



SHARE-NET INTERNATIONAL CONFERENCE

10-YEAR ANNIVERSARY EDITION

LINKING RESEARCH, POLICY AND PRACTICE

INVITATION AND ABSTRACT DOSSIER

18th of November

9:00 GMT+1 - 17:00 GMT+1



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INVITATION

Share-Net International kindly invites you to participate in the 10-year anniversary of the conference: “Linking Research, Policy and Practice” (LRPP). This event traditionally brings together policymakers, 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.

In the past, the country hub of Share-Net Netherlands annually organised this meeting between young researchers and their members from Dutch universities, NGOs and the Ministry of Foreign Affairs. The positive feedback of greater online accessibility to knowledge exchange and the aim to create a festive culmination of ten years LRPP results in the first international edition taking place in 2021, linking young researchers with Share-Net International (SNI) members from all country hubs (Bangladesh, Burkina Faso, Burundi, Colombia, Ethiopia, Jordan and the Netherlands), international members and the wider SRHR community.

OBJECTIVES

The aim of “Linking Research, Policy and Practice” is to:

- Disseminate young people’s knowledge on SRHR and GEWE
- Create a safe space for open dialogue, linking and learning between different SRHR actors
- Stimulate research-informed policy and practice, particularly in SNI country-hub contexts
- Identify further gaps in research, policy and practice
- Harvest networking opportunities between Share-Net members, young researchers, the Dutch Ministry of Foreign Affairs and Embassies of the Kingdom of the Netherlands in SNI countries and the wider SRHR community.

LOGISTICS

The event will take place fully online with a total of 8 knowledge sharing sessions and 2 online networking events.

The knowledge sharing sessions will be hosted via Zoom meeting. All necessary information about how to join the Zoom meetings that you signed up for can be found here: <https://support.zoom.us/hc/en-us/articles/201362193-Joining-a-Zoom-video-call>

The networking events will be hosted on the Remo Conference app. If you're using Remo for the first time, we recommend to have a look at this guide: <https://remo.co/wp-content/uploads/2020/12/Remo-Event-Guide-for-Guests-170521.pdf>

How to register: Participants are required to register in advance for each session of their interest to receive the confirmation email including link to the conference session and networking event.

Language of the event:

- Session 1 - SN Bangladesh: English
- Session 2 - SN Ethiopia: English
- Session 3 - SN Burundi and Burkina Faso: French with English interpretation available
- Session 4 - SN International: English
- Session 5 - SN Netherlands: English
- Session 6 - SN International: English and Spanish with Spanish and English interpretation available
- Session 7 - SN Colombia: Spanish with English interpretation available
- Session 8 - SN International: English

Some networking tables on the Remo Conference app will indicate the preferred language of participants to facilitate networking also in French and Spanish.

SESSION 1: SN-BANGLADESH

9.00 - 10.15 GMT+1;
14.00 - 15.15 GMT+6 (Dhaka)

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Paternity Leave: Fulsome or Need of Time

Rezwana Shahrin (she/her)
University of Dhaka
Supervisor: Sanzida Akhter

Abstract:

In Bangladesh today, rapid urbanization requires a mother to join the workforce. She is allowed to take 6 months of maternity leave. But after that, a father must step in to fill up the vacancy. The new generation of fathers might even want to involve more with their small families. So, they need structural supports like paternity leave. But it remains one of the most unexplored areas in Bangladesh.

Can introducing paternity leave play a significant positive role in both family sphere and workplace by giving opportunity to the father to contribute more in the family and revise the gendered division of labour? To answer this, I had to ask questions to 18 respondents. I have interviewed service holders of government, non-government and multinational sectors. For evaluating desires of service holders with experience, I have interviewed those fathers who do not get paternity leave, as well as those who get it. To enrich my research, I have interviewed their spouses as well. To establish my data with strong arguments, I have interviewed 2 gender specialists. The theoretical framework of my research is based on social role theory. The conceptual framework includes two concepts – parental role and fatherhood, and masculinity and paternity. Examples of Sweden, Norway, and Belgium is presented in the literature section to show successful implementation of paternity leave policy. In Bangladesh, a proposal of 15 days of paternity leave was granted in 2014 from Prime Minister's Office. But no further development has been recorded. Some private companies allow the employees 5-7 days of paternity leave. This is everything that the country has to offer in the name of paternity leave.

My research finding shows that majority of my respondents feel that paternity leave is a right of the father. They are very optimistic about its impact on the economy, social, as well as their family life. They have linked it with the betterment of physical and mental health of themselves and their children. They feel proper introduction of paternity leave can help them in reducing their work-family conflict to many extent. My respondents also have recommendations about how the policy should be shaped.

In conclusion, my research shows that whether we can establish it as a 'right' or not, but paternity leave is a demand of time in Bangladesh.



Accessing SRHR services during COVID 19: Scenario of Bangladesh

Tahia Rahman (she/her)

Centre for Men and Masculinities Studies

Abstract:

COVID 19 pandemic has made life harder for people of all ages. Some of the people have been struggling to even ensure their basic necessities, as resources and opportunities are scarce. Sexual and reproductive health and rights was the field which saw a dire need of attention. As part of the project titled BraveMen Campaign on Covid-19, data was collected on violation of the rights in accessing SRHR services during Covid-19 crisis, from all the eight divisions in Bangladesh. Lessons learnt from this online based research project are quite significant. Different new issues have come out through the research that were never of any concern before. During this pandemic the fact came to focus again that equal access and opportunity of services is still far to achieve. Fewer people were taking SRHR services and even worse, most were not taking any service. The issue of sexual and rights is neglected mostly among men. During a pandemic, poor infrastructure in the public health sector may result in less people taking this service as well. People did not have accurate information. Mostly young adults in early 30's were always facing trouble getting the service. Lack of transport and lockdown during pandemic worsened the situation. The study finding includes instead of taking contraceptives, even young women are taking a long term approach, which requires more concern considering the side effects of long terms methods in an early age. Developed countries and SDG recognized the necessity of SRHR services, but there was a lack of awareness among the population from the beginning. And the situation has hardly improved in developing countries like Bangladesh. Some recommendations have been driven out from the discussions: moral and gender education complimented with sex education, prioritizing mental health issues, community awareness and education initiatives, challenging deeply rooted hegemonic masculinity construction, engaging the community gatekeepers.

