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Maternal-Child Health and Wellbeing in a Global Pandemic: Promotion, Prevention, Intervention

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EDITORIAL

Maternal-Child Health and Wellbeing in a Global Pandemic: Promotion, Prevention, Intervention

Bianca Bondi **Ilana Shiff**

We have the privilege of writing this editorial as the outgoing Graduate Student Co-Chairs and past Graduate Scholars for the Lillian Meighen Wright Maternal-Child Health Scholars Program at York University. We are also strong maternal-child health and early child development advocates. We engage in doctoral research that advances knowledge about maternal-infant interactions in the Neonatal Intensive Care Unit and the impact of maternal stress on child outcomes (Shiff). Likewise, we examine early neurodevelopmental trajectories in neurologically vulnerable children, with consideration of the influence of early experiences of risk and protection (Bondi).

This issue of the INYI Journal highlights works presented during the 6th Annual Meighen Wright Maternal-Child Learning Academy that took place on July 18 and 22, 2022, for which we served on the planning committee. The primary objective of this two-day event was to co-learn and engage in discussions on maternal-child health and wellbeing in the context of the global COVID-19 pandemic. This event uniquely featured presentations spanning across members of academia, service, and community sectors with discussions about research, practice, and policy implications. The Learning Academic entailed panel presentations, poster presentations, and discussants with both international and local presenters and attendees. For further details see in this issue a summary of the event by Dr. Luz Maria Vazquez.

The first research article featured in this issue is from Katherine McGuire, undergraduate student in Psychology, and Professor Michaela Hynie of York University. They conducted a qualitive study to explore refugee mothers' experiences of virtual social support throughout the COVID-19 pandemic. Their interview findings revealed the necessity of social support for this population and highlighted important challenges to virtual service provision as well as barriers specific to the mothers' intersecting identity markers related to gender, culture, and migration status. The authors provide insights into service providers' strategies to identify and better address mothers' needs.

The second article featured in the issue is from Danielle Washington, doctoral candidate in Nursing, at York University. Washington reviewed and summarized the literature on the mental health consequences of adolescent mothers' experiences of interpersonal violence during the post-partum period (such as depression and anxiety). Washington highlights the role of gender inequality through the lens of an evidence-based framework and makes important recommendations for interventions (summarized in Table 1).

The third article featured in the issue offers an international lens from Professor Ana Beatriz Azevedo Queiroz of Universidade Federal do Rio de Janeiro, and colleagues, in Brazil. Azevedo Queiroz conducted an integrative review including publications in Portuguese, English, or Spanish exploring reproductive planning in Brazil during the COVID-19 pandemic. Discussion spanned across three key themes including reproductive planning as an essential service, weaknesses in the provision of sexual and reproductive health services, and women as a vulnerable group (presented in Table 2).

Taken together, the articles in the issue offer interdisciplinary perspectives (such as nursing and psychology) regarding different aspects of maternal-child health impacted amidst the COVID-19 pandemic including social supports, mental health consequences of interpersonal violence, and reproductive planning. They capture marginalized and high-risk populations most effected by the pandemic, including refugee mothers, adolescent mothers' post-partum, and women with reproductive needs in developing contexts. Higher-level themes regarding the importance of considering socioeconomic and cultural contexts and the reality of gender inequality and stagnancy in reproduce rights are addressed. System-level findings related to social supports, mental health interventions, and health system changes that are necessitated during the period of heightened risk are also outlined throughout these publications.

An overview of our 6th Annual Meighen Wright Maternal-Child Learning Academy is available via an online summary video (https://www.youtube.com/watch?v=r9sFelse8Dw), as well as online event details, including biographies and abstracts (https://nkhanlou.info.yorku.ca/files/2022/07/Booklet-LMW-6th-Learning-Academy-July-2022.pdf?x96015).

Guest Editors, INYI Journal

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INYI JOURNAL

RESEARCH ARTICLE

Virtual Care and Social Support for Refugee Mothers during COVID-19: A Qualitative Analysis

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Abstract: Introduction: The intersection of gender, motherhood, and migration status creates distinct challenges for refugee mothers, but social support can facilitate their navigation of migration and motherhood. Taking a Salutogenic Theory approach (Antonovsky, 1979), we examined refugee mothers' access to virtual social support during the COVID-19 pandemic. Our objective is to understand the provision of virtual social support for refugee mothers from the perspective of service providers and recently arrived refugee mothers to Canada. **Methods:** Virtual semi-structured interviews were conducted with three service providers and five refugee mothers in one settlement agency in Ontario, Canada. Data were subjected to thematic analysis. Six main themes emerged. **Results:** From interviews with service providers the themes include: virtual adaptation of services; unique barriers to virtual services emerging from the intersection of gender, culture, and migration status; and supporting women's agency and independence. From interviews with mothers, we identified the following themes: gratitude for instrumental support; organization as a link between self and society; and usefulness of virtual support, but preference for in-person support. **Discussion:** Providers acknowledged clients' diverse circumstances. They developed flexible strategies to identify client needs and help them build skills. Clients found virtual services essential to resettlement, if not ideal. **Conclusion:** With tailored programming, virtual services can be effective in providing support. Moreover, refugee mothers acquired digital skills to independently navigate virtual resources, despite limited digital literacy. This demonstrates the value of using of virtual services for vulnerable or hard to reach populations.

Keywords: Women, Refugee Mothers, Resettlement, Social Support, Virtual Services, COVID-19

Atención virtual y apoyo social a las madres refugiadas durante la COVID-19 pandemia: Un análisis cualitativo

Resumen: Introducción: La intersección del género, la maternidad y el estatus migratorio genera distintos retos para las madres refugiadas, aunque el apoyo social puede facilitar el proceso de su navegación en el ámbito migratorio y de la maternidad. Adoptando un enfoque de la teoría Salutogénica (Antonovsky, 1979), examinamos el acceso de las madres refugiadas al apoyo social virtual durante la COVID-19 pandemia. Nuestro objetivo es entender el tema de la prestación de apoyo social virtual a las madres refugiadas, desde la perspectiva de los proveedores de servicios y de las madres refugiadas recién llegadas a Canadá. **Métodos:** Se realizaron entrevistas semiestructuradas virtuales con tres proveedores de servicios y cinco madres refugiadas en una agencia de asentamiento en Ontario, Canadá. Los datos se sometieron a un análisis temático del que surgieron los siguientes seis temas principales. **Resultados:** De las entrevistas con proveedores de servicios los temas incluyen: adaptación virtual de los servicios; barreras únicas a los servicios virtuales que surgen de la intersección de género, cultura y estatus migratorio; y apoyo a la agencia e independencia de las mujeres. De las entrevistas con las madres los temas identificados son: gratitud por el apoyo

instrumental; organización como vínculo entre la madre y la sociedad; y la utilidad del apoyo virtual, pero con preferencia por el apoyo en persona. **Discusión:** Los proveedores reconocieron las diversas circunstancias de los clientes; desarrollaron estrategias flexibles para identificar las necesidades de los clientes y ayudarles a desarrollar sus capacidades. Los clientes consideraron que los servicios virtuales son esenciales para su asentamiento en Canadá, aunque no fueron ideales. **Conclusión:** Los servicios virtuales pueden ser eficaces siempre y cuando la programación atienda las necesidades de las madres. Las madres refugiadas adquirieron habilidades digitales para navegar de forma independiente el acceso a recursos virtuales, esto a pesar de su limitado conocimiento y uso de la tecnología digital. Esto demuestra el valor del uso de servicios virtuales para poblaciones vulnerables o de difícil acceso.

Palabras clave: Mujeres, madres refugiadas, reasentamiento, apoyo social, servicios virtuales, COVID-19

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Introduction

Data from the UN Refugee Agency (2022) indicate that there are approximately 100 million forcibly displaced people worldwide. Canada has taken in over a million refugees since 1980, with just over 130,000 refugees arriving in Canada during 2021 (The UN Refugee Agency, 2021). Refugees face a myriad of risks throughout the migration process that may greatly impact their mental health and well-being. Such risks exist both premigration and during migration, including trauma, disruption of social support networks, and precarious living environments (Kirmayer et al., 2011). Postmigration risks include unemployment, loss of community and difficulty with adaptation to the host country (Kirmayer et al., 2011). Researchers have identified several areas for supporting refugee mental health post-migration. These include facilitating access to care, providing information about service availability, and training health care professionals to work with refugees (Priebe, Giacco & El-Nagib, 2016).

Refugee Mothers and Social Support

Refugee mothers have been identified as a vulnerable group who face distinct challenges as they navigate both motherhood and migration (Thomas & Thomas, 2004). In a systematic review of reviews looking at perinatal health outcomes among asylum seekers and refugees, all twenty-nine systematic reviews included in their study reported higher incidences of perinatal mental health challenges and post-traumatic stress disorder in migrant women in comparison to women of the host country (Heslehurst et al., 2018). Stress and lack of support were the most consistently reported risk factors leading to the development of mental health problems among refugee women. Other risk factors included having minimal family or social support, whereas having close relationships with a partner and other forms of social support was highlighted as being protective.

Social support refers to a social network or interpersonal relationship that provides psychological benefits and the provision of resources to an individual (Cohen, Underwood & Gottlieb, 2000). Social support may be perceived or received and is organized into three categories: emotional support (feeling cared for), informational support (receiving guidance), and instrumental support (receiving tangible assistance) (O'Mahony & Donnelly, 2010). Social support has been identified as an important component of the resettlement process, as it helps facilitate access to available services, reduces feelings of isolation and helps alleviate other mental health challenges (Hawkins et al., 2021).

Global social support research also indicates the positive impact of having just one supportive relationship on a person's health and well-being. In a study looking at factors associated with perinatal depression and anxiety in Rwanda, researchers found that women who had a positive relationship with their partner were less likely to experience symptoms of perinatal depression (Umuziga, Adejumo, & Hynie, 2020). Similarly, lack of partner support was found to be a strong predictor of depressed mood in pregnant women from South Africa (Hartley et al., 2011). These findings suggest that having one supportive relationship, rather than an entire network, can make a positive impact on a refugee woman's experience, particularly if that relationship is with their romantic partner.

