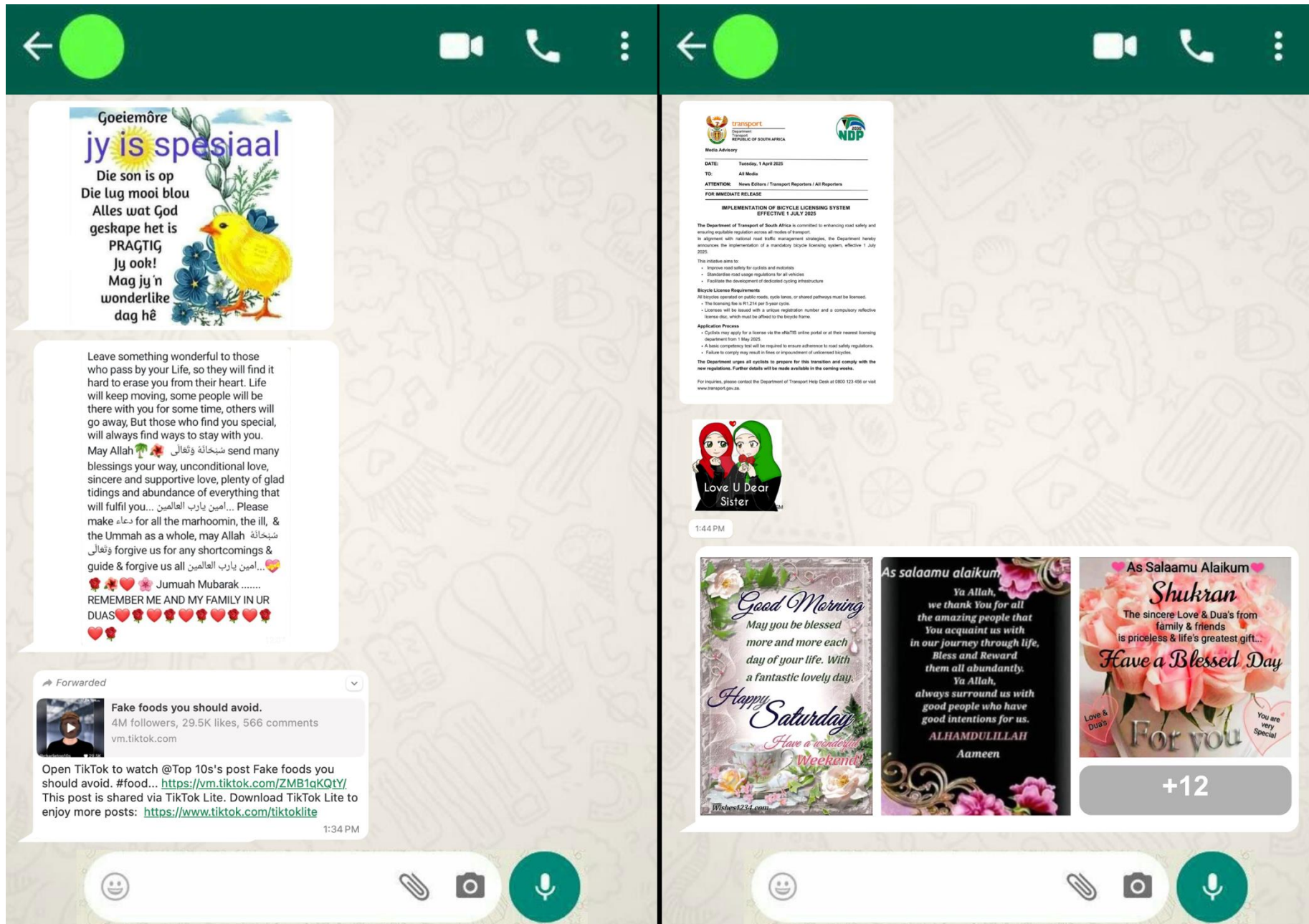
Its good hearing from you too ❤️

1:49 PM











Not just our human friends but animal friends too. Guard dogs who are less ferocious than they are affectionate. Tiny puppies who need Montego puppy food. They get sick from eating poison and are healed with remedies we have never heard of. Prize pigeons, beautiful and docile. Dogs lying in the shade of the car and rolling in the dust. Seals, sated and round, rolling by the seaside. Cats who plead to come in, who we name Sandra, and later learn should actually be Sandro. Meet the neighbours!



