Reimagining research partnerships: Equity, power and resilience

Accra, Ghana 18 & 19 November 2025

Pecha Kucha presentation

From the margins to the centre: reimagining ethical research partnerships through nomadic maternal health practices in Somalia

Ahmed Nur Muse, Ministry of Health Development, Somaliland (Consultant) & University of Glasgow, UK (Doctoral Researcher)

Brief description of context

This case study is based on my doctoral research, conducted in remote pastoral nomadic communities in Somaliland, where I explore traditional maternal health practices. The aim is to examine how women navigate childbirth through spiritual, herbal, and kin-based systems of care. The research is situated in a context marked by high maternal mortality (1), weak health infrastructure, climate fragility, and historical neglect by both state and global health actors (2).

The study emerged through partnerships with local elders, traditional birth attendants (TBAs), midwives, and community networks, many of whom operate outside formal institutional frameworks. These research relationships were built on trust, kinship ties, and shared cultural norms, rather than conventional contracts or institutional ethics approval processes (3). My work draws on over 20 in-depth interviews and participatory ethnographic fieldwork conducted in nomadic camps in one region of Somaliland (*Togdheer*). Most interviews, especially with young mothers, took place in an open, socially appropriate space under an acacia tree while livestock were being tended or beside the *hoori* (hut) near the evening fireside.

The spatial choreography was deliberate, visible enough to avert impropriety, yet arranged so that the wind, animal sounds, and low talk around the fire swallowed our voices. Women chose the setting, pace, and depth; a trusted woman could remain within sight, and when recording felt intrusive, we relied on careful fitting and same-day expansion in fieldnotes. Such contexts often do not conform to standardised research protocols but are deeply meaningful to participants, echoing how power, community engagement, and structural constraints shape ethical research conduct in low-resource settings(4). These encounters also reveal that maternal knowledge is not simply transmitted but produced through ongoing interaction with spatial and ecological realities and kinship obligation dynamics, aligning with Ingold's description of a ‘dwelling perspective,’ in which knowing emerges through inhabiting and moving through a landscape (5).

I approached this study as a Somali man with a pastoral background living inside a tribal camp, not arriving for discrete ‘visits’ but sharing means, chores, water runs, and long nights at the camel encampments. My father’s uncle introduced me through idioms of relatedness, ‘cousin’, ‘uncle’, ‘in-law’, and simply ‘kin member’, which place me within a moral economy of discretion rather than as a detached outsider. Fluency in Somali, everyday attire like a *macawis,* and the slow work of being present as a related member and helper eased my movement across households.

However, matters of childbirth are saturated with gendered propriety, so entry into ‘birth talk’ had to be negotiated and renegotiated through elders (women), TBAs and trusted senior women who helped set terms, times, and the contours of where the conversation could take place. Such ethical gatekeeping is not unique to Somaliland. In similar research conducted in pastoral nomadic contexts in Kenya, maintaining confidentiality and navigating community perceptions required researchers to assume socially acceptable roles, such as 'sister-in-law' or 'friend', during home visits (6). These adaptations effectively blurred the lines between professional obligations and kinship-based social positioning, underscoring how ethical access in such contexts is relational, performative, and contingent on local norms.

The aim of this research is not only to document traditional practices but to challenge how ethical research is defined, approved, and evaluated in fragile, mobile, and non-institutional contexts (7, 8). My case study raises critical questions about how global research partnerships engage with geographically dispersed, spiritually grounded, and orally oriented communities. It explores how power, terminology, and ethical legitimacy are negotiated in the absence of formal ethics boards or written consent processes (9).

Through this case, I demonstrate how pastoral communities, often excluded from research governance structures, develop their own accountability mechanisms rooted in ancestral authority, moral responsibility, and collective decision-making (8). The study highlights the need for research partnerships to recognise and engage with these systems on their own terms. It further contributes to rethinking global research ethics by foregrounding spatial, linguistic, and epistemic diversity and proposing locally anchored, relational approaches to ethical practice and partnership building.

