

**YOUNG RESEARCHERS
PRESENTING AT
9TH ANNUAL MEETING
“LINKING RESEARCH,
POLICY AND PRACTICE”**

Thursday,
12.11.2020
13.00 – 17.00 CEST

To participate
in the event,
register [here](#).

TABLE OF CONTENTS

1.	MAYA LANE	4
2.	HADIR BARBAR	5
3.	MERETTE KHALIL	6
4.	MADDALENA GIACOMOZZI	7
5.	JULIANA MEE	8
6.	CARYS STIRLING	9
7.	GOPUKRISHNAN PILLAI	10
8.	ZINA JORNA	11
9.	HAIFA'A HARUN MOHAMMED AL-WAJEAH	12
10.	SYDNEY HOWE	13
11.	MASHA ZEE	14
12.	CHANDREYI GUHARAY	15
13.	ALEXANDRIA ALBERTSON	16
14.	SIMAY CETIN	17
15.	JOY DEKKER	18
16.	JENNIFER SAWYER	19

ABOUT THE MEETING

Share-Net Netherlands kindly invites you to the 9th Annual Meeting for Young Researchers: “Linking Research, Policy and Practice.” This virtual meeting is organised by the identically named Share-Net Community of Practice (CoP) working to optimise knowledge flows at the nexus of research, policy and practice.

This meeting brings together policy-makers, practitioners and researchers working on sexual and reproductive health and rights (SRHR) and gender equality and women’s empowerment (GEWE) in international development. The focus lies on the work of young professionals who have recently submitted or are in the process of finishing research as part of a Master programme, postgraduate degree, research internship or research consultancy.

The aim of this meeting is to

- disseminate young people’s knowledge on SRHR and GEWE
- create a space for open dialogue
- identify further gaps in research, policy and practice
- harvest networking opportunities

Given the current limitations due to COVID-19, we have decided to move fully online and contributors will draw from the variety of presentation methods that the virtual space allows. There will be a total of four thematic presentation sessions and participants can choose which of the two simultaneous sessions they prefer to attend.

In the last part of the meeting, young researchers will get to know Share-Net Netherlands members and their work. After a short presentation round we will move into an interactive networking setting powered by the videochat app Borrel.

If you are not yet registered, please [RSVP via the following link](#).

Have a look at the [full programme here](#).

On the following pages you find more information about the young researchers that were selected to present their research findings and experiences during the 9th Annual Meeting on Linking Research, Policy and Practice on the 12th of November via Zoom.



1. MAYA LANE

Title: "It's like a knife plunged into me"- How good care is done for chronically painful vulvas"

Supervisor: Rebeca Ibáñez Martín

Programme: Medical anthropology and sociology

Institute/University: University of Amsterdam

Presentation: Session 1 - Menstrual, vulva and obstetric care, 13.30 – 14.30 CEST

Pronouns: She/her



ABSTRACT

Vulvodynia is a chronic vulval pain condition with no singular identified cause or treatment, and can have devastating implications for sexual practices, as well as everyday life. It has no cure, with many managing the condition for years. This research investigates how good care is done in practice; the objective is to nuance the conversation on vulvodynia care, asking how better care can be done. Through focusing on practices, I explore how those with vulvodynia are active in 'doing' their care, underpinned by the political aim of elevating the oft-silenced and gendered practices of care. The research uses a material semiotics lens, informed by Science and Technology Studies, that attends to the multiple ways that good care is shaped by people, knowledges, technologies and processes, moving away from an 'ideal' of care to present the complexities of caring for a body part that is deeply steeped in shame and stigma. In depth interviews in the Netherlands and online ethnography were used as methodology, and both medical practitioners and those with vulvodynia were interviewed, resulting in a nuanced and complex depiction of how to do 'good care'. The research concludes with an invitation to do collectively 'better care' by 1. Admitting that doing 'good care' is hard, and that sometimes it may even be impossible, 2. Accepting that 'good care' isn't perfect, but that sometimes it's the 'best way' of living with a bad situation. 3. Working together to do the best care possible within a particular situation.

ABOUT MAYA

Maya Lane is a medical anthropologist, advocate and dancer from London. She is passionate about Science and Technology Studies, and how attention to the multiplicities of care can elevate its status and strive to make care better. As someone living with chronic pelvic pain, Maya is particularly interested in the everyday care practices employed by those with non-curable conditions and multimorbidities. Her most recent research looked at those living with chronic vulval pain, and the multiple ways that they work to make life as bearable as possible. In the past she has also investigated the role of online feminist communities in contraceptive decision making processes in England, as well as how contraceptive technologies are shaped in practice. Maya is particularly interested in doing applied social sciences research in conjunction with medical professionals to effect positive change and influence care systems, and hopes to be able to work in multidisciplinary teams in the future to this aim.