## **Chapter 6: Conclusion**

### **Conclusion**

In this thesis I detail the practical applications of decolonized research principles in sexual and reproductive health (SRH) through findings from four original research studies, highlighting the importance of participation in research by under-represented groups in formerly colonized societies. Each study provides a different angle from which to examine the design and implementation of decolonized SRH research, and contributes to the available literature on this topic. In Chapter 2 we approach the principle of decolonization from a definitional lens, laying the foundation of a shared understanding of the term. In Chapter 3 we explore the angle of application and use of decolonized methodologies, applying the research strategies identified in Chapter 2 to a study on adolescent SRH in South Africa. In Chapter 4 we approached the application of decolonized research principles from a methodological angle, providing recommendations and guidance to future researchers and implementors on the application of decolonized research. Finally, in Chapter 5 we apply a contextual lens to decolonized SRH, providing in-depth perspective and nuance to the research. This concluding chapter is a summary of the findings from these chapters, and the contributions they make to the field. It identifies the implications for research and practice, and the potential for future areas of exploration for scholars of decolonized research.

The findings from this thesis highlight the importance of revising current methods of research and work in both academia, and in global health at large, to avoid perpetuating longstanding cycles of epistemic and ontological injustice and power imbalances.

However, it is important to note that this thesis does not offer a singular solution to the historical and ongoing oppression embedded in the academic sphere, the norms of international development, and global health practice. As global health researchers and practitioners continue to operate within existing systems to conduct essential research, this thesis offers initial guidance on how to reduce potential harms, recognize associated power imbalances, and begin to address them through decolonized research strategies and approaches. It also serves as an initial step in reimagining global systems of health, power, and knowledge, to find an approach that is not rooted in a history of oppression, but committed to a more equitable future.

### *Summary/Overview of Findings*

Chapter 2 is a scoping review which explores the shared research designs, methods, and study characteristics of decolonized sexual and reproductive health research. A key finding of this study is that while many studies fit under the umbrella of decolonization, few use the terminology of decolonization, or explore the nuances of its application to their work. In large part this can be attributed to the absence of commonly accepted understandings. This finding highlights the need for greater clarity regarding the definition, components, and application of decolonized methodologies. The review further identifies frequently utilized methods and methodologies in decolonized SRH research, as well as overlooked approaches. These findings show that successful decolonized research frequently pulls on qualitative and Indigenous research design

strategies, using community-oriented research methodologies (such as Community Based Participatory Research (CBPR), and Participatory Action Research (PAR)). The evidence also shows that decolonized research exemplifies meaningful partnership with communities throughout the research. However, it is evident that significant areas of study are often overlooked. Few decolonized SRH studies were conducted in low- and middle-income countries, nor was there significant representation of work conducted with vulnerable populations such as adolescents or children. There also is little evidence of the development of culturally relevant, community-owned data collection methods.

This analysis found that there is room for continued learning when applying decolonized research principles to SRH research. This would be best advanced by a shared definition of the term, and guidelines that provide structure to researchers. The findings propose that this process may develop as researchers more openly practice and discuss the advantages, challenges, and nuances of using decolonized research methodologies in their work. These findings directly informed the development and structure of subsequent chapters.

In Chapter 3 we applied the findings of the preceding chapter to a qualitative participatory action study, using decolonized methodologies. This study focuses on identifying the sexual and reproductive health priorities of adolescent women in an under-resourced township called Freedom Park, in South Africa. The study was designed and implemented with a Community Advisory Committee (CAC), who adapted a data collection method to be appropriate to their community. The findings were pulled from adapted body maps illustrated by 54 adolescent women, their narrative

descriptions, as well as CAC meetings. Participating women used this arts-based data collection method to illustrate the body parts related to SRH and prevalent SRH outcomes in their community, as well as indicate the priority SRH issue they wanted addressed in their community. A key finding from this study is the universal agreement between adolescent women in Freedom Park that the two issues that must be addressed in their community are adolescent pregnancy, and gender-based violence, and that these two issues are inextricably linked.