The Shift to Virtual Services

The current COVID-19 pandemic not only poses a distinct risk for individuals' mental health, but it has changed the ways in which people are able to seek and receive support. The mental health and well-being of vulnerable populations such as refugees has been greatly impacted, with increases in self-reported depression, anxiety, and loneliness (World Health Organization, 2020). Mental health problems have been exacerbated due to the COVID-19 pandemic, particularly for vulnerable populations such as refugees. A large shift to virtual care was also seen during the pandemic, with fewer in-person appointments (Benjamen et al., 2021). While virtual services hold value for increasing access to care, uptake of virtual care has been hindered by difficulty with technology, limited technological literacy, and concerns with privacy (Benjamen et al., 2021). In the context of the COVID-19 shift toward virtual care, it is therefore imperative to understand how refugees are navigating virtual services and engaging with virtual

support. Moreover, for refugee mothers, virtual care has the potential to change the ways they can access needed social supports. Thus, it is important to explore whether virtual services are able to facilitate social support networks for refugee mothers, what the barriers to access are, and how refugee mothers perceive this shift in service provision.

Theoretical Framework

The current research draws from Antonovsky's (1979) Salutogenic Theory of health. In contrast to the common medicalization and pathologization of human experience, this theory focuses on factors supporting health and well-being. This includes the capacity for individuals to use resources during times of stress. While migration and motherhood may both be considered life stressors, from a Salutogenic approach they are seen as challenges for an individual to overcome through mobilization of available resources (Viken, Lyberg & Severinsson, 2015).

Two concepts underlie the Salutogenic Theory: a) General Resistance Resources (GRRs) and b) Sense of Coherence (SOC). The GRRs are characteristics of a person, family or community that may be used by individuals to cope during challenging life circumstances (Antonovsky, 1979). These resources, which may be internal (such as knowledge) and external (such as social support), become an ingrained part of one's life and the driving force behind their SOC. SOC refers to an individual's capacity to use resources in the face of stress in order to promote health. In the context of maternal care, it has been suggested that the Salutogenic Theory may help shift the current focus from "surveillance and risk aversion" to that of health promotion and maintenance (Perez-Botella et al., 2014). While the current study aims to understand how social support may be facilitated through virtual services for refugee mothers, the study will focus on refugee mothers' innate capacity to overcome challenges, utilize resources to improve their health and well-being, and underscore the role service providers can have in supporting them. The study utilizes the perspectives of women and service providers in assessing how resettled refugee mothers in Canada have made use of virtual services to access social support.

Methods

Participants

Service Provider Demographics

Providers consisted of male (n = 1) and female (n = 2) participants ranging in age from 39-55 years. Each provider worked at the settlement agency as a case manager supporting government-assisted refugees (GARs). The number of years the providers had worked with this population ranged between 6-16 years (M = 12.3 years).

Refugee Mother Client Demographics

Clients consisted of refugee mothers (n = 5) who ranged in age from 31 to 45 years old (M = 39.6, SD = 5.31) who had arrived in Canada within the last year, either from a host country (n = 3) or directly from their country of origin (n = 2). Participants' countries of origin were Syria (n = 4) and Iraq (n = 1). All of the participants spoke Arabic. Participants all had between three to five children, the youngest child was 6 years old and the oldest was 24 years old (M = 14.65, SD = 5.09). One participant was pregnant at the time of the interview. Two of the participants were married and three were widowed.

Participant Recruitment and Procedures

Participants were recruited from a settlement agency in Southern Ontario. The Agency provides settlement services, community connection programs, and English language classes. An introductory meeting was held with staff to provide a project overview and collaborate on project goals and questions of interest. The project proposal was also shared with staff members via e-mail. All staff member participants were able to speak to the types of services being provided and the associated benefits and challenges. Snowball technique was used to recruit from the

clients of the Agency. Inclusion criteria were being newcomer refugee mothers, with elementary or high-school aged children, who had been receiving virtual support services through the Agency. A project overview was translated into Arabic and shared with staff members who could pass on the information to their clients. Five clients volunteered to take part in the study and their contact information was provided to the researcher by a staff member.

Data Collection

Interviews were held virtually by Zoom or phone between April-May 2022. Each interview lasted between 30-60 minutes. Zoom meetings were held with all three service providers and were recorded and later transcribed verbatim. Phone interviews were conducted with all five mothers and detailed notes were taken. The purpose and goals of the study were explained to participants prior to obtaining their consent. Consent forms were provided in Arabic for the refugee mothers. Compensation was provided to all of the participants with either a $30 e-transfer or gift card.

Participants were asked a series of open-ended questions about the services being provided virtually, any challenges or barriers to accessing services, whether services provided by the agency helped increase social support networks for clients, and how clients felt about the services being utilized (see Appendix A). Suggestions for enhancements to service programming and delivery were also discussed. An Arabic interpreter was present for all of the interviews with refugee mothers.

Ethics approval was granted by the first author's Institutional Review Board.

Qualitative Analysis

A thematic analysis was used to organize data and identify themes across participants (Braun & Clarke, 2006). Following transcription, transcripts were read numerous times to begin the process of familiarization with the data. Initial codes were created through this process with corresponding quotes and phrases from the interviews. Codes were then collated into themes, which were refined and named.

Findings

Some overlap existed in the information provided by the service providers and mothers; both touched on many of the challenges associated with shifting to virtual care (Table 1). Themes from the service providers are highlighted first, followed by those from interviews with the mothers.

Table 1. Summary of Themes

Service Providers	Refugee Mothers
Theme 1: Virtual Adaptation of Services	**Theme 1:** Gratitude for Instrumental Support
Theme 2: Unique Barriers Emerging from the Intersection of Gender, Culture, and Migration Status	**Theme 2:** Organizations as a Link between Self and Society
Theme 3: Supporting Women's Agency and Independence	**Theme 3:** Usefulness of Virtual Support, but Preference for In-Person Support

Service Providers

Three themes emerged from the interviews with service providers: virtual adaptation of services, unique barriers emerging from the intersection of gender, culture, and migration status, and supporting women's agency and independence.

Virtual Adaptation of Services

All three service providers spoke of the ways in which they made adaptations throughout the course of the pandemic, continuously evolving to meet clients' needs. They highlighted the challenges that arose from quickly having to pivot their approach and learn how to adapt their existing services to an online model, while continuing to engage clients.

An important part of adaptations included first identifying challenge areas for clients and then changing the types of services offered. This involved creating digital literacy and life skills sessions, as well as virtual parenting sessions. Digital literacy skills were highlighted as a crucial part of navigating society and accessing resources but identified as being lower in women than men. One service provider explained:

> It became a life skill, right? And you know, if you cannot work your phone and you know, click on a link and…attend your appointment virtually, it meant that you in some cases, [you] were not able to gain access to health care (Service Provider 1).

Another participant highlighted how, prior to the pandemic, digital literacy skills were not viewed as important, however, it became evident that they needed improvement in order for clients to engage virtually to access services. With this knowledge, a life skills worker was hired to teach clients how to use Zoom and email. Another service provider considered the challenges of engaging women in digital literacy sessions, given the barriers involved in initially getting connected online. For one client who had low literacy and felt overwhelmed by having to navigate the internet, support was provided by sending a life skills worker to the client's home to help her connect.

Service providers also discussed the flexibility they employed in service delivery throughout the pandemic. While certain restrictions were put in place due to government-enforced regulations, providers explored how to continue to engage clients in ways that helped them feel most comfortable such as using texts, hybrid models, emojis, and calling clients on the phone.

One participant highlighted the ways service providers drew on clients' strengths and knowledge to pivot the ways they delivered support services. She noted that although clients were not familiar with Zoom, they had used WhatsApp to keep in touch with family back home. She explained how they utilized this knowledge of WhatsApp, saying: "So, we used that strength…to use what they are familiar with in order to help them as much as possible" (Service Provider 3). With one client who could not read or write, a service provider began using emojis to communicate important messages using WhatsApp, for example an emoji of a handyman with time displayed to indicate when a service provider would be visiting the client's house.

Unique Barriers Emerging from the Intersection of Gender, Culture, and Migration Status

Gender and gender-specific roles were discussed both as part of benefits and challenges to participating in virtual care. Service providers discussed the numerous barriers faced by refugee mothers which resulted from intersections of different parts of their identities. Such challenges included navigating childcare, having limited digital literacy, specific gender roles, and differences in cultural backgrounds. One provider explained how these barriers intersected and impacted mothers:

> Women, unfortunately, tend to be lower…on the technology literacy, I would say, just because culturally back home, usually the heads of family who are men…are the ones who are basically doing everything for the family…while the moms are…stay at home moms and they take care of the children and the household (Service Provider 1).

One provider noted the importance of recognizing cultural differences and interacting with clients based on their individual experience, rather than seeing them as a homogenous group. Another participant discussed how the gender roles varied from family to family, but often the women tended to the children and household management, while men would make decisions for the family and answer questions during support calls. This made it difficult to engage with mothers on the phone, in contrast to in-person visits where all family members were present and could participate. Such barriers not only impacted whether and how mothers were able to engage with virtual care, but importantly, shaped how providers were able to interact with them. It was also noted that the age of women's children had a huge influence on her experience of virtual care. One participant explained that some mothers hold their babies and breastfeed during virtual appointments, whereas mothers with older children can find sufficient privacy in their home to attend appointments.

Supporting Women's Agency and Independence

An important part of service providers' role was their ability to connect women to different kinds of support, facilitate their independence and promote agency. Participants discussed that service providers fulfilled these roles by encouraging women to access resources and information, discussing equal rights, connecting them to women's groups, and providing support.

Participants spoke about supporting women through trauma disclosure and building a trusting relationship so that women could feel comfortable opening up when they were ready. They also discussed the importance of discussing mental health with their clients and referring them to a counsellor as early as possible. Given the potential for mental health

stigma, they utilized the term "emotional well-being." Importantly, participants discussed the significance of pairing clients with a counsellor who can understand their cultural and linguistic background as this helps to build trust, saying: "We understand that it's very important for the clients to have someone that speaks the same language so that nothing is missing in between" (Service Provider 3).

Service providers encouraged mothers to attend information sessions and learn life skills for independence. This included helping mothers enroll in language courses and get their driver's license. One participant described how it was important to encourage women to learn digital literacy skills, join virtual sessions, and have the ability to receive information that might not otherwise be available. The participant described the positive side of the pandemic was that mothers were more likely to attend virtual sessions because they did not have to find childcare. As a result, attendance for virtual groups increased and mothers joined sessions on parenting, housing, and sponsorship. This helped empower women to access information and resources on their own. Participants also discussed how other women, staff members or clients with shared cultural backgrounds and similar experiences could be role models and foster more agency and independence. One service provider noted:

> They feel empowered by… hearing from other women how they succeeded in Canada… So just hearing from other women…makes them feel empowered just to, you know, just to give them confidence, just to give them strength to keep going (Service Provider 1).

Refugee Mothers

Three themes emerged from the interviews with clients: gratitude for instrumental support, organizations as a link between self and society, and usefulness of virtual support, but preference for in-person support.