Quirky fact: Maya is thinking about training to be a twerk teacher ;)

2.HADIR BARBAR

Title: "Exploring Menstrual Health Management Among Adolescent Girls in Egypt"

Supervisor: Pam Baatsen

Programme: Master of Science in Public Health – Sexual and Reproductive Health and Rights track

Institute/University: KIT Royal Tropical Institute and Vrij Universiteit (VU)

Presentation: Session 1 - Menstrual, vulva and obstetric care, 13.30 – 14.30 CEST

Pronouns: Sher/Her



ABSTRACT

Importance: Inadequate Menstrual Health Management is a major problem that affects adolescent girl's health and development especially in poor settings. Thus, a particular effort should be exerted to evaluate the current situation in Egypt.

Objective: The principal aim of this thesis is to critically analyze the situation around the MHM among adolescent girls in Egypt and the key influencing factors in order to present recommendation to MoHP, CSOs, SRHR and Menstrual Health activist and advocates on effective approaches to address MHM through programs, research and policy.

Methodology: A literature review is conducted and supported by an analysis of the Love Matters Arabic (LMA) website content around menstruation.

Results: Most research to date has described menstrual hygiene knowledge, attitudes, and practices, mainly in prereferral cities and in poor regions. The school-based studies indicated more inadequate MHM among girls in rural areas than those attending public or nursing schools. The community influencers have critical role in shaping the knowledge and attitudes towards MHM. Most of the results were supported by the website, however, stigma, shame, discrimination and sanitation were slightly explored.

Conclusion: Adolescent girls face several challenges around MHM, particularly, they experience Menarche at schools. They need special attention to their mental health and how to approach healthcare services with dignity and respect.

Recommendations: Multi-sectoral approach should be established between the healthcare system, schools, civil society organizations, mass media, online platforms, SRHR advocates to ensure the best practices around MHM among the adolescent girls while prioritizing delivery of correct knowledge and respectful services.

ABOUT HADIR

Hadir Barbar is an Egyptian SRHR activist and advocate with proven records of leadership in qualitative research and project management in the global south. She is passionate about adolescent SRHR and using technology to translate evidence-based knowledge into interactive materials. After graduation, Hadir received two grants from Women Deliver Organization and Share-Net International network to implement the recommendations of her thesis around the faced menstrual health challenges in Egypt and Kenya while focusing on the integrating SRHR response within the overall COVID19 response. Being based in the Netherlands, Hadir actively contributes to the ongoing discussions in the Dutch civic community.

Quirky fact: Proud of her feminist family!

3. MERETTE KHALIL

Title: “Obstetric Violence in the Eastern Mediterranean Region”

Supervisor: Kashi Carasso

Programme: Public Health

Institute/University: KIT Royal Tropical Institute

Presentation: Session 1 - Menstrual, vulva and obstetric care, 13.30 – 14.30 CEST

Pronouns: She/her



ABSTRACT

Background: Obstetric Violence (OV) violates women’s rights and inhibits Respectful Maternal Care (RMC). The Eastern Mediterranean Region (the Region or EMR) ranks second-worst globally on reproductive and maternal health with urgent progress needed for women’s empowerment. While efforts to improve quality of maternal care have long existed, women’s perceptions of dignity and respect during childbirth are not adequately or systematically recorded.

Aim: This study is among the first in the Region to provide an overview of OV and offer recommendations to improve RMC by centering women’s experiences in childbirth.

Methods: A mapping literature review was used; 38 articles met the inclusion criteria and were analysed using Bowser and Hill’s framework of the seven categories of Disrespect and Abuse (D&A) in childbirth.

Findings & Discussion: In the EMR, women’s narratives indicate the normalization of OV in childbirth. Findings show the most common types of D&A are physical abuse and non-dignified care, generally comparable to global literature. The intersection of these abuses enables the objectification of women’s bodies and overuse of unconsented routine interventions in hierarchical and patriarchal health systems. If unchecked, the implications include perpetuating the cycle of OV and passivity towards human-rights violations.

Conclusion: To eliminate OV, a paradigm shift is required involving infrastructural changes, education, empowerment, advocacy, health system strengthening, and policy development. Recommendations are given at individual, community, health system and policy levels, to ensure that every woman achieves her right to health and birth in a dignified, respectful, and empowered manner.

Key Words: Obstetric Violence; Disrespect and Abuse in Childbirth; Respectful Maternal Care; parturition/childbirth; Eastern Mediterranean Region

ABOUT MERETTE

Merette Khalil is a health systems researcher, feminist, and advocate for human rights and social justice. Her career in global health ranges from working with international organizations at policy level to advocating for women and their families at grassroots level. She is a birth doula, childbirth educator, and founder of YourEgyptianDoula, offering pre-natal services to expecting parents in her home country, Egypt. She recently completed her Master of Science in Public Health from the Royal Tropical Institute in Amsterdam. Merette is passionate about improving access and quality of care and SRHR, especially for communities in vulnerable settings.

Quirky fact: During lockdown, Merette ‘binged-watched’ all four seasons of Casa De Papel/Money Heist in under a week.