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Searching for Light at the End of the Tunnel; An analysis of Bangladeshi women's help-seeking process following intimate partner violence.

Tonima Trisa Islam (she/her)
KIT Royal Tropical Institute
Supervisor: Nur Rokhmah Hidayati

Abstract:

Introduction: Intimate partner violence is highly prevalent in Bangladesh which has major consequences for health, society, and development. Despite the high prevalence, help-seeking of IPV victims from formal services is very low. Though research is growing on IPV in Bangladesh, help seeking of IPV victims is under-researched and poorly understood. The study tries to establish understanding of the help seeking process in a theory informed way and identify factors influencing the steps; with an aim to bridge the knowledge gap.

Methods: A literature review of peer-reviewed and grey literature published in the last 20 years is carried out to meet the study objectives. A conceptual framework adapted from Kennedy's framework for help attainment process is used to guide the analysis.

Results: Violence condoning attitude, fear of shame/stigma, difficulty in accessing services due to lack of information, availability, cost, distance, lack of trust in usefulness of services, poor attitude of the providers are the most pronounced immediate factors that affect the steps towards help-seeking. Education, older marital age, severity, and frequency of violence are strongly associated with increased help-seeking following IPV. Family, friends, and other support networks influence women's decision to seek help in a negative way, which is rooted in the community's gender inequal views.

Conclusion and Recommendation: Help-seeking following IPV is influenced by the interplay between different immediate and contextual factors. According to the findings, intervention targeting the community to change norms may address the problem from the root. Expanding education, employment for women, addressing legal loopholes and training of providers are integral in the process of improving help-seeking and response to IPV victims. More research is paramount to address the problem effectively.

Key terms: Intimate partner violence, spousal abuse, gender-based violence, help-seeking, gender

SESSION 2: SN-ETHIOPIA

9.00 - 10.15 GMT+1;
11.00 - 12.15 GMT+3 (Addis Ababa)

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Provider-perceived benefits and constraints of complete adherence to antenatal care guideline among public health facilities, Ethiopia: a qualitative study

Tewodros Seyoum (he/him)
University of Gondar

Abstract:

Background: In Ethiopia, health care providers' level of adherence to the national Antenatal Care (ANC) guideline is relatively low. The reasons why they do not follow the guidelines are not well known. Therefore, this study aimed to explore the provider-perceived benefits and constraints associated with using the guideline for ANC in public health facilities in Gondar town.

Methods: A qualitative study was conducted using a semi-structured interview guide. The interview was conducted among a purposive sample of nine health care providers working in four public health facilities in Gondar town. After the interviews were transcribed and coded, a content analysis was done using Atlas ti version 7.5 software packages.

Result: Decreasing provider's workload and maximizing performance, improving safe motherhood, and improving the process of service delivery were reported as the perceived benefits of following ANC guideline. Organizational problems, care providers' existing knowledge, attitude, and skills and availability of training and mentorship were the three main identified groups of factors that hinder complete providers' adherence to ANC guideline.

Conclusion: Although providers acknowledged the benefits of following ANC guideline, the guideline is not fully implemented. Refresher training should be given at the start of the updated eight-contact ANC guideline and continuing education and supervision throughout the implementation process. Health care providers call for profound and urgent revisions of the supply chain system for supplies and equipment.



Human papillomavirus in women with precancerous lesion and cervical cancer: the use of urine as an alternative specimen

Ededia Firdawoke (she/her)
Addis Ababa University
Supervisor: Dr. Tamrat Abebe

Abstract:

Background: In a country where the coverage cervical cancer screening is low optimization of the uptake is critical. The implementation of high precision test is advocated by WHO. To augment the implementation human papillomavirus (HPV) based screening in Ethiopia we compared the performance urine HPV DNA test with cervical swab.

Methods: Paired samples (n=103) of first void urine and cervical swab were collected from patients Gynecology Clinic of Tikur Anbessa Specialized Hospital (TASH). After extraction of DNA using QIAamp® DNA Mini Kit (Qiagen) the HPV infection, coinfection and type-specific HPV distribution was determined using the Anyplex HPV28 DNA genotyping kit (Seegene, Seoul, Korea) and CFX96 IVD (In Vitro Diagnostic) Real-Time PCR System. The kit simultaneously detects, differentiate, and semi-quantify 28 HPV genotypes 19 high risk (Hr)-HPV types; HPVs 16, 18, 26, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 68, 69, 73 and 82 and 9 LR-HPV types; HPVs 6, 11, 40, 42, 43, 44, 54, 61 and 70. Additionally, blood sample was collected to detect HPV16 L1 anti-capsid antibody using Prevo-check® (Abvirus Germany GmbH). It is immunologic rapid test that directs against a protein that is produced by HPV 16 infected cells which interferes with cell division. Pap smear was done by a pathologist and histology results was collected from the chart of the patients and a clinical form was used to collect basic information from the patients by the attending midwife nurses.

Result: Of the 103 paired samples, HPV infection prevalence was 83.5% in cervical and 77.7% in urine samples. HPV 16 is the most prevalent in both samples with 56.8% in cervical swab and 54.6% in urine sample followed by HPV 18 (5.8%) in cervical swab and HPV 18 and HPV 39 (6.2%) in urine samples. Multiple infection rate (infection more than one type of HPV) was 22.4% in urine samples and 32.0% in cervical swab. The agreement in the detection of HR-HPV between urine and cervical samples was moderate with a kappa value of 0.57 at 95% CI. Using the cervical HPV results as a reference, the analytical sensitivity of urine HPV testing was 88.4% (76/86) and specificity of 76.5% (13/17) and ROC area of 0.82 with (0.7-0.9) 95% CI. The Prevo-check HPV16 L1 antibody test has detected antibody from seven patients have a low clinical sensitivity but specificity of 100%. Of 93 histology result; 69.9% of the participants were diagnosed with SCC. HR-HPV detected in 76.2% and 79.7% from cervical and urine samples.

Conclusion: In a country with low cervical cancer screening uptake collection of urine specimen can be considered as an alternative sample since the sample is easy to obtain, showed good diagnostic performance and may increases uptake of cervical cancer screening in Ethiopia. HPV16 and 18 were the predominant HPV detected from women with CIN2+ and above patients.