Findings from this study also indicated that adolescent women in Freedom Park position their SRH needs clearly within a socio-economic, cultural, and historical context. This emphasizes the critical importance of addressing SRH needs and priorities with a focus on these underlying issues through intersectional approaches that put the onus on addressing root causes, rather than symptoms. This study found that the use of a decolonized approach, which incorporated and acknowledged the context of apartheid history in particular, informed and contributed to this finding. It further informed the development of a locally relevant data collection method that was highly accepted and allowed for more equality and trust between participants and researchers throughout the research process. This study provides evidence for the argument as to the benefits of incorporating a decolonized research approach through initial insights into the practical application of the methodologies.

Chapter 4 provides a deeper exploration of the methodological learnings from the application of decolonized research, extracted from the previous chapter. In this chapter we explain in greater detail the steps taken to apply a decolonized methodology to a



SRH study, including an in-depth exploration of the community co-design framework, and the adaptation of a data collection method. This study exemplifies how decolonized methodologies can be efficiently implemented through community partnership.

Key findings from this study indicate that a decolonized approach creates greater levels of buy-in, equity, and engagement with the process and results from the community at large. The findings highlight the importance of open communication, justice, and equity throughout the process, in order to address power imbalances inherent in the research process, between researcher and researched. This is further evidenced by the success of the adapted body mapping approach, which generated critical insights about SRH issues. The findings from this study exemplify the importance of culturally appropriate data collection methods which empower participants, in increasing the validity of findings.

Finally, in Chapter 5 we elaborate on the importance of the people and experiences that surrounded the work conducted in Freedom Park. Findings from Chapters 3 and 4 revealed the importance of context, both when it came to SRH outcomes, and in designing and implementing decolonized methodologies. The art-based approach to knowledge translation in Chapter 5 further explores the context in which research is carried out, the experiences of the researcher, and the community members, in a way that operates outside the norms of traditional academic publication.

One of the primary shared findings of this research was the importance of narrative storytelling. This finding is further emphasized in this chapter, which shares how fact and fiction, rumour and reality, often intermix to create a subjective truth. This in and of

itself lends meaning to the knowledge, and how it is communicated to others. Further, this chapter creates space for the voices that are often removed from the literature, to directly express themselves without interpretation. These expressions are of particular importance in the South African context. Coloured voices in South Africa are often erased- in the history, in the literature, and in society. Their contributions, alongside that of the primary author, emphasize the importance of self-determination, purpose, and hope, and how this can be explored or even emphasized through a decolonized research process. The findings from this chapter represent the stories of an often-silenced group, in particular adolescent women in that community who are frequently overlooked.

## **Implications of Findings & Future Research**

### *For Researchers & Implementors*

In this thesis we have confirmed the proposals and findings of other researchers and implementors on the need for increased use of decolonized research practices, and application of the underlying principles in research practices (Büyüm et al., 2020). However, current literature and approaches to decolonization are more often a paradigm than practicable guidance for an approach to research, lacking clear definitions of relevant terms or examples of application (Denscombe, 2025; Thambinathan & Kinsella, 2021). The work described in this thesis contributes to the evidence showing how decolonized research methodologies can be applied efficiently and effectively, through the fully articulated implementation of a decolonized research project. It provides guidance for other researchers around the importance and impact of

decolonized research methods and methodologies. Further research must continue to elaborate on this definition, refining the approach to make it applicable to others.

The current structure of academic research continues to prioritize the perspectives and agendas of researchers, often outsider researchers, by giving preference to research methodologies and questions shaped by their own priorities or those of funders. While the application of decolonized research principles within western academic frameworks represents an important effort to address inequities, the impact remains limited when these principles are applied through the same systems that have historically upheld extractive practices.

In decolonized research, the role of the outsider researcher in the process shifts to one of support and capacity development, helping communities articulate and pursue their own needs and goals. However, this thesis aligns with the writings of Freire, regarding the importance of leadership from the oppressed in order to guide true transformation.