Gratitude for Instrumental Support

All five clients spoke of the importance of instrumental support, above all other forms of support. Examples of instrumental support include receiving help to enroll in classes, understanding important documents, and applying for a driver's license. Some clients discussed receiving support through their local religious organization in the form of receiving food, though the majority of women expressed not receiving support other than through the agency.

Clients highlighted how helpful it had been to receive support from the Agency with completing paperwork, applying for government-issued identification, booking appointments, and having themselves and their children enrolled in school. One client expressed this when she said:

> The [Agency] supported me with everything. They helped and followed up to make sure I enrolled in school. They checked on me and my kids every week. They helped book appointments, translate documents, and helped get the driver's license. Everything was helpful and it was all done by the phone (Client 2).

Clients also discussed how this instrumental support was so meaningful to them in times of difficulty, with one client noting: "Communicating with [Agency] was a positive experience and gave me peace of mind. I was emotionally relieved. Because of my family, I needed support and they [service providers] were there to help me" (Client 3). While other forms of support were discussed, such as emotional (e.g., receiving care and validation) and informational (e.g., advice or suggestions), the emphasis on instrumental support (e.g., interpreting documents) indicated clients' preferences for the ways the agency could be most helpful.

Organizations as a Link between Self and Society

Some clients highlighted the importance of the settlement Agency as a key link between themselves and the broader society, without which their experience likely would not have been the same. Specifically, one client said: "From the time of arrival, they [service providers] linked me to all services I needed through [agency]… they were the link with society" (Client 3). Similarly, another client noted the importance of this link by saying: "The settlement worker was the link between me and the government" (Client 2).

Having this link was seen as being paramount to their

settlement experience and being able to navigate their first year in Canada. Clients expressed gratitude for the Agency and the way in which it acted as this important connection to other organizations, government, and society. One client noted, "If it wasn't for their services, people would come here into the unknown. I am thankful for everything they do" (Client 5).

Usefulness of Virtual Support, but Preference for In-Person Support

Connecting with and engaging in virtual services was seen by clients as being useful through the pandemic. Several women discussed the ways they were able to participate in virtual services, which provided them with information, resources, and the possibility to continue classes.

> I went to a group session online for all the communities to meet each other. It was a very good session. The people at [agency] told me about virtual sessions. I am also an ESL student online. My teacher is amazing, and it is a good experience (Client 2).

Women also discussed the difficulties they faced while they had been receiving support in person, such as one woman who expressed: "Getting in person support is difficult because I don't know where to go, it's difficult to access a vehicle and there is a language barrier" (Client 2).

Communication barriers were highlighted in most interviews. Clients discussed difficulty interacting with other health care providers, organizations, and individuals. One client noted the challenge enrolling in school, saying: "For school, I need to enroll online but I can't use the computer or speak the language. That's a huge barrier" (Client 1).

While virtual services were seen as useful, clients felt as though language barriers still persisted and impacted their ability to get involved and engage with certain services or adequately receive help. "Knowing how to navigate virtual services with a language barrier was difficult" (Client 2). Challenges existed for children online as well, with the same client saying: "When my kids went virtual, their grades went down. The kids are very smart, but they couldn't communicate or ask the teacher much when online, so their level of advancement went down" (Client 2).

All but one client expressed preference for in-person services to resume once COVID-19 restrictions are lifted. The women highlighted their need for increased social interaction, "When I first came, online services were okay, and I was satisfied. Now I feel like I need to go out and socialize, learn about the country, and interact with people" (Client 2). Similarly, another client expressed feeling as though in-person support would help her become more familiar with the country and the people around her. "I would prefer in person because I want to go out and meet people…I would like to meet people and know Canada" (Client 4).

Discussion

The present study took a qualitative approach to understanding how the shift to virtual services during the COVID-19 pandemic has impacted social support for refugee mothers. Using the Salutogenic Theory to guide the research, the study highlighted both benefits and challenges to the provision of and access to virtual social support as a resource from the perspectives of service providers and refugee mothers.

Themes from interviews with service providers included virtual adaptation of services, unique barriers emerging from the intersection of gender, culture, and migration status, and supporting women's agency and independence. Themes from interviews with refugee mothers included gratitude for instrumental support, organizations as a link between self and society, and usefulness of virtual support, but preference for in-person support. In line with the Salutogenic Theory, service providers played a key role in promoting a sense of coherence in mothers through their ability to connect mothers to numerous resources, including counselling support and social groups, as well as encouraging them to take steps to build skills that would help them access information. The mothers who participated in the study expressed their gratitude for the connection to these resources and the abundance of support that helped them in their transition to life in Canada. The majority of women spoke positively about their experience receiving services through the Agency,

even during a pandemic where service providers had to quickly pivot their focus and adapt. Some mothers recognized the pressure on service providers to navigate support services.

The findings of this research echoes what has been found with virtual services for resettled refugee populations. Virtual care presents unique opportunities to address refugee health. Previous research has highlighted immigrant and refugee participants' perceptions of the benefits of digital health applications, including efficiency and flexibility (Liem et al., 2021). However, other research also points to the digital divide, or the gap between people who can access and use technology and those who cannot (Lukawiecki et al., 2022). Lukawiecki and colleagues (2022) conducted interviews with service providers working with refugees in Ontario and highlighted several challenges associated with virtual care. They noted that diverse groups of newcomers face varying levels of difficulty when navigating technology, and that newcomers can face challenges making the transition to online service provision, balancing childcare responsibilities at home, and replicating in-person social interactions (Lukawiecki et al., 2022).

Despite the positive evaluations of virtual services, both mothers and service providers in our study discussed barriers stemming from the intersection of gender, culture, and migration status. One particular challenge was these women's low levels of digital literacy, which impacted their ability to access and engage with information and resources, as well as be socially included in groups and virtual support sessions. Similarly, a recent study with Syrian refugee mothers in Canada also underscored the gendered challenges women face in the context of resettlement, including education, gender roles, and health literacy (O'Mahony et al., 2023). Other research has also demonstrated the relationship between mothers' low digital literacy and risk for social isolation during the pandemic (Im & George, 2022). Given that the interviews for the present study were virtual, this theme was apparent throughout the data collection phase. All five interviews with the mothers took place on the phone, as all but one participant expressed finding it difficult to navigate technology in order to join a Zoom session. Two participants did not read or write, making it especially difficult for them to access virtual information. One participant who had some knowledge of Zoom did not have a family member present to help her join the session online.

In a resilience framework for refugees during the COVID-19 pandemic, other researchers highlight the need for "outreach initiatives to promote availability, access to, and uptake of services" (Browne et al., 2021, p. 1145). To cultivate resilience, support services should include language availability, families should have access to required technologies, and refugees should be made aware of services available and how they can be accessed. Indeed, with skill building around digital literacy, refugee mothers were able to access resources, information, and services. The mothers in the current study described how they were able to engage with virtual support services, such as enrolling themselves and their children in courses and accessing information in different virtual sessions. Additionally, service providers discussed the surge in mothers' virtual attendance for information sessions, parenting groups and other virtual resources. This demonstrates the ways mothers were able to utilize the resources provided to them with the support and skill-building facilitated by the service providers. Further, it demonstrates the refugee mothers' capacity to adapt and navigate uncertainty and upheaval by drawing from the resources made available to them. This underlines the importance for organizations to work with their clients to identify areas of skill building in order to facilitate their participation in and access to virtual support.

Additionally, while some mothers discussed emotional and informational support, instrumental support was highlighted by every participant. Mothers spoke of actions such as assistance with government ID and school enrollment, rather than counselling they received, as allowing them to feel at ease. This emphasis on instrumental support was also found in a study by Stewart et al. (2008), which investigated how immigrants and refugees assign meaning to different types of social support. The authors describe how their participants, from both China and Somalia, also emphasized the need for instrumental support to satisfy their basic needs post-migration. Other types of support were only seen as important once basic needs had been met. This aligns with the way the Agency approached support services

for their clients and may explain some of the reluctance in seeking mental health care. It also underscores the importance of continuing to understand the needs of different refugee groups and matching these needs to the appropriate type of social support to ensure they are best supported through the migration process.

Finally, it is necessary to stress the role of the interpreter in the interview process. Given that the researcher is not from the same cultural group as the participants, does not speak the same language, and had no prior involvement with the Agency, it was important to have a connection that would help facilitate trust and understanding during the interviews. The interpreter who assisted with the project identified herself as being from the same cultural background and was central to trust-building with participants. Interpreters can be considered "cultural brokers", or individuals who are able to act as a bridge in cross-cultural research while conveying the cultural meaning of participants' expressions (Denzin & Lincoln, 2008). According to Hennik (2008), "Translators are much more than neutral conduits of information in cross-cultural research; translators are more often "cultural brokers" who convey an understanding of both the words used by participants and the cultural meaning within those words" (p. 27). Not only did the interpreter translate from one language to another, she was able to build rapport through what was sometimes personal and sensitive information, getting to the heart of what participants were saying, and may have helped bridge some of the challenges we encountered interviewing these women using a virtual modality.

Limitations and Future Directions

There are a number of limitations that existed within the present study. Firstly, mothers and service providers were recruited from the same Agency which may have had implications for mothers' comfort in sharing openly and honestly while also being clients of the Agency. There is also research pointing to the potential for mistranslations and other challenges when using an interpreter and the problem of "gatekeeping". This refers to the selective reporting of participant responses by the interpreter based on what has the potential to reflect badly on that cultural or ethnic group. Additionally, when an interpreter is from the same community as participants but holds a position of power, this potentially limits how open a participant feels they can be (Williamson et al., 2011). The interpreter used for the present study was hired from the same Agency providing services to the participants. Although she was from the same community as the participants and spoke the same language, her position within the Agency had the potential to impact the participants' comfort in sharing. Thus, the role of an interpreter in cross-cultural qualitative research cannot be overstated. Additionally, there was a small sample size which included individual experiences based on that particular city of residence and the services made available by that specific Agency. Finally, refugee mothers who participated in the study all had low digital literacy, which impacted their experience receiving support during COVID-19.

Despite these limitations, the present study highlighted the ways in which virtual services have the potential to facilitate social support for refugee mothers during the pandemic. Future studies could include other refugee groups, including elderly and youth, as well as individuals who require mental health support.