4. MADDALENA GIACOMOZZI

Title: : “Conjugating the biomedical and intersectional feminist paradigms to investigate birth positions among the Quichua communities of Ecuador and Peru”

Supervisor: Maria Teresa Brancaccio

Programme: Master of Global Health, Master of Medicine,

Institute/University: Maastricht University

Presentation: Session 1 - Menstrual, vulva and obstetric care, 13.30 – 14.30 CEST

Pronouns: They/them



ABSTRACT

Objective: To investigate the power dynamics related to gender, race and class that interplay in the adoption of a birth position for the Quichua peoples of Ecuador and Peru.

Background: The Quichua communities of Ecuador and Peru are disproportionately affected by maternal mortality. Cultural barriers have been previously identified as significant barriers to maternity care for this population. While Quichua midwifery encourages vertical birth positions, biomedicine has normalized horizontal deliveries in maternity services, thus providing culturally inadequate care for Quichua women.

Methods: A scoping review was conducted involving a journal search of five journals and a gray literature search. The data have been analysed through an integrated framework that conjugated the biomedical and the intersectional feminist paradigms.

Results: Six peer-reviewed articles were retained from four journals in addition to three national and regional policies as gray literature sources. Five sources were published in English, four in Spanish.

Conclusion: Obstetric violence is a prevailing and naturalized experience for Quichua women, who are commonly denied the right to self-determine their birth position. Quichua women are in a socially disadvantaged position as they find themselves at the intersection of different axes of oppression related to gender, race and class. Current maternity care in public health facilities reinforces hegemonic biomedical epistemology by institutionalizing exclusively horizontal delivery without an evidence base. Structural and targeted intercultural health interventions are urgently needed to increase the adequacy and accessibility of maternity care for the Quichua.

ABOUT MADDALENA

A graduate from both the International Track in Medicine and the MSc in Global Health at Maastricht University, Maddalena has been pursuing their academic interest in the field of SRHR across Europe and Latin America throughout their time at university. They have fun challenging normativity within maternity care and developing new frameworks to understand health from an intersectional feminist perspective.

Besides their studies, Maddalena is engaged in activism and advocacy. They are the founder and event coordinator of LadyFest Maastricht, Do It Your Health and the campaign Into The World: Make Birth Safe and Beautiful!.

Quirky fact: Their favourite colour is red.

5. JULIANA MEE

Title: “Made in Vietnam: A Critical Investigation into the Implementation of Menstruation-Related Labor Legislation* in Vietnam’s Garment Factories”

Supervisor: Esther Miedema

Programme: International Development Studies

Institute/University: University of Amsterdam

Presentation: Session 2 - Social, cultural and organisational norms change, 13.30 – 14.30 CEST

Pronouns: She/her



ABSTRACT

Efforts to safeguard and strengthen women’s rights by addressing negative socio-cultural meanings around menstruation and its management are critical concerns in terms of SHRH and gender equality. Additionally, menstruation labor policies—menstruation breaks or leave— have garnered growing public attention as a progressive and empowering step to foster more equal workplaces. However, little research explores the implications or effects of these gender-specific labor policies—commonplace in several East-Asian nations, including Vietnam.

This study addresses this gap by analyzing the experiences of female garment workers with menstruation-related workplace policies in Vietnam’s garment industry. Drawing on interviews with NGO members, factory-workers, political stakeholders and related experts, combined with analyses of pertinent sources, and contextualized with a survey conducted among factory employees, data reveals experiences with and the implementation of menstruation-related labor policies in factories. From these findings, various gendered capitals, inscribed in overarching gender habitus, are understood to shape female workers’ experiences with state-mandated menstrual breaks.

This analysis contributes to understandings of whether similar labor policies truly represent a progressive move towards female empowerment and gender equality. Related policies may represent useful developments in addressing menstruation, however, failing to tackle underlying societal structures and gender disparities, or exploitative working conditions for many female workers, does nothing to improve the status of women in the labor force or in society. This research contributes to growing literature around Menstrual Hygiene Management and menstruation-related policy discourse, by expanding the focus towards

overlooked menstrual experiences in urban areas and workplaces, and the impacts of menstruation labor policies.

* This study focuses on menstruation-related labor legislation in relation to the experiences of female garment workers in Vietnam. It is imperative to mention that not all women and girls menstruate, and this natural process is not limited to women and girls. There has been an upsurge in research considering menstruation from a gender-inclusive standpoint, however, most political and development discourse fall short of this acknowledgment. This study focuses on menstruation as a proxy to unpack the gendered reality of being a woman in Vietnam. Thus, I refer to what should be inclusively framed as menstruators when speaking of menstruation, as women and girls to conceptualize menstruating bodies for the case of this thesis.

ABOUT JULIANA

Juliana Mee comes from a very international background, as dual citizen – both Dutch and American – and born and raised in France. Now, she is living in Copenhagen and is trying to learn some Danish, which is difficult!

She has just graduated from her Master’s in International Development at the University of Amsterdam, after completing her Bachelor’s in Sociology from the University of Bristol. This research was part of her Master’s program, during which she spent some time in Hanoi, Vietnam, to gather qualitative data.