*“A revolution is achieved with neither verbalism nor activism, but rather with praxis, that is, with reflection and action directed at the structures to be transformed. The revolutionary effort to transform these structures radically cannot designate its leaders as its thinkers and the oppressed as mere doers. If true commitment to the people, involving the transformation of the reality by which they are oppressed, requires a theory of transforming action, this theory cannot fail to assign the people a fundamental role in the transformation process.”* (Freire & Macedo, 2014, p. 4). True progress lies in moving beyond these early steps of changing theory, towards changes in praxis, which fully center communities, through research that is entirely community-led and situated

outside of traditional academic systems. This reorientation is only one among many necessary shifts required to dismantle the systems that have long produced harm.

The findings from this thesis provide further evidence and insight into the strategies required to define, teach, and apply decolonized research methodologies as a standard practice. There is a need to build a framework of understanding that enables researchers to apply these principles in a way that involves, and is appropriate for, the community in question. A framework establishes not a singular approach to applying a decolonized lens to research across unique communities, but a foundation of tools and strategies that researchers and implementors can pull from. This thesis shows that there is value in integrating the decolonized research process with other existing systems and strategies for research that are currently a part of the norm, such as PAR. The process to incorporate more decolonized approaches into research and practice requires a set of essential tools for any researcher or practitioner, that will allow others to learn the process in the same way they might learn about proper interview techniques, or how to conduct a Randomized Controlled Trial. The more these approaches are posited, explored, and implemented, the easier it will become for researchers to accept them as standard, legitimate methods, and apply them as a matter of course. Future research must continue to pursue a clearer definition of the decolonized research process not to create meaning, but to create a strategy for it to be applied *meaningfully*. Further exploration of the development of a toolkit of strategies and learnings will prove invaluable for researchers, implementors, and educators alike.



This thesis also exemplifies the importance of acknowledging and redressing the impact of historical oppression, intersecting inequities, and power imbalances in global health research. While decolonizing research and methodologies will not serve as a complete solution or response to the historical and ongoing harms perpetrated against oppressed peoples globally, it is an initial step that asks researchers to not only reconsider their approaches, and the approaches of the system in which they operate, but to consider how we might dismantle these systems in the future to create a more just system. This thesis proposes approaches that the authors believe are a harm-reduction strategy when it comes to western research and practice, however we must look up-stream to examine the contemporary origins of the harms of institutional neo-colonialism and imperialism, and continue to re-think our approach to learning, research, and data in a way that is more inherently beneficial and reparational, beyond the effort to reduce harm.

Researchers who are committed to acknowledging the role of colonialism and imperialism in their own work, and its implications in the communities they work with, will find this thesis useful in providing initial guidance and insight into strategies to address these needs, and integrate it into their own work. The research provided here also emphasizes the importance of action research as a component of beginning to address these inequities. Future research should draw upon the approach detailed in this thesis, both specific to Freedom Park, and in general regarding decolonized research methodologies, to pursue needs-based interventions. Decolonization is about not only identifying inequities and power imbalances in the research, but actioning changes based on research findings to redress these issues. Therefore, the findings

invite researchers to not merely apply a decolonizing approach by using strategies to create more meaningful and equitable research, but to look beyond the impact and influence of their specific project and findings, and reflect on the institution of academic research in a deeper and more meaningful way.

The findings from this thesis can also benefit stakeholders beyond the realm of research, and into practice. Organizations implementing global sexual health interventions will be able to apply these findings in their interventions and operational research. These insights have the potential to make significant impact especially in relation to the growing trend of localization, or the movement of passing greater decision-making power and ownership of international development activities to local rather than international stakeholders(Dissanayake, 2024). One of the most common critiques of localization strategy is that local stakeholders face undue burden to meet the significant requirements of international donors (which they may not be equipped to do) (Dissanayake, 2024). This approach can further perpetuate imbalances of power in the global health space, by failing to dismantle the root causes of the existing power structures it hopes to address, perpetuating western norms through donor driven initiatives, and continuing to exclude local stakeholders from the priority-setting and decision-making discussion (Localisation and Decolonisation: The Difference That Makes the Difference, 2022). Pulling on decolonized research methodologies such as those explored in this thesis will expand stakeholder ability to work closely and in partnership with communities to address these power imbalances in global health intervention. Further, it will invite practitioners to continue critiquing the underlying structure of the systems they work within, to continue re-evaluating their approach to

addressing a legacy of power imbalances and colonialization that comes along with international development and global health praxis.