Keywords: Human papillomavirus, Urine, Cervical cancer, TASH



Knowledge Level and Associated Factors about Sexual and Reproductive Health Rights Among University Of Gondar Students, Gondar Ethiopia

Yohannes Keflie (he/him)

University of Gondar College of Medicine and Health Sciences

Supervisor: Melaku Kindie

Abstract:

Background: Young peoples' knowledge on sexual and reproductive health rights (SRHRs) is essential in exercising these rights. Knowledge about SRHRs helps tackling of neglected issues, such as adolescent sexuality, gender based violence, and unsafe abortion. But little is known about the level of knowledge and the important predictors in the study area, therefore this study was done to fill this information gap.

Objective: This study aimed to assess knowledge about sexual and reproductive health rights and associated factors among undergraduate regular Students in University of Gondar, 2018.

Result: A total of 827 students were included making the response rate 98.8%. The overall optimal knowledge level about SRHRs was 57.7% (95% CI 54.2-61.1). Being Muslim (AOR=0.33; 95% 0.18, 0.63), Urban resident (AOR=1.49; 95% 1.10, 2.01), Information and education faculty (AOR=0.45 95% CI 0.32, 0.65), availability of reproductive health service in the campus clinic (AOR=1.40; 95% CI 1.04, 1.89) were statistically significantly associated with having optimal knowledge level about SRHRs.

Conclusion: Large proportion of students do not have optimal knowledge about SRHRs. Factors such as religion, place where students come from, faculty, and availability of RH service in student's clinic had statistically significant association with SRHRs. To bridge this knowledge gap sexual and reproduction right education and RH service shall be available among all faculties giving emphasis for Muslims and students from rural areas.

Keywords: sexual and reproductive health rights, University students, Cross-sectional

SESSION 3: SN-BURUNDI & SN-BURKINA FASO

10.30 - 11.45 GMT+1;
11.30 - 12.45 GMT+2 (Bujumbura)
09.30 - 10.45 GMT +0 (Ouagadougou)

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Spatial distribution and predictive factors of antenatal care in Burundi

Arnaud Iradukunda (he/him)
University of Burundi

Abstract:

Background: The use of obstetric care by pregnant women enables them to receive antenatal and postnatal care. This care includes counseling, health instructions, examinations and tests to avoid pregnancy-related complications or death during childbirth. To avoid these complications, the World Health Organization (WHO) recommends at least four antenatal visits. This study deals with the spatial analysis of antenatal care (ANC) among women aged 15 to 49 with a doctor and associated factors in Burundi.

Methods: Data were obtained from the second Demographic and Health Survey (DHS) carried out in 2010. A spatial analysis of the prevalence of ANC made it possible to map this prevalence by region and province, and to interpolate the cluster-based ANC prevalence at unsampled data points using the kernel method with an adaptive window. The dependent variable is the antenatal care (yes / no) with a doctor and the explanatory variables are place of residence, age, level of education, religion, marital status of the woman, the quintile of economic well-being of the household and place of birth of the woman. Factors associated with ANC were assessed using binary mixed logistic regression. Data were analyzed using R software, version 3.5.0.

Results: The findings of this study clearly show that ANC prevalence varies from 0 to 16.2% with a median of 0.5%. A pocket of prevalence was observed at the junction between Muyinga and Kirundo provinces. Low prevalence was observed in several locations in all regions of the provinces. They also show that woman's education level and place of delivery are significantly associated with antenatal care.

Conclusion: Prevalence of ANC is not the same across the country. It varies between regions and provinces. Besides, there is intra-regional or intra-provincial heterogeneity in the prevalence of ANC.

Keywords: Antenatal care, interpolation, kernel method, mixed logistic model, Burundi.



Early and unwanted pregnancies in schools: adolescent girls between ignorance and lack of information

Lambert Hakuziyaremye (he/him)
Université du Burundi
Supervisor: Nduwayo Jean Marie

Abstract:

In Burundi, statistics show that early pregnancies in schools are on a very significant scale. It is therefore essential to understand the causes of this increased number of pregnancies. The article is therefore based on a qualitative perspective with semi-directive interviews with adolescent girls, parents and community members to try to understand the causes, the actors and the representations that people have of these early pregnancies.

By mobilising this methodological arsenal, I found that one of the causes of these early and unwanted pregnancies is the lack of information on sexuality, which is also linked to the absence of dialogue between parents, educators and adolescents. The latter find themselves in situations of manipulation that lead them to uncontrolled sexual relations. The other element is linked to household poverty, which leads adolescent girls to engage in involuntary sexual relations in order to earn some material goods.

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The issue of early and unwanted pregnancies in schools affects both rural and urban adolescents, mainly due to ignorance and lack of information on sexuality because of Burundian culture, which treats sexuality as a taboo subject that parents cannot discuss in the presence of their children. Added to this is the poverty of households. It is therefore very important to conduct awareness-raising sessions for all those involved in the education of children to explain the need to talk to their teenage daughters about sexuality. It is also necessary to help households to recover economically in order to become more self-reliant.

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Gender socialization and identity effect on primary school students' aspiration in Burkina Faso

Alis Bambara (she/her)

Joseph Ki-Zerbo

Supervisor: Madeleine Wayack-Pambe

Abstract:

Studies show that gender norms can influence people's representations about themselves, change their self-esteem and behavior. Since girls and boys are socialized differently in the various places of children's socialization, gender socialization can lead to the construction of differential identities for girls and boys so as to influence differently their ability to make decision. While gender norms are hierarchical, the consequences can be unfavorable for girls' empowerment and exacerbated in the most economically disadvantaged areas. Therefore this paper aims to contribute to a better understanding of the effect of gender socialization on children's identity and the link with their individual aspirations. Basing on Burkina Faso's case, the study seeks to see how girls and boys result's socialization are differently linked to the aspirations they have for some of their sexual and reproductive life events like to have child or to get married. It uses data of "Starting Right at Schools: The Gendered Socialization of Very Young Adolescents in Schools and Sexual Reproductive Health" survey, conducted in 2019 at Ouagadougou with ten public primary schools young's students aged between 9 to 16 years. When applying descriptive analysis to data, girls and boys are socialized according to gender norms that confer superiority and authority to the boy and present the girl as brittle and modest. Then, girls are more likely predict to have their first child or to get married earlier, when boys are more likely do it for later time. This result can be an explanation for the high prevalence among girls of early pregnancies and early marriages. Therefore, interventions promoting positive and equal gender norms should be developed in order to boost girls' self-esteem and improve their sexual and reproductive health at young and adult ages.