Quirky fact: She loves to travel and really loves to cook food (as best as she can) from all around the world

6. CARYS STIRLING

Title: “Strengthening Meaningful Youth Participation in Share-Net International”

Supervisor: Tracy Cheung (UU) and Maria Codina (KIT)

Programme: Social Policy & Public Health/Share-Net International Internship

Institute/University: Utrecht University (UU)/KIT Royal Tropical Institute

Presentation: Session 2 - Social, cultural and organisational norms change, 13.30 – 14.30 CEST

Pronouns: She/her



ABSTRACT

Too often, SRHR policies and programs are made about young people rather than with them, meaning they often fail to target their actual needs. This mismatch has led to researchers and practitioners advocating for “meaningful youth participation” (MYP), a deliberate process which engages young people in the planning and implementation of initiatives which impact their lives. Share-Net International saw a need to understand how (or whether) young people were being meaningfully involved in its work, and thus the present research is the outcome of a three month internship which sought to evaluate the status of MYP in SNI and to identify how SNI’s commitment to young people can be strengthened. This work was not informed by an overarching “theory” per se, but drew on various pieces of operational research and models of good practice, (e.g. the CHOICE Flower of Participation) to provide an evaluation framework, using desk research, interviews with hub representatives and stakeholder mapping as the primary methods.

The investigation found that while much of SNI’s work does indeed target young people, it does not always do so meaningfully, and a consistent understanding of MYP or how it should be implemented and measured is lacking. Various recommendations were made to address this, including integrating MYP into SNI’s M&E framework, MYP training for staff to inform an action plan, creating youth-only spaces and partnering with youth-led organisations to amplify young voices. This marks an exciting opportunity for Share-Net to embody its commitment to promoting evidence-based research, policy and practice.

ABOUT CARYS

Carys Stirling is a Master’s student at Utrecht University, studying Social Policy & Public Health. Prior to her studies in the Netherlands, she graduated with an M.A. in Human Geography from the University of St Andrews, where she developed her interests in gender and sexuality. In the Netherlands, these interests led her to Amsterdam-based organization CHOICE for Youth and Sexuality, where she is now a Youth Advocate. Through this, she discovered Share-Net, where carried out an internship researching meaningful youth participation. When she isn’t working, she can be found cooking soup and making elaborate Spotify playlists.

Quirky fact: She loves typography and has watched/read numerous documentaries and books on the subject



7. GOPUKRISHNAN PILLAI

Title: “Occupational Violence against Health Workers: Global insights with focus on India”

Supervisor: Marjolein Dieleman

Programme: Health Systems Policy and Management

Institute/University: KIT Royal Tropical Institute

Presentation: Session 2 - Social, cultural and organisational norms change, 13.30 – 14.30 CEST

Pronouns: He/his



ABSTRACT

Introduction: Health Workers (HW) face many forms of abuse and violence at work, both from clients as well colleagues. Exposure to Workplace Violence (WPV) has adverse impact on physical and mental health of HW, affects quality of patient care, and disrupts health system functioning. In this thesis I describe determinants of WPV in the Healthcare Sector (WPVH), and interventions against it.

Methods: A systematic search of scientific literature is carried out, using ecological framework. Review articles and original research from India published in English in the last ten years are retrieved.

Results: WPVH is both under-stated and under-reported, both globally and in India. Younger and less-experienced workers are more likely to face violence at work. Women face more verbal violence and men are at higher risk of physical violence. Organisational culture is the biggest determinant of WPVH, with hierarchy-focused workplaces experiencing more WPV than those that oriented towards task-performance. Interventions against WPVH have organisational, environmental, training and post-incident support components.

Conclusions and Recommendations: WPVH has roots in poor quality of health system management. Addressing it needs concerted efforts to improve the quality of healthcare in the country. Interventions need to be broad-based, addressing both prevention and post-incident response. Participative processes within hospitals go hand-in-hand with sector-wide approaches. Formal liaison with law enforcement and media is necessary on an ongoing basis. There is need for further research regarding effective interventions against WPVH in LMICs.

ABOUT GOPUKRISHNAN

Gopukrishnan holds dual master degrees, both from the Netherlands. He studied Vitality and Ageing MSc at University of Leiden in 2015, and recently graduated with Distinction from the MPH (Health Systems Policy and Management) program at KIT Amsterdam. A medical doctor by training, Gopu focused on Palliative and End of Life care in his clinical work in India. His broad range of interests include Digital Health, Critical Medical Anthropology and Law. Outside of work, he loves to travel off the beaten track.