Discussion of ethical issues

This case study presents a grounded ethical analysis of how global health research partnerships perpetuate inequities when they fail to adapt to the geographical, epistemic, and moral contexts of marginalised communities, particularly nomadic populations residing in fragile settings. Drawing on ethnographic fieldwork with Somali pastoral nomadic women, this paper challenges conventional understandings of research ethics as institutionalised by global health funders, university review boards, and international research organisations such as the WHO. These mainstream ethical frameworks are typically structured around written consent, standardised risk-benefit assessments, and formal data governance mechanisms, and are premised on sedentary, literate, and institutionally embedded populations (3, 10).

In my own research, local elders, TBAs, and midwives raised concerns not about data ownership or confidentiality, as defined in ethics forms, but about spiritual transgression, relational betrayal, or misuse of a central knowledge. For instance, when discussing topics like neglect, abuse, or beatings, particularly in relation to their husband, women often used projected or indirect narratives, shifting the conversation towards broader communal or moral concerns. This narrative strategy made individualised written consent feel both intrusive and culturally dissonant. Therefore, here, ethical relations are produced through kinship-based trust, ancestral authority, and communal negotiation (8, 11).

The paper seeks to challenge the notion that ethical legitimacy can be conferred only through formal documentation or institutional clearance. It calls for reconceptualising power, accountability, and resilience in cross-cultural ethical frameworks, which must be pluralised to accommodate diverse lifeworlds and epistemologies (12).

Fieldwork generated ‘heavy memories’, successive losses, giving birth alone, and then catching up with the caravan, obstructive obstructions, bleeding and anaemia, life-threatening scenes told with an economy of words and long silences. Some encounters stirred a deeper ache; my own sister died during transport from a nomadic area after days in labour. I handled this autobiographical resonance as both risk and resource. In the moment, I bracketed it; later, I wrote reflexive memos about how grief might tug interpretation towards over-identification or protective reading. Consent was conversational and ongoing. I avoided pressing for graphic detail, treated deflection as meaningful, and returned only by invitation.

I followed Lofland’s guidance, adopting a more inductive approach and, as a research method, a reflexive instrument, which made it easy to produce knowledge interactively through a systematic, labour-intensive method (13). In practice, I maintained bilingual (Somali/English) fieldnotes, built a living lexicon of key idioms (e.g., *Jamasho, afartanbax, Igadh, mudakar)* and kept a structured memo trail to document shifts in access, emergent comparison (e.g., assisted vs long birth, wet vs season mobility), and disconfirming instances. I moved from open coding of notes and transcripts to constant comparison across roles, settings, and events, retaining Somali terms in the first cycle. Codes to preserve conceptual nuance and translate at the level of category definition.

Geographies of exclusion and ethical blind spots: Pastoral nomadic communities remain profoundly absent from the geographies of research governance. Their mobility, oral traditions, ecological embeddedness, and spiritual epistemologies place them outside the operational logic of most global health partnerships (3, 14). This is reflected in their routine exclusion from data systems, such as the Demographic and Health Survey (DHS), ethics review protocols, and maternal health strategies, despite representing over 60% of Somalia's population (14, 15). My research site highlights this exclusion. Ethics review protocols, consent procedures, and partner engagement models are overwhelmingly designed for sedentary, literate, and institutionally embedded populations. These frameworks are shaped by actors such as university review boards, bilateral and multilateral funders and international institutions whose ethics protocols are rooted in Euro-American bioethics traditions (16, 17). Consequently, such communities are often deemed too "difficult," "inaccessible," or "unethical" to include in funded research partnerships. This reflects a deeper epistemic problem, where current global research ethics rest on an assumed universality that erases spatial, cultural, and linguistic specificities. Terms like "informed consent," "data ownership," or "community engagement" lose ethical coherence when transplanted into mobile, spiritually mediated contexts where accountability is relational rather than contractual.

Negotiating ethics through kinship and spiritual authority: In my research, consent was obtained through oral negotiation and was situated within specific contexts. Interviews occurred in *hoori* (hut), beside fires, or during ghee-making, spaces where care is practised communally, and knowledge flows intergenerationally. Elders granted permission, women set conditions, and spiritual taboos shaped what could be said and when. This ethical terrain is deeply meaningful and coherent within its context but invisible to dominant research governance systems. Standardised ethics toolkits not only fail here, but they also risk harming by overriding local norms, extracting stories, and weakening social trust. True ethical partnerships in such contexts require de-centring institutional dominance and embracing plural, negotiated, and relational ethics, where legitimacy emerges not from institutional review boards alone, but from elders' blessings, communal approval and alignment with spiritual and moral norms.