Conclusion

The COVID-19 pandemic presented a unique, albeit challenging, opportunity for many organizations to engage individuals with virtual services. With social distancing regulations starting to lift and a return to in-person or hybrid options, there is still the possibility that virtual services will continue. The present study demonstrated that although recently arrived refugee mothers did not prefer virtual services and initially faced numerous barriers in accessing the support they needed for resettlement, flexible skill building, and services allowed these women to navigate and adapt to the circumstances and take the initiative in many aspects of their lives. Given the unique challenges associated with virtual services for vulnerable populations, attention must be paid to individuals' abilities to access support services and draw on resources around them. Such consideration proved essential in the successful application of virtual service delivery for social support.

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Appendix A

Sample Interview Questions

Service Providers

1. What types of social support services are offered at your organization for refugee mothers?

a. How does your organization help refugee mothers access social support from other sources (agencies, institutions etc.)?

2. What has the shift to virtual services been like during the COVID-19 pandemic in terms of social support provision for staff in your organization?

a. In what ways do virtual services make providing social support to these clients easier?

b. What are some areas where it is hardest to provide virtual support?

3. What would help to strengthen virtual social support for refugee mothers?

Refugee Mothers

1. What was the most difficult thing for you about receiving services through phone or computer?

2. Thinking about the services or help you received in the past year, which services were the most helpful for you? How did they help you?

3. When the pandemic is over, would you want to keep receiving any of your services by phone or computer? If yes, which ones and why? If no, why not?

RESEARCH ARTICLE

The Mental Well-being of Adolescent Mothers Affected by Intimate Partner Violence: Challenging the Barriers of Gender Inequity

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Abstract: Introduction: The postpartum period is considered a period of increased risk for intimate partner violence (IPV) for new mothers, specifically for adolescent women. Both the mother and her baby are at risk for poor health and mental health outcomes. **Methods:** Literature was reviewed focusing on the influence of IPV and the mental health effects on adolescent women, aged 10-19 years old, within their postpartum stage. ProQuest Nursing & Allied Health Database, PubMed, Scholars Portal Journals, and APA PsycInfo were searched for studies published worldwide between 2010 – 2020. The key search terms were intimate partner violence, mental health, adolescent mothers, young mothers, pregnancy and postpartum. **Findings:** The effects of IPV on adolescent mothers' mental health during the postpartum period included low parenting moral, sleeping difficulties, increased stress levels, suicidal ideation, suicide attempts, depression, obsessive-compulsive disorder and post-traumatic stress disorder. Gender inequality was identified as a primary risk factor for IPV. Gender roles influence the social decisions made by young adults, impacting their well-being. **Discussion and Conclusion:** Experiencing IPV during the postpartum phase contributes to negative mental health outcomes. It is important to confront unequal gender relations in early adolescence, with a focus on eliminating IPV and improving adolescent mothers' mental well-being. Gender transformative health promotion interventions to challenge the barriers of gender inequity related to IPV are considered, with a focus on education and advocacy.

Keywords: adolescent mothers; gender inequity; gender transformative health promotion; intimate partner violence; mental health; postpartum.

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Introduction

Among the most common forms of violence women experience is intimate partner violence (IPV). IPV is described as the actions by an intimate partner or ex-partner, causing physical, sexual, or psychological harm (World Health Organization [WHO], 2021). Both a violation of human rights and a public health concern, IPV affects one in three women globally and is linked to major health problems such as injuries, unplanned pregnancies, suicide, and homicide (WHO, 2021). Notably, pregnancy represents a high-risk period for victims of IPV, with the possibility for increasing severity and occurrences of violence, posing a risk both to the woman and her fetus (American College of Obstetricians and Gynecologists [ACOG], 2020). IPV can occur before, during, and after pregnancy (Islam et al., 2017), resulting in an array of negative health outcomes for the mother and fetus (Trabold et al., 2013), including spontaneous abortion, fetal injury, fetal death (Deshpande & Lewis-O'Conner, 2013), and postpartum mental health issues (Desmarais et al., 2014). Though violence against women impacts individuals of all ages (Stuckless et al., 2015), evidence indicates that girls in their adolescence, defined by WHO (2020) as a phase in life that falls between the ages of 10-19 years, are at the greatest risk of experiencing physical and sexual IPV (Stöckl et al., 2014). Understanding the consequences of IPV on adolescent mothers' mental health during the postpartum period is crucial, especially considering the health impacts of IPV that are widely acknowledged to occur after pregnancy.

Methods

We provide a synthesis of the existing literature on the impact of IPV on adolescent mothers' mental well-being during their postpartum period, up to one year following the birth of their baby. Through this review, a deeper understanding of the factors associated with adolescents' experiences of IPV prompted the need to outline gender transformative health promotion interventions that focused on challenging the barriers of gender inequity in the areas of nursing education and nursing advocacy.

A search of published literature between 2010 – 2020 was performed in November 2020 from the following databases: ProQuest Nursing and Allied Health, PubMed, Scholars Portal Journals, and APA PsycInfo. The key search terms included: intimate partner violence, mental health, adolescent mothers, young mothers, pregnancy and postpartum. Articles were included if they were: (i) quantitative, qualitative, reviews or mixed methods studies (ii) published in peer reviewed journals and written in English; and (iii) focused on intimate partner violence and the mental health effects on adolescent mothers within their postpartum stage.

Findings

Nine studies that provided an overview of the mental health effects of IPV experienced by adolescent mothers during the postpartum period were reviewed; these included one review and eight empirical studies. Four studies used a quantitative design (Agrawal et al., 2014; Malta et al., 2012; Shamu et al., 2016; Thomas et al., 2019), and four studies were mixed methods (Desmarais et al., 2014; Islam et al., 2017; Rose et al., 2010; Trabold et al., 2013). Studies were conducted in Europe (Malta et al., 2012; Rose et al., 2010), Africa (Shamu et al., 2016), North America (Agrawal et al., 2014; Alhusen et al., 2015; Desmarais et al., 2014; Thomas et al., 2019; Trabold et al., 2013) and Asia (Islam et al., 2017).

The review found depression as the most common mental health problem as a result of IPV during postpartum (Agrawal et al., 2014; Alhusen et al., 2015; Desmarais et al., 2014; Islam et al., 2017; Malta et al., 2012; Rose et al., 2010; Shamu et al., 2016; Thomas et al., 2019; Trabold et al., 2013). Shamu et al. (2016) found 21.6% of postpartum mothers who experienced IPV reported suicidal thoughts and 4% reported attempted suicide. Furthermore, IPV during the postpartum period increased stress levels (Agrawal et al., 2014; Desmarais et al., 2014; Malta et al., 2012) as well as post-traumatic stress disorder (Rose et al., 2010; Trabold et al., 2013). Women who experienced IPV compared to those who did not, had higher levels of anxiety (24% vs. 12%) and higher perceived stress (24% vs. 14%) (Malta et al., 2012). In addition, low parenting morale (Malta et al., 2012) and poor maternal-child bonding, negative self-perceptions, poor sleep, and poor parenting abilities (Trabold et al., 2013) were also reported by adolescent mothers who experienced IPV during postpartum. Fear of condom negotiation also increased for young mothers affected by emergent IPV (Agrawal et al., 2014) while

sexual coercion was associated with symptoms of obsessive-compulsive disorder (Desmarais et al., 2014). The findings of these studies provide evidence that intimate partner violence has adverse effects on adolescent mothers' mental health, particularly during their postpartum period.

Discussion

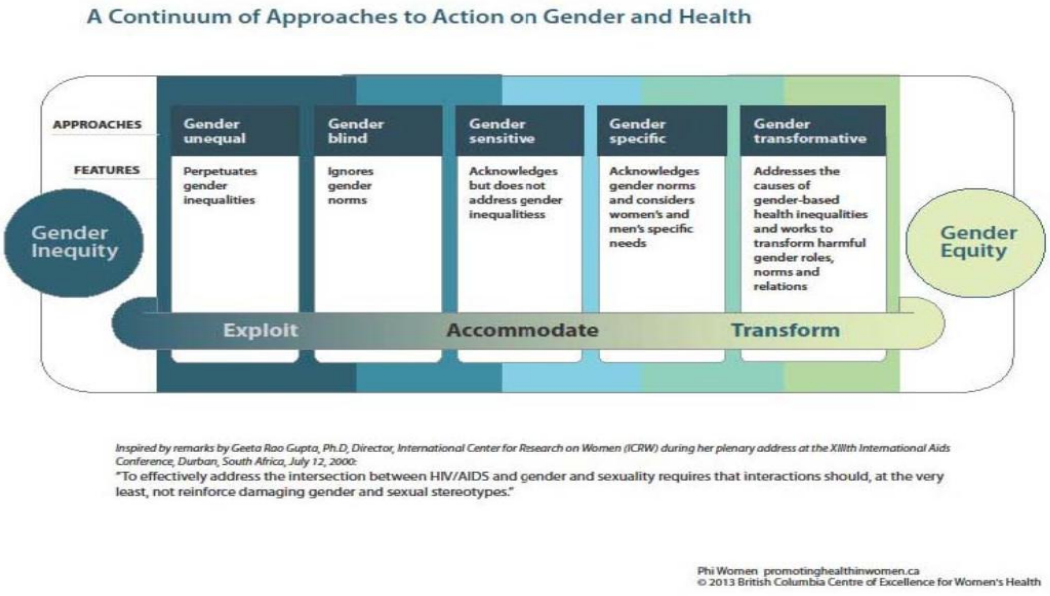
Adolescent mothers' experiences with IPV after childbirth have been closely linked to mental health issues. Importantly, the causes of IPV are more complex and often the result of individual, familial, community, and societal factors (Alhusen et al., 2015).

Factors associated with IPV include individual factors of the abuser such as excessive drinking and frequent disputes with partners, sexual coercion, controlling behaviour and gender inequality (Reis et al., 2015; Stöckl et al., 2014). According to WHO (2020), violence has a strong gender component, with girls experiencing increased sexual or physical violence from their partners. As a result, the importance of fostering gender transformative health promotion is critical.

Gender Transformative Health Promotion and Gender Inequalities

Gender transformative health promotion (GTHP) concentrates on the dual goals of advancing health and gender equity (Centre of Excellence for Women's Health, 2020). GTHP requires assessing how multiple factors and experiences intersect with gender in women's lives, to create conditions of risk, vulnerability, or protection (Pederson et al., 2014).

Figure 1: A Continuum of Approaches to Action



Note: A Continuum of Approaches to Action. From Centre of Excellence for Women's Health. (https://bccewh.bc.ca/webinars-and-courses/courses/gender-transformative-health-promotion-course/unit-3-approaches-to-integrating-gender-in-health-promotion/gender-transformative/). Copyright 2013 by British Columbia Centre of Excellence for Women's Health.