8.ZINA JORNA

Title: “The Politics of Abortion Care in Buenos Aires – Understanding Abortion Care Practices within a Context of a Political Debate to Legalize Abortion”

Supervisor: Trudie Gerrits

Programme: Medical Anthropology and Sociology

Institute/University: University of Amsterdam

Presentation: Session 2 – Social, cultural and organisational norms change

Pronouns: She/her



ABSTRACT

In Argentina, abortion is illegal except for when the health or life of the pregnant person is in danger or when the pregnancy is a result of sexual violation. Legal abortions – in case of the exceptions – are becoming more accessible because of changes in the context mainly due to years of feminist activism. Yet the Argentine context remains unfavourable for the practice of abortion in many aspects as well, because of the deeply rooted heteropatriarchal structures and obligatory motherhood as a consequence. This thesis looks at how abortion caregivers enact agency to shape their practices and enhance access to and the provision of abortion care within the current structural context. Data was collected through 12 semi-structured interviews with health professionals and non-health professional abortion caregivers, the studying of guidelines, relevant documents and online sources on abortion care, and observation at feminist events. This thesis shows that abortion caregivers are facing obstacles and argues that these are a result of heteropatriarchal structures. Drawing on decolonial feminism, it is showed that these structures are caused by coloniality. Nonetheless, the way the abortion caregivers enact agency to shape their practices, improve the context in which they are working and diffuse their knowledge, shows how they resist the heteropatriarchal structure, so that they are able to provide comprehensive abortion care, despite limitations in the law. Based on the findings, it is recommended that politics should reduce current obstacles and consult networks of abortion caregivers regarding abortion care and training.

ABOUT ZINA

Zina is a 24 year old recent graduate of the master Medical Anthropology and Sociology at the University of Amsterdam. As part of the master, she did her research on abortion care in Buenos Aires, Argentina. A bit about herself: She’s a vegan and a feminist.

Quirky fact: She loves summers, but her favourite sport is ice skating!

9. HAIFA'A HARUN MOHAMMED AL-WAJEAH

Title: "Health System Factors Influencing Access and Utilization of Sexual and Reproductive Health Services in conflict settings: Yemen"

Supervisor: Wilma Meeus

Programme: Public Health and International Health Development (MPH/ICHD)

Institute/University: KIT - Royal Tropical Institute in co-operation with Vrije Universiteit Amsterdam

Presentation: Session 3 - SRHR services and reproductive care

Pronouns: She/her



ABSTRACT

Background: Yemen is in an unstable situation since decades with different social characters which affect the sexual and reproductive health outcomes. That was deteriorated since the current conflict resulting in a fragile health system. The maternal mortality ratio in Yemen is considered one of the highest ratios globally with low utilization due to poor access.

Objective: To analyse the health system factors that affect access and utilization of the sexual and reproductive health services during a conflict setting in Yemen in order to come with recommendations for decision-makers to improve sexual reproductive health services.

Methods: This study is based on a review of the literature and a simple qualitative analysis of HeRAMS 2016 data using WHO/WB model for Health System Strengthening.

Findings: Mis-management of resources with poor quality of services caused lack of access to sexual reproductive health. In combination with financial barriers that decreased the governmental sharing and increased the services' fees resulting in services' underutilization. Attacks on health facilities decreased the availability of maternal health services due to a shortage of supplies and leaving of health providers.

Conclusion: The current conflict in Yemen has affected the functioning of the health system with inadequate health financing and poor service provision. This deterioration has a direct effect on health sector performance which become poor and resulted in poor sexual and reproductive health outcomes.

Recommendation: There is an urgent need for health system strengthening, starting from the central level of the government to a low level of facilities.

ABOUT HAIFA'A

Haifa'a is a Yemeni doctor with a master's degree in (MPH/ICHD) from KIT, Amsterdam.

She worked with different projects related to humanitarian and development focused on managing several projects, related to reproductive health, nutrition, food security, human rights, WASH, youth development as well as emergency response in Yemen. In addition, her job also included frequent field visits, health education, data collection and analysis, proposal writing, fundraising. These projects covered wide geographical areas, including remote and disadvantaged areas in Yemen. She occupied different public health-related positions and activities in Yemen and Netherlands which enhanced her experience to be more than 8 years.

Quirky fact: More than two years in the Netherlands and I couldn't bike as I have fear of the highest 🤔😭

10. SYDNEY HOWE

Title: “Producing Babies, Producing Knowledge: Infertility in Zambia in Narratives and Numbers”

Supervisor: Trudie Gerrits

Programme: Cultural and Social Anthropology

Institute/University: University of Amsterdam

Presentation: Session 3 - SRHR services and reproductive care

Pronouns: She/her



ABSTRACT

Infertility creates social and emotional stress for people around the world. In sub-Saharan Africa’s “belt of sterility,” which includes Zambia, infertility deeply negatively impacts quality of life (QoL) for both men and women because demonstrating fertility is necessary to be considered a full adult and to leave a legacy after death, and because modern treatment is difficult or impossible to access. I explored these issues through both ethnographic fieldwork and the Fertility Quality of Life survey (FertiQoL). This study seeks to begin to fill the current gap in literature on the social and cultural impact of infertility in Zambia.