Power, voice, and the hidden labour of participation: Global health partnerships often claim to "empower" or "amplify" the voices of marginalised groups, such as narrowly defined beneficiaries, data subjects, or community representatives, without addressing the structural conditions that marginalise them in the first place. In many cases, the 'amplification' is curated through donor narratives, academic-led research or participation frameworks that retain control over framing, authorship and dissemination. As a result, the power to define research questions, methods, and funding allocation remains concentrated in institutions far removed from the community they serve (11, 12, 18, 19).

In nomadic contexts, women's participation often involves hidden labour, adjusting to external schedules, speaking unfamiliar conceptual languages, or accepting intrusive questioning, all in the name of "evidence generation." This dynamic reproduces the very inequities such partnerships claim to redress.

In contrast, my research sought to reverse the gaze: to learn from, rather than extract, knowledge. For example, women used metaphors like *Jamasho* (spiritual demand) and *umal-igadha* (a grieving mother likened to a milk-laden camel) to articulate their pain and resilience. These are not data points to be extracted and analysed; they are ethical narratives, through which Somali pastoralist women articulate harm, relational failure, or ancestral transgression. In this context, storytelling is not only a method of communication but a moral act that invokes shared responsibilities and ancestral norms. Women's projected narratives about neglect or abuse are often layered with metaphor, temporality, and spiritual resonance. Honouring these narratives ethically meant refusing to fragment them into categorical variables or force disclosure on terms that align with institutional ethics boards.

From a bioethical standpoint, this approach aligns with the call for relational ethics and epistemic justice (8, 16), especially in fragile, orally based communities. It required me to slow down the research process, conduct follow-ups in kin-mediated ways, and adapt to spiritual and ecological patterns that align with communal secret periods and climatic seasons. Ethical responsibility in this setting meant relinquishing the illusion of control, co-authoring with participants, and recognising that what was shared or withheld was shaped by a relational moral order rather than by institutional compliance frameworks.

Reimagining resilience- beyond technocratic partnerships: The GFBR background paper rightly critiques how "resilience" can be co-opted into technical language, divorced from the moral worlds of those living in fragile conditions. In nomadic Somalia, resilience is not a metric—it is a lived ethic. It is evident in the morning rituals of Taraaraysi, where women pray for safe births; in the communal reconstruction of huts after delivery; and in the shared responsibility for maternal survival. These practices form the basis of what I term ‘epistemic resilience’: the ability of a community to sustain and adapt its knowledge systems under pressure.

Policy and governance implications: I propose several implications for ethics, governance and research policy:

- Decentralise ethical review processes to involve local elders, women’s groups, and traditional authorities, especially in fragile and mobile settings.
- Expand the ethical vocabulary used in research protocols to account for oral consent, spiritual authority, and communal ethics.
- Fund epistemically inclusive partnerships, where traditional and biomedical knowledge systems are placed in dialogue rather than hierarchy.
- Redefine research participation to reflect community-defined timelines, priorities, and modes of engagement.

Conclusion

This ethical analysis argues that the future of global research partnerships lies not in refining existing models, but in radically reimagining them. From the margins of Somali pastoral life emerges a powerful challenge: that research ethics must be locally intelligible, spiritually accountable, and relationally governed.

Recommendations

This case study highlights how current research partnerships and ethical frameworks often fail to account for the lived experiences, spiritual knowledge systems, and mobile geographies of marginalised communities, particularly nomadic pastoralists in fragile contexts like Somaliland. It demonstrates that ethical engagement must extend beyond institutional procedures to encompass locally grounded, relational, and spiritually informed approaches. Ethical research cannot be universalised through static checklists; it must be dynamically co-created with those whose lives and knowledge shape the inquiry.

To improve the ethics of research partnerships in such settings, I offer two recommendations:

- Establish community-led ethics advisory mechanisms in conjunction with institutional review boards. These should involve traditional authorities, elders, women’s councils, and local spiritual leaders. In fragile or mobile contexts, these actors often carry more moral legitimacy than formal institutions. Integrating their perspectives ensures that ethical considerations reflect communal values, kinship obligations, and contextual norms.