Keywords: Gender norms, identity, sexual and reproductive health, primary school students, Burkina Faso

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SESSION 4: SN- INTERNATIONAL (MATERNAL AND MENSTRUAL HEALTH)

10.30 - 11.45 GMT+1

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How National Public Policies in Indonesia Address Maternal Mortality from The Perspective of Health Equity and Intersectionality: A Retrospective Policy Analysis Study

Putri Widi Saraswati (she/they)
KIT Royal Tropical Institute
Supervisor: Prisca Zwanikken

Abstract:

Background: Indonesia still struggles to reduce its Maternal Mortality Rate (MMR). In 2015, the MMR in Indonesia is 305 per 100,000 live births – the highest in the Southeast Asia (SEA) region. Furthermore, the burden of maternal mortality is not distributed equally. Various intersecting determinants affect how maternal mortality is experienced by different groups of women and girls. Although the reduction of maternal mortality has been a priority within the development policy for the last decade, the MMR stays stagnant, raising concerns about adequacy of policies.

Objective: This study is a retrospective policy document analyses study and literature review aimed to describe and analyse how Indonesian national public policies address maternal mortality from the perspective of health equity and intersectionality.

Findings: This study found that Indonesia has not adequately incorporated sexual and reproductive rights components in its policy response to reduce maternal mortality. Religious and moral biases limit the full protection and fulfilment of these rights. Furthermore, the policy response has not adequately addressed the intersecting determinants of maternal mortality, including gender, across different policy sectors. Indonesia could learn from other Low-and-Middle Income Countries (LMIC) about how to develop evidence-based policy response that is pro-marginalized groups, synchronized between sectors, and supported by strong political will – including in addressing determinants that are deemed as not politically feasible.

Recommendations: This study recommends the national government of Indonesia to fully incorporate sexual reproductive rights components, gender mainstreaming approach, and synchronized intersectoral work into its policy response to reduce maternal mortality, and to gain evidence regarding various intersecting determinants of maternal mortality to better inform its policy response.

Keywords: maternal mortality; public policy; sexual reproductive rights; intersectionality; Indonesia



The politics of framing menstrual health and hygiene interventions: challenging or upholding menstrual stigma?

Femke van Heun (she/her)

Utrecht University

Supervisor: Dr. ir. Janwillem Liebrand

Abstract:

The number of menstrual health and hygiene (MHM) interventions in the Global South is rapidly increasing. The aim of MHM interventions is to upgrade menstrual care through biomedical information, menstrual products and MHM-responsive WASH facilities. However, feminist scholars in the newly defined academic field of Critical Menstruation Studies (CMS) have criticized such biomedical and technological approach to upgrading menstrual care. In the Northern context, upgrading menstrual care has contributed to the concealment of menstruation, which in turn accommodated rather than challenged menstrual stigma. Critical research regarding the framing of menstruation traditionally focuses on the Global North, and there is very little attention to how these frames and stigmas are exported to other parts of the world, especially through development programming aimed at improving menstrual care. This research focuses on to what extent MHM interventions conducted by INGOs challenge menstrual stigma as defined by CMS. The research methods are inspired by an ethnographic approach of development programming: they build on the characterization of development programming as a constant process of negotiation. Through qualitative modes of inquiry such as a content analysis of INGOs' policy and program documents and interviews with experts in the field of MHM, this study examines the governance and design of MHM interventions. As such, the research enables analysis of the dominant claims and frames made by the ones 'doing MHM'. This allows for comparison of such frames with CMS' conceptualization of menstrual stigma, thus opening up and contributing to the discussion of whether MHM interventions negotiate or challenge menstrual stigma.

As this research found, INGOs' narrative does not demonstrate consideration regarding how hardware interventions and their technologies can play a role in reproducing menstrual stigma. Through software interventions, INGOs focus on visibility and normalization of menstruation. Nevertheless, visibility and normalization of menstruation do not relate to the visibility of stigmatizing marks, but to a specific interpretation of menstruation: a female biological function which can be talked about in relation to biomedical information in school curriculums, availability of menstrual products and taking menstruators needs into account when building new WASH-facilities. This interpretation of 'visible menstruation' is exactly what feminists have tried to challenge in Northern contexts, as this reinforces rather than challenges menstrual stigma. INGOs thus seem to have fallen into what this research defines as 'the menstrual concealment trap': both the promoters of menstrual concealment and menstruators themselves experience the specific ways of concealing menstrual blood as liberating and empowering. However, as illustrated in this research, keeping the reality of menstruation (menstrual blood) a private matter, is unknowingly based on views of menstruation as unhygienic and inconvenient. Findings show that funding streams in the policy domains of WASH and SRHR and the dominant menstruation frames from the Global North uphold such interpretation of menstruation. To allow reframing of current MHM interventions, the research findings motivate several recommendations for INGOs working on menstrual health. The three main recommendations are 1) developing a global network representative of all menstruators to inform MHM programming, 2) separating menstrual concealment from narratives characterized by medicalization and the need for hygienic management of menstrual blood and 3) information and education on the processes underlying menstrual stigma, i.e., objectification of female bodies and women's own internalization of objectifying norms. This research is the first in international development studies that analyzes MHM interventions in relation to menstrual stigma as defined by CMS.



Complementary feeding practices among mothers of children aged 6-24 months in Ibadan

Aminat Salami (she/her)

University of Ibadan

Supervisor: Dr. Kofoworola Adediran

Abstract:

Background: It has been reported that 29% children under age five are underweight, 18% are wasted and 37% are stunted. Poor feeding has been found to play a major causal role in the development of undernutrition particularly in early childhood. The current practices of timely introduction of complementary feeding in Ibadan are not known. This research on Complementary feeding is necessary, to make the gains of exclusive breastfeeding (EBF) worth the while, hence this study is to identify the pattern of complementary feeding in mothers of children aged 6-24 months in Ibadan.