Furthermore, numbers and narratives describing QoL tell different stories about infertility that are simultaneously contradictory and complementary. Together, these stories enhance understanding of the complexity of the experience of infertility in Zambia. During my fieldwork in Zambia, I developed a novel ethnographic survey administration method. This method combines the multi-level integrated survey approach (MISA) with ethnographic techniques to produce additional knowledge from surveys about infertility. By treating questionnaires as an affective technology and survey research as a social practice, my study illuminates how survey scores (numbers) and narratives from ethnographic interviews in Zambia produced and performed different knowledge about infertility. Surveys and interviews are therefore both “fertile” ground for producing knowledge about infertility. Including ethnographic and MISA methods during survey administration generates new knowledge about context that boosts reliability and validity, and deepens understanding of the meanings of survey results.

ABOUT SYDNEY

Sydney Howe graduated with an MSc in Cultural and Social Anthropology (cum laude) from the University of Amsterdam in January 2020. This presentation discusses research from Sydney’s Master’s fieldwork in Lusaka, Zambia, June-September, 2019. In addition to her academic work, Sydney has over ten years of professional experience focusing on intercultural communication and SRHR within the NGO, academic, and corporate worlds on three continents. She is currently a PhD candidate at Erasmus University Rotterdam within the ESHPM Health Technology Assessment group. Her PhD research will examine cost-effectiveness and legitimacy of AI/mHealth in skin cancer diagnosis in the Netherlands.

11. MASHA ZEE

Title: “Perceptions and encounters: perceptions and experiences of Dutch young women with a Turkish and Moroccan background related to contraception and contraceptive primary healthcare in the Netherlands”

Supervisor: Erica van der Sijpt

Programme: Cultural and Social Anthropology

Institute/University: University of Amsterdam

Presentation: Session 3 - SRHR services and reproductive care

Pronouns: She/her



ABSTRACT

Introduction: This thesis describes the perceptions and experiences of Dutch young women with a Turkish and Moroccan background related to contraception and contraceptive primary healthcare in the Netherlands. A social constructivist perspective is used to investigate perceptions. Furthermore, healthcare is described as a clinical encounter in which different explanatory models of different stakeholders are investigated. **Methods:** Interviews with fourteen women were analyzed using open and selective coding. **Results:** Women constructed their perceptions using different sources and different types of knowledge; apart from formal knowledge, embodied knowledge (from themselves or other women) is very important in constructing their perceptions. Women experienced a focus on the contraceptive pill and a lot of women associated hormonal contraception with ‘unnatural’ and bad for their bodies, mostly based on their own bad experiences (side effects) or experiences of other women. Some women experienced a taboo on contraception or found it difficult to talk about contraception. Within the clinical encounter, a lot of women experienced a lack of attention and space for their personal perspectives about contraception. They also missed information about side effects and other contraceptives except the contraceptive pill. Some women also mentioned their wish to talk about sexuality, or losing their virginity, during the clinical encounter, since they could not talk to friend or family members about that. **Recommendations:** Recommendations for practice for general practitioners is to provide more information about side effects and different forms of contraceptive and create a safe space for women and investigate their perceptions, wishes, worries and questions.

ABOUT MASHA

Masha is 27 years old and recently graduated. She has a bachelor’s degree in Health Sciences and just finished the Master Medical Anthropology and Sociology. She wrote her master thesis on the perceptions and experiences of young Dutch women with a Turkish and Moroccan background related to contraception and contraceptive care. She is pursuing a career in health research and just started as a Junior Researcher at VUmc at the department of Public and Occupational Health.

Quirky fact: some might call her a crazy cat lady.

12. CHANDREYI GUHARAY

Title: Global and regional contraception and safe abortion trends (2015 – 2020): A review of the literature

Supervisor: Korrie de Koning

Programme: Consultancy for Share-Net Netherlands Contraception & Abortion CoP

Institute/University: KIT Royal Tropical Institute

Presentation: Session 3 - SRHR services and reproductive care

Pronouns: She/her



ABSTRACT

This paper provides an overview of current contraception and abortion trends on a global and regional scale and presents the latest policy developments and financial trends around contraception and abortion services and supplies from 2015-2020. Relevant databases were searched for peer-reviewed and grey literature. Search terms included a wide range of key terms representing various themes such as contraception, abortion, SRHR funding, human rights, sexual and reproductive health. We included both qualitative and quantitative literature published between 2015 and 2020.

Findings indicate that despite the progress seen in recent decades, clear and significant gaps remain. An estimated 214 million women in developing regions have an unmet need for modern contraception and unsafe and illegal abortion remains a catastrophic public health issue, with an estimated 45% of all abortions that take place yearly being unsafe. Furthermore, the reinstatement of the Mexico City Policy, or 'Global Gag Rule' represents a major factor impacting the allocation of funds towards contraception and abortion services and supplies in developing regions and for vulnerable populations.

Investing in contraception and safe abortion is cost-effective, as it saves lives and expands the rights of women and girls, improving the wellbeing of communities and societies around the world. Yet, significant funding gaps exist, and considerable investments are needed to provide adequate contraception and safe abortion care. Unmet needs and gaps can only be addressed through the implementation of diverse and creative strategies, including advocacy, investments and financial commitments and collaboration between donors, governments and civil society organizations.