- Design and fund research partnerships that allow for temporal, spatial, and epistemic flexibility. Rigid project timelines, reporting cycles, and consent procedures undermine ethical integrity in nomadic contexts. Partnerships should be funded and governed in ways that accommodate oral consent, seasonal mobility, collective storytelling, and relational accountability. In pastoralist contexts, such as those of the nomadic Somalis, ethical research cannot rely on written forms, fixed timelines, or rigid deliverables. Seasonal mobility due to drought or grazing cycles affects when, where, and how data can be collected. Funding models must therefore allow for flexible timeliness, staggered fieldwork and revisitable consent rather than assuming one-off, front-loaded approvals. Collective storytelling, often involving multiple generations or indirect narration, demands that researchers spend time listening across silences, metaphors, and spiritual taboos, which cannot be rushed or fully ‘scripted’. This means revising donor requirements to include time for trust-building, iterative feedback, and co-authorship with community participants. These recommendations move us towards ethical frameworks that are not only inclusive but also structurally just and epistemically plural.

References

1. WHO, UNICEF, UNFPA, World Bank, Division UP. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Report. Geneva: World Health Organisation; 2023. Contract No.: ISBN 978-92-4-006875-9ISBN 978-92-4-006876-6.
2. Lewis A. Security, Clans and Tribes: Unstable Governance in Somaliland, Yemen and the Gulf of Aden Introduction. Security, Clans and Tribes: Unstable Governance in Somaliland, Yemen and the Gulf of Aden. 2015:1-+.
3. Bell K. The ‘problem’ of undesigned relationality Ethnographic fieldwork, dual roles and research ethics. Ethnography. 2019;20(1):8-26.
4. Nyirenda D, Sariola S, Kingori P, Squire B, Bandawe C, Parker M, et al. Structural coercion in the context of community engagement in global health research conducted in a low resource setting in Africa. BMC Medical Ethics. 2020;21(1):90.
5. Ingold T. The perception of the environment: essays on livelihood, dwelling and skill: routledge; 2021.
6. Madiega PA, Jones G, Prince RJ, Geissler PW. ‘She's My Sister-In-Law, My Visitor, My Friend’ – Challenges of Staff Identity in Home Follow-Up in an HIV Trial in Western Kenya. Developing World Bioethics. 2013;13(1):21-9.
7. Abimbola S. The foreign gaze: authorship in academic global health. BMJ Global Health. 2019;4(5):e002068.
8. Chilisa B. Indigenous research methodologies: Sage publications; 2019.
9. de Sousa Santos B. Epistemologies of the South: Justice Against Epistemicide: Routledge; 2014.
10. Chattopadhyay S, de Kok B. Making research ethics work for global health: towards a more agile and collaborative approach. BMJ Glob Health. 2023;8(7).
11. Abu-Lughod L. The Romance of Resistance: Tracing Transformations of Power Through Bedouin Women. American Ethnologist. 1990;17(1):41-55.
12. Nagar R. Muddying the Waters Coauthoring Feminims Across Scholarship and Activism: University of Illinois Press; 2014.
13. Lofland J, Snow D, Anderson L, Lofland LH. Analyzing social settings: A guide to qualitative observation and analysis: Waveland Press; 2022.
14. Handulle AA, Gay CW. Development and Traditional Pastoralism in Somalia. Nomadic Peoples. 1987(24):36-43.
15. Tugjamba N, Walkerden G, Miller F. Adapting nomadic pastoralism to climate change. Climatic Change. 2023;176(4):28.
16. Pratt B, De Vries J. Where is knowledge from the global South? An account of epistemic justice for a global bioethics. Journal of medical ethics. 2023;49(5):325-34.
17. Lawrence DS, Hirsch LA. Decolonising global health: transnational research partnerships under the spotlight. Int Health. 2020;12(6):518-23.
18. Plamondon KM, Brisbois B, Dubent L, Larson CP. Assessing how global health partnerships function: an equity-informed critical interpretive synthesis. Globalization and Health. 2021;17(1):73.
19. Pratt B. Sharing power in global health research: an ethical toolkit for designing priority-setting processes that meaningfully include communities. International Journal for Equity in Health. 2021;20(1):127.