Methods: In this cross-sectional study 441 mother-child pairs from ten randomly selected Health Facilities in Ibadan were enrolled. Socio-demographic information, feeding methods, factors affecting timely introduction of complementary feeding practices were obtained using an interviewer administered questionnaire.

Results: Only 34.2% of children ages 6-24 months were fed in accordance with the recommendation for infant and young children feeding practices. Less than a quarter (22.5%) of the mothers introduced drinks or foods at >3month of age, while 34.2% of the respondents introduced drinks or foods at age 4-5 months. Mother's age, education, information about complementary feeding, parity and place of living showed a statistically significant association with timely introduction of complementary feeding, while all other factors such as mother's income, marital status, gender of child, place of delivery, etc., showed no statistically significance association with timely introduction of complementary feeding. Majority of the mother who fed their children from birth till 6 months followed the standard guideline of complementary feeding recommended by the World Health Organization.

Conclusion: Mothers introduced complementary foods earlier than recommended, widespread information education communication and behavioral change communication activities on initiation of complementary feeding should be implemented in the maternal and child health unit of the hospital.

Keywords: Complementary feeding, Timely introduction, Complementary feeding indicators, child health.

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NETWORKING EVENT

Share-Net offers the opportunity to interact on the virtual event platform Remo. You can move from table to table to sit with different people and chat! Just like real life events.

Register here: <https://live.remco.co/e/linking-research-policy-and-prac/register>

Click 'Save me a spot' to register for the event. This can be done before the event starts as well. If you have not attended a Remo event before, you will be asked to create an account first. To do this, just input your email, name, password and click 'Register event'. Once you saved yourself a spot, you also get the option to 'Add to the calendar'.

TIME

11.45 - 12.30 GMT+1;

[5.45 - 6.30 GMT-5 (Bogota)];

10.45 - 11.30 GMT+0 (Ouagadougou);

12.45 - 13.30 GMT+2 (Amman, Bujumbura);

13.45 - 14.30 GMT+3 (Addis Ababa);

16.45 - 17.30 GMT+6 (Dhaka)

SESSION 5: SN- NETHERLANDS

13.30 - 14.45 GMT+1

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Asylum-seeking women's perspectives regarding a mental health screening method during pregnancy: a qualitative study

Elena Soldati (she/her)
Rijksuniversiteit Groningen

Abstract:

Objective: This study aims to identify a suitable and acceptable method to screen for depression, anxiety and post-traumatic stress disorder (PTSD) in pregnant asylum seekers.

Methods: We conducted semi-structured interviews with pregnant asylum seekers. Before the interview participants filled out a demographic questionnaire and a mental health screening test, the Refugee Health Screener 15 (RHS-15). During the semi-structured interview, we discussed the acceptability and suitability of the RHS-15 to screen and start a dialogue about PTSD, anxiety and depression. To analyse data, an inductive thematic analysis was performed by two researchers. The interviews took place at the Asylum Seeker Centre of Ter Apel, the Netherlands in the months of November and December 2020.

Results: Eight asylum seeking women participated in the study. The following main themes were identified: 'Importance of mental health screening', 'Talking about mental health' and 'Use of the RHS-15'. Pregnant asylum seekers find themselves in an underserved, and disadvantaged situation. They find it meaningful and acceptable to talk about mental health with their midwife or other health care professionals, but they would not initiate a conversation on mental health spontaneously. They would appreciate encouragement in disclosing matters regarding their mental health and help with navigating the Dutch health-care system. Barriers and enablers to talk about mental health included a language barrier, cultural differences, relationship with health care providers and practical barriers. Participants considered the RHS-15 suitable for mental health screening.

Conclusions: This is the first study in Europe that assesses the suitability and acceptability of mental health screening in pregnant asylum seekers from their perspective. Asylum-seeking women would appreciate a mental health screening during pregnancy and think the RHS-15 is an acceptable and suitable method. Further research is necessary for health care providers and policy makers to consider implementing mental health screening for all pregnant asylum seekers.



Sex Workers and the Host Gaze - How do sex workers in Amsterdam experience tourism to Amsterdam?

Saskia Jacobs (she/her)
University of Groningen
Supervisor: S.L. Bolderman; B. de Haas

Abstract:

The concept of the Host Gaze is understudied within the field of tourism studies. This research seeks to expand on the previous literature on this topic by applying this concept to a population, sex workers, that, to my knowledge, has not been studied before with this concept in mind. To do this, this research investigates how sex workers working in Amsterdam experience tourism to Amsterdam using the concept of the Host Gaze. This concept analyses how tourists are seen by a host community and why they are seen that way. Using a grounded theory approach, a total of 15 sex workers were interviewed who were engaged in different forms of sex work in Amsterdam or in its suburbs. The main findings were that the participants primarily evaluated tourists by their spending habits, their general attitude towards the sex workers, and how they compared with other locals and tourists from other countries. In particular, the higher spending tourist clients were most appreciated. This economic benefit appeared to be the most important in how tourists were evaluated and appeared to make up for norm violating behaviour. This research further speculates that the presence of tourism also favoured the sex workers in the power relations between them and their clients. Due to tourism, there were more clients in Amsterdam, leading the sex workers to be in a better position to turn down potential clients. They further had to do less emotional labour in finding clients, as there were generally plenty of other potential clients. As such, policy efforts aimed at improving the working conditions of sex works should include promotions of tourism. Future research is recommended on the role of language proficiency in how sex workers present themselves to their clients. Further research is also recommended in Bangkok, Thailand, another city with a reputation for sex work and sex tourism, to compare how working conditions influence sex workers their interactions with tourists and clients.



"Since you have a desire to have children, I would advocate freezing" An ethnographic study into the construction of reproductive care paths in a Dutch gender clinic.

Silke Baas (she/her)
University of Amsterdam
Supervisor: Dr. Trudie Gerrits

Abstract:

Before a legislative change in 2014, irreversible sterilization was a mandatory requirement in the Netherlands for trans people to change their gender on official documents. This requirement left trans people with little to no options to pursue genetic parenthood and consequently left the topic of future fertility as a neglected part of the medical transitioning process. The 2014 law change opened up new possibilities in trans family planning. Furthermore, clinics specializing in transgender care now had a new task: implementing fertility-preserving care within the transitioning process to secure reproductive potential and open up options for future genetic parenthood.