Keywords: contraception, abortion, SRHR funding, 'Global Gag Rule', women, girls, vulnerable populations

ABOUT CHANDREYI

Chandreyi Guharay is an intersectional feminist and researcher with a background in Development Studies, Anthropology and Political Science. Originally from Nicaragua, she now lives in the Netherlands where she works as a consultant for gender projects. She has worked for Share-Net Netherlands and SheDecides supporting research and advocacy initiatives around the sexual and reproductive health and rights of women, girls and vulnerable populations. Chandreyi is also a safe abortion advocate and is deeply passionate about making International Development spaces truly diverse and inclusive.

Quirky fact: She loves dill pickles so much that she learned to make her own, since it's very hard to find them in the Netherlands!

13. ALEXANDRIA ALBERTSON

Title: “Complicating Comprehensive: A Critical Feminist Discourse Analysis of Long Live Love”

Supervisor: Evelien Geerts

Programme: Master of Sciences, Sociology: Gender, Sex, and Society

Institute/University: University of Amsterdam

Presentation: Session 4 - Sexuality, sexual pleasure and LGBTI health

Pronouns: She/her and they/them



ABSTRACT

This thesis focuses on intersections of power, knowledge, identity and pleasure in the most widely used secondary school sexuality education curriculum in the Netherlands, Long Live Love. This analysis combines Foucauldian notions of power/pleasure/knowledge and governmentality with Simon & Gagnon’s sexuality scripting theory, theorizing discursive construction and regulatory power in tandem with sexual scripts, asserting sexual scripts as manifestations of discourses. With contextual and theoretical literature reviews this work lays a foundation upon which Long Live Love is analyzed. By utilizing a framework of critical pedagogy, this work seeks to interrogate discourses and subsequent scripts constructed through Long Live Love. Through the application of critical pedagogy it becomes possible to imagine a social and pedagogical reality in which sexuality education works to normalize the sexuality of all youth, disseminate practical sexual skills, and encourage pleasure filled, consensual exploration for all while dismantling systems of oppression and creating agential sexual citizens.

The results of this analysis show that though sex positive, Long Live Love creates distinct discourses and scripts of sexuality. Some of these discourses and scripts promote skills of agency, personal responsibility, and dialogue within the classroom, while others mirror and reproduce dominant social norms of sex and identity, such as heteronormativity, ableism, nonconsent, binary gender, and gender roles. This work concludes with actionable recommendations for building on the sex positivity present in Long Live Love to creating a more inclusive, liberatory program.

ABOUT ALY

Aly is a pleasure-centered sexuality educator, researcher, and activist based in Amsterdam. Their work focuses on sociopolitical intersections of power, health, knowledge, race, identity, pleasure, and educational pedagogy. Through a combination of academic and professional training, Aly has built a unique set of skills, educational, social, and analytic that allow them to approach their work through a constantly evolving inclusive and intersectional lens. Aly’s practical and theoretical experiences in education, facilitation, and research have allowed them to hone skills of communication and inclusion to create engaging material that encourages action with a focus on advocacy, social change, and praxis.

14. SIMAY CETIN

Title: “Sexuality among Turkish-Dutch women in a culturalist context”

Supervisor: Peter Pels

Programme: Cultural Anthropology and Development Sociology

Institute/University: Leiden University

Presentation: Session 4 - Sexuality, sexual pleasure and LGBTI health

Pronouns: She/her

ABSTRACT

This paper examines how young Dutch women of Turkish descent experience sexuality in the context of sexual culturalism. I coined the term sexual culturalism in order to capture the sexual and gendered essence of the Dutch culturalist discourse that depicts citizens with migrant backgrounds as deviating from the new sexual normalcy due to their perceived anti-homophobic and misogynist sentiments. Focusing on notions of agency and embodied sexuality, I conducted a three-month long ethnographic fieldwork among Turkish-Dutch women between the ages of 18-29 living in major urban centers of Randstad. In order to address challenges that might be involved in verbalizing thoughts and feelings surrounding intimacy and desire, I adopted an arts-based approach and invited participants to draw a colored timeline of their sexual history, each color representing feelings and emotions associated with their experiences. I further incorporated digital ethnography into my research, browsed through online forums where young Turkish-Dutch women discuss sexuality and used dating apps to get in touch with potential respondents. I interviewed ten women with varying degrees of religiosity and different types of sexual orientation. The majority of my respondents felt that the Dutch sex education system was heavily focused on the reproductive functions of sex with little attention given to issues of consent, intimacy and female pleasure. Women with Turkish migrant backgrounds are faced with dilemmas that are not adequately addressed as part of the sex education curriculum. Based on my findings, I argue that comprehensive sexuality education should incorporate minority voices and experiences in the form of case studies and create safe spaces for discussions on consent, partner choice, intimacy and enjoyment.