### *For Communities*

This thesis also has implications for communities in which research is being conducted. Continued work to decolonize research and practice will serve to support and inform communities, and offer the potential for greater ownership over future research and practice around sexual and reproductive health. Decolonized research principles mean research that is designed with the community, allowing for the identification of problems, and solutions, that are integrated with their interests (Willows et al., 2023). This serves to empower communities, and over time may help to address power imbalances and inequities. Ultimately, the findings of this research represent the need for community-centered and owned research. We believe that over time these findings and their natural extensions will create greater opportunities for truly decolonized, community-led, and community-benefitting work by identifying pathways for expansion into realms such as social entrepreneurship, or public private partnerships.

These findings emphasize the importance of self-determination by communities, which extends beyond research and into global health funding and practices. In order for these changes to manifest, communities, or community organizations, require the resources, platform, support, and opportunity to be equal voices in the discussion of decolonization and how it affects them. This applies in particular to addressing the donor-driven system of priority setting in global health and international development. To truly decolonize, communities must lead in identifying their needs, and be resourced by donors and the

global health sector accordingly. The insights in this thesis provide evidence that community leadership in determining what decolonization means, and how it will be implemented, is an important goal for future work.

## **Conclusion**

From the findings of this thesis, it is clear that creating a standard understanding of decolonized research is a complex topic that will continue to be explored by researchers. However, the importance of creating a framework that guides researchers and implementors is vital to facilitate the incorporation of this paradigm into the norm. Decolonization of research methodologies and methods has the potential to be the first step in redressing the current and historic epistemic, political, and social oppression of marginalized populations, and must be emphasized and uplifted accordingly.

One of the inherent challenges of this thesis lies in its adherence to the conventions of traditional academic research. Decolonization asks us to interrogate the ongoing legacy of imperialism and colonialism in the global health space, and how we can engage in meaningful work, given that colonialism has had an impact across many aspects of life, including the institutions and research practices that continue to profit from these ongoing legacies (Getachew & Mantena, 2021). However this thesis remains in many ways embedded in these same systems. This is in contrast to anti-colonial frameworks, which call for actions that are more explicitly in opposition or resistance to institutional authority and colonial imperialism, rather than reform within them (Elam, 2017). While the principles of decolonization, and this thesis, do not align with colonial systems in ideology or intent, they in many ways works within them, attempting to change and



adapt the system to be one that is more equitable, acknowledging and redressing the injustices that fall under its purview. As such, the findings presented here should not be understood as a conclusive endpoint, but rather as an initial step toward the ultimate goal of transforming institutions of knowledge and research into new systems that are no longer rooted in such a deep history of oppression.

This thesis focuses on the structure, methodology, and application of decolonization, integrating it with the lived sexual health experiences of adolescents in an under-resourced community. We employed a range of study designs, including a scoping review and a decolonized arts-based qualitative study to incorporate the insights of academics and community-members, and explore the methodological and practical applications of the decolonized paradigm. We explored decolonization through the lens of sexual health, a subject area particularly vulnerable to power imbalances. These studies showed the relevance and impact of decolonized research in creating valid data points, developing appropriate data collection methods, and nuanced understandings of findings. These findings identified the importance of community ownership over their own stories, knowledge, and context, providing guidance for other researchers and implementors in how to utilize decolonized methodologies going forward.

Ultimately, this thesis emphasizes the importance of decolonization of research as one component of an approach to bring greater equity to historically oppressed populations. There are myriad ways that global health practitioners can, and should, incorporate these principles into their practice, especially in regard to sexual and reproductive health rights. Recognizing and redressing power imbalances and the dominance of

western norms, and acknowledging the importance of community voices is a critical first step to ensuring that justice, care, and humanity, are integral components of global health praxis.

The combined findings of these studies show that implementing decolonized research practices can be done efficiently and equitably, with highly reliable and valid results.

They further indicate that the focus of decolonized methodologies on the interplay of power imbalances, particularly those rooted in historical injustices, brings greater empowerment and equity to oppressed communities. By incorporating this into research or program designs, methods, and methodologies, we push forward into creating transformative change through our work, shifting the way we collect and share information, and how it is used.

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