For my Master's thesis, I conducted ethnographic research in a gender clinic in the Netherlands. Through semi-structured interviews with clinicians and observations of fertility counseling sessions with trans people, I studied the tension between future fertility and gender transitions and the implications of this tension for the implementation of fertility-preserving techniques and future access to assisted reproductive technologies (ARTs).

Building on Inhorn & Birenbaum-Carmeli's (2008) conceptualization that ARTs are socio-technical products and access to reproductive care is deeply culturally, politically and economically embedded, this thesis highlights how the complexity of developing new reproductive care paths within transgender care is intensified by the everchanging socio-political context in which trans healthcare takes place. Another dimension in complexity is added by the gendered meanings attached to technologies, bodies, reproductive organs, reproductive cells, and their functioning by people going through the transitioning process.

This thesis suggests that the construction of new reproductive care paths within transgender care in the Netherlands was not only about navigating new possibilities in fertility preservation and assisted reproductive technologies. It was also about coming to terms with a national past of state-mandated sterilizations and negotiating new types of reproductive care, bodies, and families. In the gender clinic, clinicians attempted to navigate the legal and biomedical possibilities and limitations inherent to reproductive care while working in a heteronormative institutional culture where, until recently, the option for trans parenthood was simply invisible.



You give them a voice: An ethnographic study on pregnancy care interactions among refugees and their healthcare providers in the Netherlands

Sterre van Ede (she/her)
University of Amsterdam
Supervisor: Bregje de Kok

Abstract:

In recent years, growing research has found that immigrant populations within the Netherlands, namely refugees, have unfavorable birth outcomes compared to Dutch citizens. As a result, there is a growing demand to understand both qualitative and quantitative factors that influence birth outcomes for refugee women. This thesis aims to describe how pregnancy care is experienced by the refugee women themselves, narrowing a major gap in the literature. To understand care interactions between Dutch healthcare providers and pregnant refugees, data was collected in nine semi-structured interviews with Dutch midwives, five semi-structured interviews with refugees, four observational days at midwifery practices, and one observational day at an asylum-seeking center. This thesis highlights the deep significance of communication and trust for pregnant refugees during care interactions. Further, the paper presents that when Dutch midwives cultivate environments with considerate communication and trust for refugees, the quality of pregnancy care is improved. Based on the findings which indicate an increased need for trust and communication in care interactions, it is recommended that the Dutch healthcare system implement support structures for both healthcare providers and pregnant refugees that foster empathetic care interactions to improve birth outcomes in the Netherlands.

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SESSION 6: SN- INTERNATIONAL (SRHR AND EDUCATION)

13.30 - 14.45 GMT+1

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"Pregnant, not a lost cause". Understanding the experiences of women who had an adolescent pregnancy and left their formal education in Iztapalapa, Mexico City

Yasser Meneses Zepeda (he/him)
Universidad Autónoma de Barcelona, University of Bremen and
University of Cyprus
Supervisor: Helen Phtiaka

Abstract

Pregnant adolescents are up to 37% less likely to complete secondary school. Mexico registered 348,046 births to adolescents in 2019. Typically, literature on teenage pregnancy and school dropout establishes two main connections between both concepts. First, there is a widely recognized role of education as a tool to prevent pregnancy and keep girls in school. Second, literature usually reports school dropout as an effect of the teenage pregnancy, i.e. they see it as a linear relationship. However, there are fewer studies on pregnant adolescents who drop out of school. The aim of this thesis is to find out, through their own voices, the main reasons why eleven women from Iztapalapa, Mexico City, dropped out of school during their pregnancy.

The research question is: what are the main reasons that force pregnant teenagers to abandon their studies? Concepts such as stereotypes and gender roles, sexuality education, life projects, among others, are key in this thesis. Likewise, the thesis is based on the Ecological Systems Theory, which stipulates that people go through multiple situations throughout their lives that can influence their behaviour or decisions in different ways. By means of semi-structured interviews and questionnaires, I was able to collect experiences that answer this question from a qualitative point of view.

Thanks to the coding and analysis of the data, it was observed that pregnancy per se is not the cause of dropping out of school, but rather the interpretations that actors close to and distant from these adolescents give to it, many of which are linked to religious, sexist and adult-centred beliefs. These interpretations affect their decisions, as they limit their ability to develop fully, as they fall prey to stigma, discrimination and the roles imposed on them for being adolescents and mothers. The results of the thesis invite us to include the protagonists in the design of future strategies, to eliminate the hidden curriculum of fear of sexuality and to create and strengthen strategies for the school reintegration of adolescents who interrupted their studies due to pregnancy.



Reaching the unreached girls with comprehensive sexuality education (CSE) through digital platform amidst COVID-19 pandemic in Oyo State Nigeria

Aminat Salami (she/her)
Society for Family Wealth
Supervisor: Tunde Ogungbenro

Abstract:

Background: A360 Amplify project by Society for Family Health Nigeria provided an opportunity for adolescent girls through Physical Life Love and Health (LLH) classes held in a safe space, to engage in conversations around their Sexual Reproductive Health and Rights (SRHR). COVID-19 pandemic has been observed to be one of the latest threats to widespread access to SRHR. The COVID-19 pandemic indirectly exposes adolescent girls to multiplied risks of unplanned pregnancies, sexually transmitted infections including HIV especially during the lockdown. Hence, a hands-on approach is required to come up with digital platforms and safe space for girls to access SRHR. This study aims to evaluate how to improve access to SRHR services among adolescent girls during Covid-19 pandemic

Methodology: Ten (10) primary health centers in Ibadan were assessed and engaged to provide adolescent and sexual reproductive health (ASRH) services to adolescent girls through WhatsApp platforms whereby groups were created by the trained young providers and registered in the facility name, for weekly classes with girls whereby topics around development of life map, spice talk on SRHR and method talk leading to referral for walk-in-counseling session at the facility.