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Figure 2: Gender Transformative Health Promotion Framework

Note: A Framework for Gender Transformative Health Promotion for Women. From Centre of Excellence for Women's Health. (https://cewh.ca/webinars-and-courses/courses/gender-transformative-health-promotion-course/unit-1-what-is-gender-transformative-health-promotion/framework-for-gender-transformative-health-promotion/). Copyright 2013 by British Columbia Centre of Excellence for Women's Health.

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Notably, gender relations of power are one of the most significant socioeconomic determinants of health and form the basis of gender inequality (Sen & Östlin, 2007). It is important to note that gender roles influence the decisions young adolescents make regarding sexual and inter-personal relationships, which can have an ongoing effect on their health and well-being (WHO, 2021).

Some health conditions are the consequence of how societies socialize women and men into gender roles, supported by norms related to masculinity and femininity, and power relations that accord privileges to men, yet, undesirably affecting the health of girls, women, boys, and men (Sen & Östlin, 2007). Boys are positioned at risk through the reinforcement of negative gender stereotypes, which inspire risk-taking behaviours and make them prone to violence (WHO, 2020). Thus, it is important to challenge gender norms with multi-level interventions, as these actions will influence the most intimate personal relationships, in addition to influencing adolescent mothers' sense of self and identity (Sen & Östlin, 2007).

The framework for GTHP is a conceptual tool, illustrating how health promotion may contribute to gender transformation to enhance both health and gender equity (Centre of Excellence for Women's Health, 2020). [Figure 1: The continuum of approaches to action on gender and health]. The GTHP framework demonstrates how several elements interact with health promotion to either improve women's health and social outcomes or, via a feedback loop, maintain societal structures and health systems built on discriminatory norms and practices (Centre of Excellence for Women's Health, 2020). [Figure 2: Gender Transformative Health Promotion Framework].

Preparing appropriate interventions in support of GTHP requires an effective planning tool. The GTHP planning tool recognizes and values the diverse perspectives of health promotion practitioners (Centre of Excellence for Women's Health, 2020). Using this tool to highlight the issue of IPV and ask targeted questions about the mental health of adolescent girls, will serve to facilitate an intersectional analysis by healthcare providers, promoting a complexed approach to IPV inquiry, review, and identification (Centre of Excellence for Women's Health, 2020).

The tool will further allow a closer analysis of IPV within the adolescent female population, highlighting the differential issues and needs among the girls. Pederson et al. (2014) recognize that the planning process must focus on generating approaches that keep clear of reproducing harmful gender norms or stereotypes and alternatively, empower women and men to reach their full health potential. [Figure 3: Planning Gender Transformative Health Promotion Interventions].

Figure 3: Planning Gender Transformative Health Promotion Intervention

Note. Planning Gender Transformative Health Promotion Interventions. From Centre of Excellence for Women's Health. (https://cewh.ca/webinars-and-courses/courses/gender-transformative-health-promotion-course/unit-2-creating-gender-transformative-health-promotion-interventions/planning-tool-for-creating-gender-transformative-health-promotion-interventions/). Copyright 2013 by British Columbia Centre of Excellence for Women's Health.

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Integrating Gender in Health Promotion Interventions

Gender transformative health promotion interventions are: evidence-based; equity-oriented, action-oriented, women-centred, culturally safe, trauma-informed, harm-reduction oriented, and strengths-based (Centre of Excellence for Women's Health, 2020). It is pivotal to identify early and effective interventions that are necessary to reduce the negative health effects of IPV, in addition to sensitizing societal tolerance to nonfatal violence against women (Reis et al., 2015). Hence, we considered nursing education and advocacy interventions that are gender transformative to challenge the barriers of gender inequity related to IPV in the following section.

Recommendations: Nursing Education and Advocacy Interventions

a) Education

Building capacity involves an increase in awareness and training on the growing risks of alternative types of violence against women and girls (Khanlou et al., 2020). Nearly 80% of individuals diagnosed with depression develop symptoms of the illness during adolescence, yet many cases are overlooked and remain untreated (WHO, 2020). Furthermore, abusive men are often very controlling, and for many women, contact with primary care providers may be the sole option for seeking help and for implementing effective interventions (Reis et al., 2015). It is important to add training of health-care providers in intimate partner violence and sexual assault to the curriculum of basic professional education and, at minimum, as continuing education to healthcare providers who frequently encounter women (WHO, 2013). The minimum training should incorporate learning on how to: provide first-line support to women exposed to IPV, identify situations of violence, diagnose IPV and, provide appropriate clinical care (WHO, 2013). Particularly, disclosure or diagnosis of domestic violence requires considerable skills (Stuckless et al., 2015), therefore service providers should be sensitized and educated (Reis et al., 2015).

Pregnancy and the transformation to motherhood can be a highly vulnerable period for adolescent girls and young women, thus it is imperative to identify women who are struggling with issues of both violence and depression co-occurring (Trabold et al., 2013). Early awareness and sequential care of pregnant women impacted by IPV can introduce more positive short and lasting mental health outcomes, including the advancement of mental strength and the rectifications of mental distress (Rose et al., 2010). As there is no list of typical symptoms of IPV, survivors can exhibit diverse negative impacts of physical, sexual, and psychological aggression (Reis et al., 2015). Thus, a comprehensive understanding of the associations between IPV profiles and mental health is required to adjust prevention and intervention strategies for young pregnant and parenting couples (Thomas et al., 2019).

b) Advocacy

Advocacy is a powerful tool for gender transformative health promotion and can be used to reconsider the structures, norms, attitudes, and behaviours that support inequities in health (Centre of Excellence for Women's Health, 2020). Violence and gender-based aggression are considerable mental health concerns, requiring multi-sectorial responses for both intervention and prevention to be effective (Reis et al., 2015). According to WHO (2021), the health sector can advocate to make violence against women unacceptable and make certain that it is addressed as a public health issue. Equally important, advocating for additional resources is necessary to strengthen the prevention of intimate partner and sexual violence (Reis et al., 2015). Existing screening tools do not comprehensively assess intimate partner violence, thus, advocating for comprehensive IPV screening as a national standard in prenatal care is appropriate (Thomas et al., 2019). Nurses should also be mindful of wider community resources for young mothers who are experiencing IPV (Bekaert & SmithBattle, 2016). Therefore, seeking ways to include diverse professional perspectives and enhancing community participation in addressing IPV in diverse communities is critical (Alhusen et al., 2015). [Table 1: Future Suggestions: Advocacy and Education].

Table 1: Future Suggestions: Advocacy and Education

1.	Engage men as allies in the effort to promote the benefits of gender-equitable relationships for the whole community and promote positive male role models (Centre of Excellence for Women's Health, 2020)
2.	Work with boys and men through innovative programs for the transformation of harmful masculinist norms, high risk behaviours, and to prevent intimate partner violence (IPV) against women and girls (Sen & Östlin, 2007)
3.	Change norms and practices that harm women's health by challenging gender stereotypes and adopting multilevel strategies (Sen & Östlin, 2007)
4.	Assist communities in understanding and challenging the social norms that sustain inequalities between men and women (Centre of Excellence for Women's Health, 2020)
5.	Ensure that organizations at all levels work more effectively to promote gender equality and equity (Sen & Östlin, 2007)
6.	Advocate for women-centered and trauma-informed interventions, which embrace harm reduction approaches (Pederson et al., 2014).
7.	Engage in a dialogue with elected officials who are responsible for health or women's issues (Centre of Excellence for Women's Health, 2020)
8.	Build social media campaigns to raise awareness and encourage supporters to act; create, circulate, and/or sign petitions (Centre of Excellence for Women's Health, 2020).
9.	Employ preventive measures that foster conflict mediation and seek social and gender equity (Silva et al., 2015)
10.	Facilitate women finding safety from violence (Pederson et al., 2014)
11.	Distribute information and support national initiatives focusing on women's rights and violence prevention (Reis et al., 2015).
12.	Make active choices reflecting content, messaging, and decision-making processes during the implementation of an intervention (Tannenbaum et al., 2016).
13.	Promote gender equity in parenting and education by engaging young people in conversations about self-perceptions of gender norms (World Health Organization, 2020).

Note: Summary of Approaches to Gender Transformative Health Promotion Interventions to Challenge the Barriers of Gender Inequity related to IPV

Conclusion

Violence against women is a significant public health and social issue. Intimate partner violence is widespread among women of reproductive age and may contribute to negative mental health outcomes during pregnancy and beyond (Thomas et al., 2019). Because adolescence is a particularly vulnerable time for future health, it is imperative to address unequal gender relations which can have a detrimental effect on health during this time (WHO, 2020; 2021). Gender transformation aims to advance gender roles and relations toward gender equity and, while achieving gender equity may never be entirely possible, it is important to remember that gender transformation is a continuous process (Centre of Excellence for Women's Health, 2020). Accordingly, gender transformative health promotion strategies will be supported in bettering the lives of girls, boys, women, and men by replacing unhealthy gendered practices with positive health opportunities (Pederson et al., 2014). The impact of intimate partner violence on adolescent mothers' mental health during postpartum is an important issue. Our hope is that the suggested nursing education and advocacy interventions can be used in the future to actively address the barriers of gender inequality relating to intimate partner violence, further supporting youth engagement in healthy and positive behaviours.

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RESEARCH ARTICLE

Reflections about Reproductive Planning in Brazil During the Covid-19 Pandemic

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Abstract:

Background: Reproductive planning in Brazil has historically been the responsibility of individual women, with limited availability of health services. During the health crisis caused by the COVID-19 pandemic, the shortcomings of this system became even more evident. **Methods:** An integrative review was conducted using LILACS, MEDLINE, and SCOPUS databases, including publications in Portuguese, English, or Spanish, from March 2020 to April 2022, using the descriptors: family planning and COVID-19. A total of 1,030 publications were found, 69 of which were selected after reading the title and summary. After a review of abstracts, 4 were included in the final analysis. **Results:** Studies about the topic included a reflection article, a narrative review, a letter to the editor, and an orientation guide for healthcare professionals. Three analytical categories appeared: (1) Reproductive planning: recognition as an essential service; (2) Weaknesses in the provision of sexual and reproductive health services; and (3) Women as a vulnerable group. **Discussion and Conclusion:** With the advent of the COVID-19 pandemic, there were setbacks in Brazilian reproductive health care, such as a reduction in reproductive health services and a decrease in the supply of contraceptive and conception methods. These issues may explain the increase in the number of unplanned pregnancies, unsafe abortions, and the increase in maternal mortality rates that compromise the reproductive rights of Brazilian women.