ABOUT SIMAY

Simay is a master’s student in Cultural Anthropology and Development Sociology at Leiden University, specializing in Global Ethnography with a thematic focus on sexuality and migration. She was born and raised in Turkey and previously lived in the United States and France where she obtained her bachelor’s degree in political science and international relations. She decided to study anthropology as she felt that political science was rather analytical and distant from the human dimension of the topics she intended to explore. Her own (somewhat privileged) migration trajectory and personal interest in feminism and sexuality led her in this direction. In her free time, she enjoys reading works of fiction, travelling (pre-Corona times) and photography.

Quirky fact: She loves music festivals and finds it really hard not being able to dance with people anymore.

15. JOY DEKKER

Title: "Women and Sexual Pleasure. Search for and experience of sex, intimacy, and pleasure of adult women with a physical disability in the Netherlands."

Supervisor: Trudie Gerrits

Programme: Medical Anthropology & Sociology

Institute/University: University of Amsterdam

Presentation: Session 4 - Sexuality, sexual pleasure and LGBTI health

Pronouns: She/her



ABSTRACT

This thesis describes and analyzes the sexual and intimate experiences of women with a disability in the Netherlands by using the 'three bodies' by Scheper-Hughes and Lock (1987): the political, social, and the embodied body. Findings are based on twenty-two semi-structured interviews with adult women with a variety of different physical disabilities. With the understanding of the political body, it became clear how women's sexuality was stigmatized and ignored in the Dutch healthcare, education system, and housing policies. These structural limitations affected privacy, the ability to cohabit with partners, and information on sexual functioning. Regarding the second body; the social, stigmas of asexuality, and infantilizations became apparent in interpersonal relations. Despite these limiting factors, many women actively dated and sought a partner who understands their reality. Many respondents maintained for filling relationships and stressed the importance of independents to safeguard their romantic relationships. The analysis through the third body, the embodied self, showed the importance of sex and intimacy. To engage in sex, women, together with their partners, adjusted creatively to their ability. Some women mentioned how, through sexual pleasure and their partner's support, they reconnected with their bodies and increased their self-esteem. Within oppressive political, social circumstances, respondents created sexual and intimate experiences according to their wishes and desires. Through the idea of the 'three bodies,' it became clear how women are agentic, despite and because of the non-disabled context they live in, and how, during sex, the body becomes a locus of pleasure and empowerment.

ABOUT JOY

Joy's interest in women's sexuality, SRHR and feminism started during my bachelor at University College Utrecht. Here she studied Psychology and Anthropology - African Studies. For her bachelor thesis, she wrote about labiaplasty and body confidence. Recently she finished her masters in Medical Anthropology and Sociology at the UvA. Currently she is enrolled in a Clinical Psychology pre-master program. Her goal is to become a sexuologist, and advocate for more sexual knowledge, confidence and pleasure. Besides her studies she works as a freelance trainer with (international) youth programs on the topics of inequality, leadership, and sex education.

Quirky fact: Joy has dyslexia and out of love she currently attempts to learn German.

16. JENNIFER SAWYER

Title: “Understanding LGBTI health: health issues and needs of LGBTI communities”

Supervisor: Paul Janssen

Programme: Consultancy for Share-Net CoP on LGBTI Health

Institute/University: KIT Royal Tropical Institute

Presentation: Session 4 - Sexuality, sexual pleasure and LGBTI health

Pronouns: She/her/their



ABSTRACT

Introduction: The access inequalities experienced by LGBTI individuals are well substantiated but the extent of LGBTI health needs is less clear. A growing evidence base speaks to the health burden experienced by LGBTI people. This paper explores the concepts and dimensions of LGBTI health to create a common understanding for anyone engaged in this topic.

Methods: A scoping review synthesised global literature on LGBTI health, from 2005 to present, identified using google, google scholar and the Directory of Open Access Journals. All studies reporting on LGBTI health inequalities/burden were included and analysis was qualitative.

Results: 43 documents were reviewed, including meta-analyses, systematic reviews, articles and reports. Much research focuses on sexual health of gay and bisexual men and other men who have sex with men, predominantly HIV/AIDS/STIs. There is more research on transgender women than transgender men. Data on intersex health is scarce. Analysis led to five health-related groupings: general health, sexual health, reproductive health, mental health, discrimination and violence, and substance use.

Conclusion: There is a clear disparate health burden experienced by the LGBTI community, with the majority of studies using minority stress, and the stigma and discrimination LGBTI people face, to explain these disparities.

Recommendations: Recommendations include: need for disaggregated data, recognition in health policy and practice, including multidisciplinary approaches to LGBTI health, targeted public health campaigns, and inclusive, participatory decision-making approaches engaging the LGBTI community.

ABOUT JENNIFER

Jennifer Sawyer is a passionate and committed advocate for gender equality and social justice. She holds an MSc in International Development Studies from the UvA and her professional experience has focused on SRHR, women’s empowerment and gender equality. Having worked for a range of development organisations – from a grassroots organization in Madagascar to the UN – and lived in contexts across Africa, Asia, Europe and Latin America, she brings a broad lens and cultural understanding to her work. She currently works as a consultant on programme design, strategy and research. She believes in women-centred and rights-based approaches, which place the voices, challenges and priorities of those affected – be it women, young people, LGBTI - at the centre.