Results: 184 girls were registered for A360 9ja girls' program across 10 WhatsApp groups from May 2021 to July 2021. 36 sessions were held with 53 girls referred to the facility for ASRH services. Despite phone ownership being found to be low among girls, as well as complaints of not having mobile subscriptions, SRHR services were provided to girls virtually and girls unmet needs were satisfied with the observance of COVID-19 protocols.

Conclusion: More studies need to be conducted to foster reaching the unreached girls especially those who do not own a phone. Likewise, the incidence of COVID-19 should be maximized in supporting our girls in achieving their Sexual and Reproductive Health and Rights.

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Diverse bodies in transit in the heteronormal Ecuadorian educational system: Experiences of young people with diverse gender identity during their transit through the educational system characterized by limited policies and programs in comprehensive sexuality education

Hipatia Fernanda Vega Lema (she/her)

Facultad Latinoamericana de Ciencias Sociales (FLACSO) Ecuador

Supervisor: María Moreno Parra

Abstract:

My research sought to understand how young people with diverse gender identity experienced their passage through school and how they experienced the manner in which their identity/orientation/expression was (mis)understood both from the institution and from peers and other actors involved in it. Added to this is the lack of public policies and programmes on comprehensive sexuality education that include a focus on gender diversity. In the last decade, Ecuador has had three different strategies on sexual education, framed only and solely on the prevention of pregnancy in girls and adolescents. One of these, Plan Familia, led by Opus Dei, emphasised abstinence as a contraceptive method; in 2018, Ecuador was the country with the second highest rate of teenage pregnancy in the region. These plans or strategies have neglected the inclusion of gender diversity, and the research shows that there is a lack of knowledge of the routes and protocols for dealing with cases of bullying and discrimination faced by adolescents with non-binary sexuality in the education system. Several of these cases have led to suicide attempts and mental health instability. In addition, the research showed that the primary source of access to information on sexuality is pornography, which sells unprotected sex commercially, sexually transmitted diseases such as HIV are one of the leading causes of death among the LGBTIQ community.

Theoretically, I started from the approaches of gender performativity, compulsory heterosexuality and the educational system as a disciplinary and reproductive institution of heteronormativity. This research was qualitative, focusing on the experiences and biographical narratives of young people, through interviews and focus groups, complemented by interviews with teachers and research on documentary sources. With my research I seek to contribute to gender and sexuality studies in Ecuador. Specifically, contribute to deepen academic understanding of the experience of LGBTIQ young people during a crucial stage of life for the development of their personal and social identity. Additionally, this work contributes to a field that is still not well understood in relation to the issues faced by these young people in the educational system, and in their relationship with their peers, teachers and educational authorities. The results of this research have the potential to generate relevant knowledge about how to include a gender and sexual diversity perspective both in the education system and in comprehensive sexuality education policies and programmes.

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SESSION 7: SN-COLOMBIA

15.00 - 16.15 GMT+1

09.00- 10.15 GMT-5 Bogota

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No expiration date. Sex-affective relationships and modes of socialization of older lesbians in Bogotá

Ana Margarita Fernández de Castro Peñaranda (she/her)
Facultad Latinoamericana de Ciencias Sociales (FLACSO)
Supervisor: Cristina Vega Solis

Abstract

This research analyses the construction of sexual and affective relationships of older lesbians in Bogotá in order to claim their right to love and sexuality in old age. Following feminist gerontology and life course approaches, I compiled eight life stories of lesbians over sixty in order to understand how their life paths affect their current management of sexual affectivity. I also used participant observation to accompany them in their daily lives and identify their patterns of socialisation.

I demonstrate that the experience of past stigma continues to shape their socialisation and sexual bonding, limiting their relational options. Similarly, their discontinuous career trajectories and family estrangement have accentuated their vulnerability, affecting the importance attached to the couple, as the relationship arrangements they have made depend, among other things, on their material situation.

It is relevant to focus on sexual and emotional ties in old age for lesbians as these, in addition to offering them the possibility of continuing to manage their sexuality and affections, are the main source of support in old age. However, some individuals state that it is not enough to desire a partner, as they face certain limitations in their search for a partner. For example, the censorship that surrounds sexuality among older women, the lack of economic resources that forces them to prioritise obtaining daily subsistence to the detriment of managing their emotional and sexual issues. An additional factor is the lack of socialisation spaces for older lesbian women, as well as the invisibility of this segment of the population, even within the LGBT community. These realities present great challenges for LGBT public policy in Bogotá, both in terms of developing strategies to mitigate loneliness and in providing care for the elderly.



Analysis of Youth-Friendly Health Services for Adolescents and Young People for the promotion and guarantee of sexual and reproductive rights in the city of Cali

Linda Teresa Orcasita Pineda (she/her)

Pontificia Universidad Javeriana Cali

Grupo de investigacion bienestar, trabajo, cultura y sociedad

Abstract:

The AYFHS were implemented in 2007 as a public strategy to improve the sexual and reproductive health of adolescents and young people in Colombia. Subsequently, the 2014 PNDSR and the 2012-2021 Ten-Year Public Health Plan establish that the care of sexuality must be done from a comprehensive perspective and within the framework of the DSSRs, the gender, differential and life cycle approach, so that it is possible to develop state actions that favour the promotion, prevention, diagnosis, treatment, rehabilitation and mitigation of sexual and reproductive health.

Despite these state efforts, most adolescents and young people currently attend the AYFHS after they have already started their sexual life, especially when they engage in practices involving penetration. In addition, the users of the AYFHS have a low level of knowledge about SRH issues, which are limited to contraception, pregnancy, childbirth and STIs, without representing themselves as subjects of rights and, therefore, without being able to claim, appropriate and exercise them in their different socialisation environments. Similarly, it is reported that three of the 32 social enterprises in the State that offer amicable services in the city of Cali have not taken into account the perspective of adolescents, young people and the community in constructing their model based on the needs of the environment to be intervened in, reproducing an assistentialist vision, contrary to what is proposed by the AYFHS. These aspects can also be attributed to structural and administrative aspects that affect the implementation of the service in entities where it is necessary to strengthen the interdisciplinary team and the intersectional perspective. This allows adolescents and young people to use the services and tools provided in the friendly service which, in turn, promotes the participation of this population, social and community group, as well as the visibility of the AYFHS. In addition, gender-based violence negatively affects the appropriation, exercise and applicability of the rights of adolescents and young people in Santiago de Cali.