Keywords: Nurses, Women's Health, Reproductive Rights, Contraceptive Agents, Pandemics, COVID-19

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Introduction

Reproductive rights in Brazil have been marked by the feminist struggle against a patriarchal society. Historically, women have been denied rights, even over their own bodies. This denial of autonomy reflects the country's patriarchal structure, which is a system of domination that oppresses women in order to exploit both their work and their bodies to ensure their production and reproduction (Saffioti, 2015).

In the 1990s, some international events were important milestones in the design of new public policies involving the reproductive and sexual rights of women worldwide. The International Conference on Population and Development in Cairo in 1994 and the 4th International Conference on Women in Beijing in 1995 prompted the recognition of reproductive and sexual rights as human rights (Nielsson, 2020).

The concept of reproductive rights originated within feminist movements in the struggle for the recognition of female rights, and within this feminist perspective, the concept is related to equality and freedom in the sphere of reproductive life. Sexual rights refer to respect for equality and freedom in the exercise of sexuality. In addition, the importance of treating the fields of sexuality and reproduction separately is emphasized to ensure the autonomy of these two spheres, allowing them to be related to each other and to other dimensions of social life (Lima, 2014). The concept of reproductive rights has been expanding to include aspects such as survival and life, freedom and security, non-discrimination and respect for choices, information and education, self-determination and the responsibility of motherhood and fatherhood, and social protection for the family (Telo & Witt, 2018). The aim was to develop an understanding that goes beyond contraceptive methods and the idea of reproduction as a female duty or destiny (Telo & Witt, 2018).

However, in Brazil, reproductive and sexual rights have not advanced enough to meet the needs for access to reproductive planning services. This scenario was even worse during the COVID-19 pandemic, when women were affected in various ways: an overload of domestic work, care for children, care for sick or elderly family members, a need to contribute to family income inside or outside of the home, unemployment and physical and mental exhaustion (Sousa et al., 2021).

Since the COVID-19 outbreak, the way in which women's reproductive health has been addressed at the level of public policies and care stands out in Brazil. Reproductive planning in Brazil has historically been the individual responsibility of women i.e., fertility. In pre-pandemic Brazil, women's needs have been compromised due to the limited availability of health services to meet their demands; during the current COVID-19 pandemic women were even more affected, social distancing measures created difficulties in accessing health services as those infected by the coronavirus were prioritized for medical care (Guedes et al., 2021). Therefore, this study aimed to analyze the impact of the COVID-19 pandemic on sexual and reproductive health in Brazil.

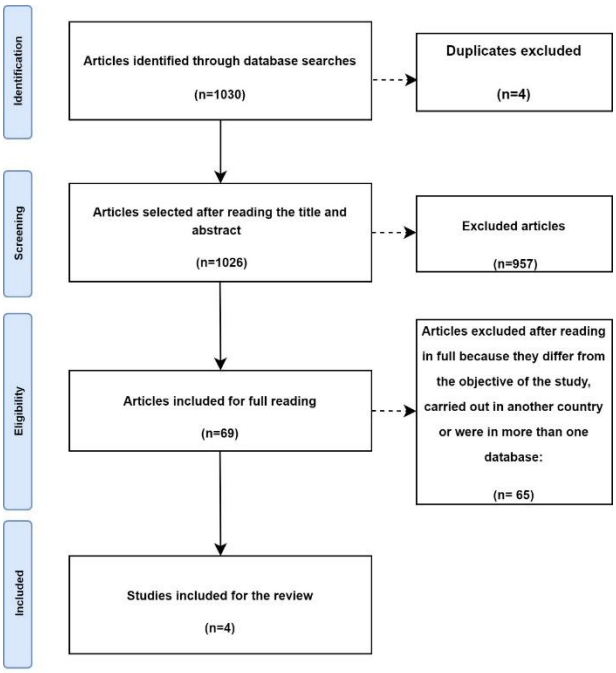
Methods

The integrative literature review was conducted from April to June 2022, and included the following steps: elaboration of the research question, literature search, organization of studies by category, critical evaluation of findings, interpretation of results and presentation of the results (Mendes et al., 2019).The guiding question of this review was constructed using the population, concept and context (PCC) strategy (Munn et al., 2018), where P = "population in general or women, I = reproductive planning and Co = COVID-19 pandemic were considered. The guiding question was: "What is the knowledge produced in the scientific literature about the impact of the COVID-19 pandemic on reproductive planning?" A search was performed for articles published from March 2020 to April 2022 and indexed in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), MEDLINE and SCOPUS.

The selected descriptors and synonyms are in accordance with the Health Sciences Descriptors (DeCS): family planning "and" COVID-19. National studies were included, with qualitative and quantitative approaches and mixed methods, derived from primary studies published in English, Portuguese or Spanish. Exclusion criteria were studies with thematic titles and abstracts that did not reference the review question.

For the search and selection of scientific evidence, the Preferred Reporting Items for Systematic reviews and Meta-Analyses Extension for Scoping Reviews (PRISMAScR) tool was used to guide the research (Tricco et al., 2018). The tool's main objective is to support researchers in recording the review process. Data from the selected studies were extracted using an excel sheet structured by the researchers, which included study title, authorship, journal, year of publication, study location (country, city, region), objectives, detailed methodological and sampling details, main results and conclusions.

Figure 1. PRISMA-ScR flowchart with the identification of articles. Rio de Janeiro, Brazil, 2022.



A total of 1,030 publications were found, of which 69 were selected for title and summary. The final sample consisted of 4 studies, included after researchers read the full text and applied the inclusion criteria. Figure 1 shows the process of search, selection and inclusion of selected studies, according to the PRISMA tool.

Results

After considering the inclusion and exclusion criteria, 1 reflection article, 1 narrative review, 1 letter to the editor and 1 guide for health professionals were included. The 4 selected articles were read exhaustively, and the information obtained through reading was presented in the form of a table, where three analytical categories regarding reproductive planning during the COVID-19 pandemic were obtained: (1) Reproductive planning: recognition as an essential service; (2) Weaknesses and strategies in the provision of sexual and reproductive health services in the Brazilian context; and (3) Women as a vulnerable group in sexual and reproductive health. For the characterization, analysis and synthesis of the publications included in this study, Table 1 was prepared and specifies the title, authors/year, objectives and main result.

Discussion

Reproductive planning: recognition as an essential service

With the COVID-19 outbreak, there were setbacks in Brazilian reproductive health care, such as the reduction of services and the decrease in the supply of conception and contraceptive methods. The consequences of these setbacks have raised hypotheses about the increase in the number of unplanned pregnancies, unsafe abortions and maternal mortality rates that compromise the reproductive rights of Brazilian women and men, especially those who are socially vulnerable (Ferreira-Filho & Machado, 2020).

Sexual health and reproductive health in Brazil are important public health issues, leveraging an urgent and fundamental demand, which is the inclusion of sexual and reproductive health services as essential services, so the flow of referrals would not be interrupted as a result of the measures of social isolation imposed by the COVID-19 pandemic. Among the points of special concern are reproductive planning services and access to contraception.

Table 1: Characterization, analysis and synthesis of selected articles, Rio de Janeiro, Brazil, 2022

Title	Authors/Year	Type Of Article/Purpose	Main Results
1.The role of telehealth in sexual and reproductive health services in response to COVID-19	Ferreira & Souza (2021)	Opinion article To present the advantages and challenges in the use of telehealth in sexual and reproductive health services focused on family planning in the face of the COVID-19 pandemic.	Increased stress and anxiety with the use of new technology, training demands by health professionals, changes in workflows, in addition to increased dependence on technology.
2. Does the COVID-19 pandemic affect reproductive health?	Ferreira et al. (2020)	Letter to the Editor Reflection on the impact of the closure and interruption of some services such as basic contraceptive counselling.	Six months of interruption of reproductive planning in low- and middle-income countries could result in 47 million women unable to use modern contraceptive methods, leading to 7 million unwanted pregnancies, according to data released by the Women's Sexual and Reproductive Health Agency, United Nations (UNFPA).
3. Contraception and reproductive planning during the COVID-19 pandemic	Ferreira-Filho et al. (2020)	Review To address the main aspects related to the supply of contraceptives during the COVID-19 pandemic, with special emphasis on family planning services, prolonged use of long-acting reversible contraceptive methods (LARC), drug interactions and venous thromboembolism (VTE) risk.	Maintenance of the methods in use, respecting the medical eligibility criteria for contraceptive use. The risk of pregnancy while using LARC for more than 1 to 2 years is low, and prolonged use may be advised. There are no concerns about pharmacological interactions between hormonal methods and therapies for COVID-19.
4. Contraceptive counselling during the pandemic: practical guidelines	Ferreira-Filho & Machado (2021)	Guideline Article that provides recommendations for reproductive planning given the significant risk of an unintentional increase pregnancies during the COVID-19 pandemic, we encourage women, health care professionals, policy-makers and society to discuss sexual and reproductive issues.	Women must have adequate access to effective contraceptive methods, as well as consistent information. Women adapted to their current contraceptive methods can maintain them. Those who are not using contraceptives or need to change should seek reproductive counselling. Digital technologies are useful. Face-to-face consultation is a required health protocol. Proper use of contraceptives must be ensured.

It is understood that access to contraceptive methods is a precarious issue in the Brazilian scenario, considering that half of the pregnancies are considered unplanned (Coutinho et al., 2020). The concerns highlighted are linked to the increase in the number of unwanted pregnancies and unsafe abortions due to difficulties in accessing contraceptive methods from public health services (Ferreira et al., 2020; Ferreira-Filho et al., 2020; Ferreira-Filho & Machado, 2021; Ferreira & Souza, 2021).

The United Nations Population Fund projects that more than 47 million women worldwide may have difficulty accessing contraceptive methods during the pandemic, which could result in 7 million unplanned pregnancies. Unplanned pregnancies can be accompanied by complications and even culminate in unsafe abortion, which increases maternal and neonatal morbidity and mortality rates (Riley et al., 2020; United Nations Population Fund [UNFPA], 2020).

Public health emergencies prior to COVID-19 showed that the interruption of health services considered essential and the increase in gender and social class inequalities were a reality, as evidenced by the Zika virus epidemic in Brazil and the Ebola epidemic in Africa (Coutinho et al., 2020). In addition, in the case of the Ebola virus, there was a considerable decrease in the distribution of contraceptives, approximately 65% in Liberia and 23% in Sierra Leone, during the peak of the epidemic (Ferreira-Filho et al., 2020).

In the case of COVID-19 in Brazil, the restrictions to ensure access to reproductive planning range from the fear or impediment of women seeking health services, as in the very production and capillarization of methods, since some services may have suffered from problems in the circulation of inputs and distribution of goods (Kumar, 2020). Thus, the incidence and lethality of the COVID-19 pandemic, which is understood as one of the world's most serious health problems in the 21st century, leveraged the concern of Brazilian government responses regarding the promotion of sexual and reproductive health; unfortunately, these responses were unsatisfactory.

The proposed actions seem contrary to the reduction of bureaucracy in access to family planning measure and strengthening women's comprehensive health care, based on the absence of a federal mandate to minimize the effects of the pandemic on access to contraception (Coutinho et al., 2020).

Table 2: Analytical categories regarding sexual and reproductive health during the pandemic. Rio de Janeiro, Brazil, 2022.

Analytical categories regarding sexual and reproductive health during the pandemic	**Articles**
Reproductive planning: recognition as an essential service	Ferreira et al. (2020) Ferreira-Filho et al. (2020) Ferreira-Filho & Machado (2021)
Weaknesses in the provision of sexual and reproductive health services	Ferreira & Souza (2021 Ferreira-Filho et al. (2020) Ferreira-Filho & Machado (2021)
Women as a vulnerable group	Ferreira et al. (2020) Ferreira-Filho & Machado (2021)

In addition, several Brazilian health services limited the access of people who wanted to access irreversible contraceptive methods and had their surgeries and elective procedures, such as vasectomies and tubal ligations cancelled (Silva et al., 2020). Access to public reproductive planning services saves lives, and sexual and reproductive health services should be considered essential in Brazil (Bahamondes & Makuch, 2020). The articles in this review consider these services essential. Thus, society, especially the actors involved in the formulation of strategies to combat the pandemic, should consider sexual and reproductive health services as a priority, with emphasis on contraception as a priority service to be maintained.

Weaknesses in the provision of sexual and reproductive health services

Three articles in this review underscored the weaknesses in the strategies of sexual and reproductive health services in the Brazilian context and suggested some possibilities for maintaining consultation and counselling and distribution of contraceptive methods (Ferreira-Filho et al., 2020; Ferreira & Souza, 2021; Ferreira-Filho & Machado, 2021).

The authors of these articles agree that continuous access to sexual and reproductive health services, especially reproductive planning and contraception, is essential. It is necessary to develop new methodologies to ensure sustainable access to modern contraception and reproductive planning services as a strategic response to mitigate the impact of COVID-19 on the health of Brazilian women.

The reproductive choice of deciding how many children you want to have, when and if you want to have them is one of the most fundamental human rights, in which contraception is a major step towards greater gender equality (Cleland, 2012). To this end, the articles cite seven solutions to maintain the service and ensure the health security necessary for a global crisis.

1) The use of a well-adapted contraceptive method, prescriptions can be renewed without face-to-face evaluation for an additional 6 to 12 months during the COVID-19 pandemic, respecting the eligibility criteria (Ferreira & Souza, 2021; Ferreira-Filho et al., 2020);

2) Women using long-acting reversible contraception (LARC) can have its use prolonged for one to two years (Ferreira-Filho et al., 2020);

3) Clientele who wish to prevent pregnancy during the COVID-19 pandemic must receive reproductive counselling via telemedicine (Ferreira & Souza, 2021);

4) Efforts should be launched to restructure essential health services with a view to tracking asymptomatic individuals and making correct diagnoses of symptomatic individuals (Ferreira-Filho et al., 2020; Ferreira-Filho & Machado, 2021);

5) It is recommended to use adequate personal protective equipment (PPE) by health professionals in face-to-face consultations (Ferreira-Filho et al., 2020; Ferreira-Filho & Machado, 2021);

6) There are studies that indicate contraindication to the use of any contraceptive method when a person is under COVID-19 treatments (Ferreira-Filho et al., 2020);

7) It is acceptable, although not mandatory, to change the contraceptive method for fear of deep vein thrombosis (DVT) and pulmonary thromboembolism (PTE) (Ferreira-Filho & Machado, 2021).

The use of telemedicine was also suggested (Ferreira & Souza, 2021), demonstrating several advantages of the use of telehealth due to the possibility of its use by health professionals belonging to risk groups, as well as for the elimination of geographical barriers and reduction of the wait time to access health services. However, little is known about the access for marginalized women to the internet, computer or even cell phone. Thus, telehealth is an alternative for the more affluent classes, but it does not become an alternative for the more vulnerable classes in Brazil who still experience digital exclusion even during the pandemic (Souza & Guimarães, 2020).

When analyzing the articles little information was found about the options for women who wanted to become pregnant during the pandemic; only one side of reproductive planning was emphasized: contraception due to the significant risk of increased unplanned pregnancies during the pandemic.

Women as one of the vulnerable groups

Ferreira et al. (2020) and Ferreira-Filho and Machado (2021) contend that women are considered one of the vulnerable groups regarding sexual and reproductive health, and this situation was reinforced during the COVID-19 pandemic. The concept of vulnerability has been used since the 1990s and was established during the HIV/AIDS epidemic (Carmo & Guizardi, 2018). It points to a set of factors, levels and different magnitudes in which the interaction influences an increase or reduction in the possibility of a person becoming ill, thus enabling planning for preventive interventions (Carmo & Guizardi, 2018).

The invisibility of the sexual and reproductive health problems in Brazil during the pandemic anchors the place of women and their problems in society. In this context, the causes for increasing vulnerability of female vulnerability are multifactorial, involving social anomie

resulting from female social distancing from support and protective networks.

Historically and culturally, all modern societies have, to a greater or lesser extent, the influence of the patriarchal system on social organizations and gender relations, which consequently were established as a result of domination and control over women (Lima et al., 2022). To understand the Brazilian government's stance on women's demands, reflection on the culture of exclusion of women's rights and citizenship is inevitable. When women who die as victims of clandestine abortions or due to lack of assistance during childbirth, these events are seen as a naturalized part of sexual and reproductive health, sexual harassment, rape and female murder. Often, the victim is blamed. The women living with the invisibility are often black women, indigenous women, prisoners, sex workers, and rural workers, forest and water workers, among other vulnerable groups. (Carmo & Guizardi, 2018)

The recognition of women's rights only occurs through claims and struggles. These processes imply the recognition of exclusionary and discriminatory contexts that are often naturalized and socially invisible. The COVID-19 pandemic has exacerbated all of these government gaps in Brazil. These inequalities reinforce the vulnerability of women in regard to sexual and reproductive health issues, which were already pronounced and worsened during the pandemic (Ferreira et al., 2020; Ferreira-Filho & Machado, 2021).

The practice of social distancing was one of the most efficient measures to contain the spread of COVID-19, and to mitigate the disease (Aquino et al., 2020; Lippil et al., 2020; The Lancet Respirator Medicine, 2020). This implicated in the closure of educational, commercial, recreational and even health care institutions, which focused almost exclusively on caring for infected people (Aquino et al., 2020).

The burden on the health system imposed by the pandemic was reflected in the quality of care for sexual, reproductive and women's health, from the availability of contraceptive methods at health centres, access to early diagnosis and treatment of diseases and conditions, to quality of maternal and child health care from prenatal care to delivery (Coutinho, 2020). These effects have consequences on the health of the population, especially in vulnerable segments, such as women (Ferreira-Filho et al. 2020).

Conclusion

The analyzed studies in this review indicated that reproductive planning actions and services in Brazil should be considered essential; Currently, reproductive planning services are fragile in the face of one of the greatest health crises of the 21st century, the COVID-19 pandemic. All actions that guarantee the right to sexual and reproductive health are compromised by new health demands, whether they are public health crises, difficulties in the health care supply chain, or the reinforcement of women as a vulnerable social segment with rights. The Brazilian government stopped responding to demands for such services in December 2022, and the promotion of sexual and reproductive health resources was already insufficient and declining even in the pre-pandemic period.

There is a mismatch in Brazilian society between the advancement and emancipation of women and the real participation of men/partners in sexual and reproductive health. As the results of this review indicate, the medicalization of the female body still consists of solutions most described/used in clinical practice, often without the involvement of the women's sexual partners, or even the women themselves. This enhances the historical practice of individual responsibility for women in the couple's reproductive planning.

Thus, it is necessary to discuss the subject in the post-pandemic period, giving a voice to women who had reproductive needs that were not met amid that pandemic, to build a health system that considers the needs of all women regardless of differences in ethnicity or social, political, economic and reproductive desires.

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INYI JOURNAL

COMMENTARY

York University's 6th Lillian Meighen Wright Maternal-Child Health Learning Academy. Maternal-Child Health and Wellbeing in a Global Pandemic: Promotion, Prevention, Intervention

Luz Maria Vazquez, York University

This is an invited Commentary
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On July 18 and 22, 2022, students, researchers, service providers, and members of the community participated in York University's 6th Lillian Meighen Wright Maternal-Child Health Learning Academy. The focus of the biannual event was "*Maternal-Child Health and Wellbeing in a Global Pandemic: Promotion, Prevention, Intervention"*. This two-day event was organized by the Women's Health Research Chair in Mental Health and the Lillian Meighen Wright Scholars Program Academic Lead, Dr. Nazilla Khanlou, and the Student Co-chairs of the Program, Bianca Bondi and Ilana Shiff. Funding was provided by the Lillian Meighen Wrigth Foundation.

The event consisted of panel speakers and poster presenters from different institutes in Canada and internationally. Presenters applied interdisciplinary and intersectional approaches to understanding the impacts of the COVID-19 pandemic on maternal-child health and wellbeing. The Learning Academies aim at reflecting contemporary debates on current health related issues, equity and global impact. The 1st Academy (2011) focused on methodological approaches; the 2nd Academy (2013) examined lab to community-based research; the 3rd Academy (2015) analyzed maternal-child health across disciplines from local to global levels; the 4th Academy (2017) focused on the international context of disabilities in maternal-child health, and on parenting; and the 5th Academy (2019) examined two themes: maternal-child health and gender-based violence and trauma-informed approaches. The focus of the 6the Academy reflected a rigorous discussion and learning for the future potential of maternal-child health in the context of crises such as the COVID-19 pandemic. The Learning Academies provide a space for diverse sectors to exchange experiences and perspectives, including academia, community, practice and policy.

Panelists and poster presenters in the 2022 event highlighted how the pandemic has created specific complex challenges for mothers, families, and their communities. As the event organizer, Nazilla Khanlou (York University) explained:

> The ongoing pandemic's impact is gendered, placing women in increased disadvantage through its different waves. Mothers have had to manage multiple roles throughout the pandemic, with increased demands on their time and personal resources. Cross-systems support and gender-specific polices and practices are needed to best support maternal-child health and wellbeing. The Learning Academy will contribute to co-learning in support of best practice, policies, and action (Khanlou, 2022).

A key challenge that societies across the globe are facing is gender-based violence, the "shadow

pandemic" as described by the United Nation Women (2020), which has been heightened by the COVID-19 pandemic, impacting women, girls and children worldwide. Panelist Dinoba Kirupa (Council of Agencies Serving South Asians) explored gender-based violence (GBV) within the Canadian South Asian community during the COVID-19 pandemic. Kirupa analyzed the issues that have exacerbated an already pervasive problem and highlighted the need to address its root causes. The panelist discussed intersectoral issues related to public awareness of GBV, strategies to improve service delivery so agencies better help to ameliorate frontline concerns in uncertain times, and how they can better meet the needs of GBV survivors. She argued that "systemic issues have further disempowered already marginalized groups as the pandemic has exposed major cracks in our systems, which Canadians were not prepared for" (Kirupa, 2022, p. 8).

Panelist Jacqueline Getfield (Ontario National Alliance of Black School Educators) analyzed her doctoral research to explore the theme of the relationship of family and parental involvement and children's success in education/schooling. She argues that, in the case of Black mothers, the positive relationship attributed to parental involvement and students' success has not been proven. Getfield highlighted how unequal power relations in the education system impacts on that relationship. She argued that "educators continue to actively exclude some mothers from school meetings and discourage others from engaging in their children's education/schooling". Her analysis focussed on the intersection of racial justice and disability.

Three panelists focused their analysis on exploring the theme of mothering in the context of the academy, during the COVID-19 pandemic. They used the methodology of personal narratives and oral histories, to explore their experiences of mothering. Maggie Quirt (York University) analyzed the structural gender inequalities faced by women in the academy, mothers "who have long struggled to achieve work-life balance under patriarchal conditions" (Quirt, 2022, p. 7). The "balancing" of work and life and the lack of institutional supports were recurring issues analyzed by the panelists. Hanneke Croxen (Dalhousie University) recognized that even in a context of a position of privilege that full-time academics enjoyed during the health crisis, lack of supports impacted her life and that of their families. Sandra Della Porta (Brock University) pointed out something that we all need to recognize: challenges of mothering in academia were not new. She added that "layering on the struggles of a global pandemic shone a glaring light on the inequities that persist for mothers working in the academic space" (Della Porta, 2022, p. 10). Panelists used reflexivity as analysis and to make meaning of their relationships at various levels (friends, community, work place) to reflect on their lived experiences. As described further below, an entire INYI Journal Issue focusses on the theme *Mothering in the Academia during a Pandemic: Structural Gender Inequalities and Family Wellbeing,* and the three panelists had papers in it (https://inyi.journals.yorku.ca/index.php/default/issue/view/16).

Finally, two panelists presented hands-on type of initiatives to address the impacts of mental health (Pillai) and substance use (Motz) among vulnerable populations including infants, young children, youth and adults. Rebecca Pillai Riddell (York University) presented the Digital, Inclusive, Virtual, and Equitable Research Training in Mental Health Platform (DIVERT Mental Health: https://divertmentalhealth.ca/about/) initiative, designed to address issues of accessibility and inclusivity in mental health services. Mary Motz (York University) presented a holistic model, the program Breaking the Cycle, which is an early intervention and prevention program that supports the well-being of infants and young children who have been exposed to substances in the pre- and postnatal period. Motz discussed the many challenges that the COVID-19 pandemic brought to their program which was reflected on service delivery impacting families.

The event also included 11 posters (see Booklet, 2022, pages 15-22, https://nkhanlou.info.yorku.ca/files/2022/07/Booklet-LMW-6th-Learning-Academy-July-2022.pdf?x46752). Poster presenters included researchers from York University, Brandon University, and from international universities including the Federal University of Rio de Janeiro, and the Federal University of Paraiba, in Brazil, and the Aga Khan University, in Karachi, Pakistan. The themes presented in the posters included: a) service providers'

engagement, and challenges posed by social distancing pandemic measures; b) health related stigma during the pandemic; c) vaccine intention and related anxiety in postpartum women; d) Pakistani-Canadian youth's perception of mental health; e) maternal health quality and social supports; f) virtual services for refugee mothers; g) impacts of the pandemic on the health of women with breast cancer in Brazil; h) maternal mortality in Brazil; reproductive planning in Brazil; i) parental stress and coping strategies of parents of children with developmental disabilities; and j) mental wellbeing of adolescent mother affected by intimate partner violence.

I invite you to read the following full journal articles about some of the research presented in the event. See INYI Journal, Vol. 12 No. 1 (2023): *Mothering in the Academia during a Pandemic: Structural Gender Inequalities and Family Wellbeing*:

- Maggie Quirt. *Mothering in the Remote Academy. Building Bridges and Negotiating Isolation*. https://inyi.journals.yorku.ca/index.php/default/article/view/99
- Chang Su and Nazilla Khanlou. *Effects of Stress, Social Support, Experience of Shame, Loss of Face and Mental Health on Chinese Immigrant Mothers of Children with Developmental Disabilities in Canada*. https://inyi.journals.yorku.ca/index.php/default/article/view/92
- Sandra Della Porta and Daniella Ingrao. *The Intersection of Motherhood and Academia During a Pandemic: A Storytelling Approach to Narrative Oral History*. https://inyi.journals.yorku.ca/index.php/default/article/view/96
- Hanneke Croxen, Margot Jackson, Mary Asirifi, and Holly Symonds-Brown. *Sharing Stories of Mothering, Academia and the COVID 19 Pandemic: Multiple Roles, Messiness and Family Wellbeing*. https://inyi.journals.yorku.ca/index.php/default/article/view/98

Visit the INYI Journal to access other articles on the same Issue: https://inyi.journals.yorku.ca

An overview of our 6th Annual Meighen Wright Maternal-Child Learning Academy is available via an online summary video (https://www.youtube.com/watch?v=r9sFelse8Dw), as well as online event details, including biographies and abstracts (https://nkhanlou.info.yorku.ca/files/2022/07/Booklet-LMW-6th-Learning-Academy-July-2022.pdf?x96015).

I hope that the research and personal experiences analyzed in the event make visible the differentiated impacts of the COVID-19 pandemic among marginalized sectors of the population. A key learning lesson from this and previous health emergencies is the need to address gender inequalities, including gender-based violence and socioeconomic impacts.

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Della Porta, S. (2022). The Realities of Motherhood in Academia During a Pandemic and Beyond [Abstract]. *Booklet: York University's 6th Lillian Meighen Wright Maternal-Child Health Learning Academy*. York University.

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Motz, M. (2022). Mothercraft/Breaking the Cycle and York University. Breaking the Cycle: Promoting the Well-being of Pregnant People and Mothers with Substance Use Issues, and their Children through Early Intervention [Abstract]. *Booklet: York University's 6th Lillian Meighen Wright Maternal-Child Health Learning Academy*. York University.

Pillai Riddell, R. (2022). DIVERT Mental Health: A New National Health Research Training Platform Centred on Inclusivity and Accessibility [Abstract]. *Booklet: York University's 6th Lillian Meighen Wright Maternal-Child Health Learning Academy*. York University.

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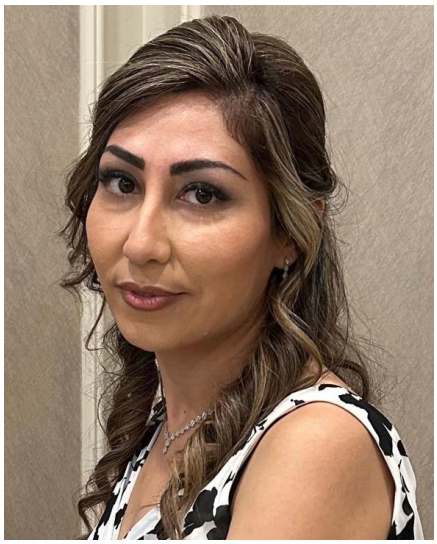

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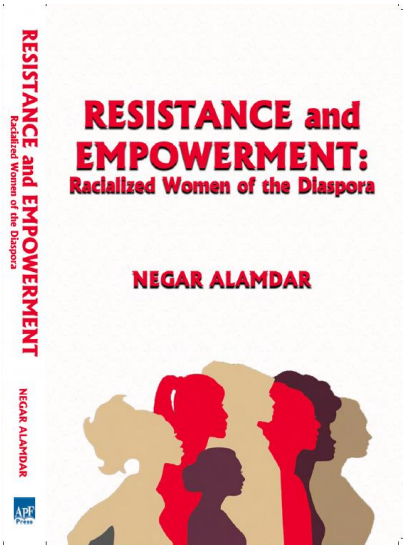

Alamdar, N. (2023). *Resistance and Empowerment: Racialized Women of the Diaspora*. Toronto: APF Press

Dr. Negar Alamdar completed a Postdoctoral Fellowship at our Office of Women's Health Research Chair in Mental Health (OWHC), Faculty of Health, York University, focusing on maternal and child health, mental health, and gender-based violence. Dr. Alamdar is presently a sessional faculty member in the Department of Human Rights and Equity Studies at York University and is also involved in research activities at our Office (OWHC).

In addition to her teaching and research roles, Dr. Alamdar recently published a book called *Resistance and Empowerment: Racialized Women of the Diaspora*, published by AFP Press, that further underscores her dedication to advancing knowledge and social justice.

Dr. Alamdar's book *Resistance and Empowerment: Racialized Women of the Diaspora* provides an original contribution to the understanding of how racialized women struggle with formidable challenges and yet succeed in their resilience and resistance. The book analyzes social and cultural contexts, lived experiences, and the authorial voices of policies and law within a dynamic narrative of equity and empowerment.

The in-depth analysis of the structural socio-economic and socio-cultural context of exclusion that shapes the present-day lives of women is documented with applications, a comprehensive review of studies and policy implications. This book contains six chapters (see below) and provides references and further resources.

CHAPTER ONE 1-20:
Introduction: Defining Diasporic Dilemmas
CHAPTER TWO 21-46:
Methodology and Methods of Resistance
CHAPTER THREE 47-92:
"Getting Connected": Identifying Identity
CHAPTER FOUR 93-157:
"Staying Connected": Incorporating Institutions
CHAPTER FIVE 158-231:
"Disconnecting and Reconnecting": From The Silence of Servitude to The Resistance Of Certitude
CHAPTER SIX 232-244:
Conclusions: The Convergence of Co-Constitutive Contexts of Institutions, Identities and Ideologies

INYI Journal

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