Based on the above, the following research was designed to analyse the model of adolescent and youth-friendly health services (AYFHS) for the promotion and fulfilment of sexual and reproductive rights from the point of view of the adolescents and young people who play a multiplier role, the health professionals and the administrative officials linked to the 32 existing services in the city of Cali. On this basis, this proposal was carried out using a mixed methodology approach, which includes a quantitative and qualitative component.

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Urban midwifery in Bogotá and women's reproductive rights: contributions of the intangible cultural heritage of the knowledge associated with the Afro-Pacific midwifery

Elizabeth Salazar Niño (she/her)
Universidad Externado de Colombia
Supervisor: Blanca Yolanda Sierra León

Abstract:

Background: In some clinical deliveries, pregnant women are ill-treated. To address this gender-based violence, this research analyses the contributions of the intangible cultural heritage knowledge of Afro-Pacific midwifery to urban midwifery in Bogotá, with the aim of demonstrating that urban midwifery is an alternative to institutionalised childbirth that it ensures reproductive rights and counteracts obstetric violence.

Methodology: Four semi-structured interviews were conducted with two urban midwives in the city of Bogotá, an apprentice midwife in the afro process and a homebirth mother in Bogotá. From the results obtained in the interviews and the academic analysis of different sources of information, urban midwifery in Bogotá is characterised and the elements in common with the intangible cultural heritage of Afro-Pacific midwifery are explained.

Results: Home births are not for all pregnancies because midwifery is linked to a lifestyle. Organisational processes and knowledge sharing have been fundamental for traditional midwives to share their knowledge. Urban midwifery is not promoted by the health system or the law, because midwifery is still perceived as unhealthy and unsafe.

Conclusions: Urban midwifery in Bogotá guarantees women's reproductive rights from a human rights perspective because it protects women's reproductive autonomy by allowing them to decide about their birthing and safeguards their access to quality reproductive health services by offering them a safe and low-risk home birth. While this midwifery responds to the needs of urban women, with the contributions of traditional Afro midwifery knowledge, births in the city are connected to nature, to water, plants and the female body.

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Empowerment and mutual care practices among ex-guerrilla women of the FARC-EP and the communities to which they are reincorporating

Paola Moreno (she/her)
Universidad Nacional de Colombia
Supervisor: Fredy Mora

Abstract:

After the Peace Agreement between the FARC-EP guerrillas and the Colombian government in 2016, the need has arisen to generate common spaces between ex-guerrilla women and the rest of the citizens. In particular, these women need to have roles that provide them with recognition in their transition to civilian life. This paper focuses on the empowerment processes of ex-guerrilla women. The theoretical perspective guiding the research is based on the concept of care and feminist critiques of it. The objective is to recognise the care practices that favour the empowerment of ex-combatant women in their reincorporation process. The ethnographic method selected analyzes the complex configuration of the care practices of female ex combatants. The data collection design included participant observation, interviews and the systematisation of the documentary corpus produced by the FARC party on women.

The results show the care practices that favour the empowerment of three ex-guerrilla women who work in three different scenarios: a productive project, the FARC component of the Unit for Disappeared Persons, and the communication strategy of the government and the FARC to make the reincorporation processes visible in the territories. Their previous experiences in the guerrilla forces led them to distance themselves from the traditional sexual roles of care and to deploy new practices aimed at themselves and the communities they were reincorporating into.

Finally, the research allows us to rethink the links between ex-guerrilla women and civilians, or those that can emerge jointly, favouring the mutual empowerment of both these women and the communities to which they return.

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SESSION 8: SN- INTERNATIONAL (UNDEREXPOSED PERSPECTIVES)

15.00 - 16.15 GMT+1

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SRHR and Malian Youth: A Look from Outside of Health

Margherita Magoga (she/her)
Utrecht University
Supervisor: Dr Semiha Sözeri

Abstract:

In Mali, young people face challenges when trying to exercise their sexual and reproductive health and rights. Data from 2018 shows that only 17.4% of Malian women use modern contraceptives and 88.6% of women underwent female genitalia mutilation. Furthermore, women must occasionally rely on illegal abortion practices that jeopardize their health due to the restrictive abortion laws in the country. This study investigated how the socio-political context of the country influences provisions aimed at young people for contraception use, abortion practices and female genitalia mutilation. The theoretical framework was based on the social determinants of health approach, particularly on two structural determinants: culture and legislation. The research data was collected via interviews with local stakeholders who are experts of the interested area. Besides, two legislative documents were analyzed and compared: the Maputo Protocol and the Loi SR, a local Malian law. Overall, the findings clearly showed the influence of culture and legislation on sexual and reproductive health and rights provisions. Regarding contraception, culture has an effect in three ways: providers' negative attitudes, limited knowledge, and the original meaning of family planning. If we look at the legislation, the Maputo Protocol is put well into practice through the Malian law and NGO programs. With regards to abortion, the cultural influence can be seen mainly through the stigma that the practice carries with it. Finally, female genitalia mutilation is kept alive because of the importance that the tradition holds and the pressure from conservative Muslim religious leaders. Moreover, in this instance we can see the biggest contrast between what is asked by the Maputo Protocol and what is implemented at the national legislative level. Overall, policymakers and SRHR professionals should strive in considering the influence that the two social determinants of health have on a population to achieve health equity.



Navigating (In)visibility: an intersectional study of undocumented Nigerian sex workers' access to healthcare

Molly O'Meara (she/her)

University of Copenhagen

Supervisor: Marie Nørredam & Maria Marti Castaner

Abstract:

Framed in intersectional theory, this research set out to explore the healthcare access for undocumented Nigerian sex workers (UNSWs) in Denmark from the perspective of them and their service providers (SPs). Participant observation, three informal interviews with UNSWs and eight in-depth interviews with SPs were conducted. Findings demonstrate how UNSWs are (in)visibilised by their intersecting social marginalisation and navigate their healthcare access through this (in)visibility. UNSWs are inhibited in their ability to prioritise healthcare as a result of their marginalised positionality and social insecurity, which further the invisibility of this group. Additionally, conflicting perceptions of UNSWs persist among SPs, at times fuelling positioned rationales of UNSWs' needs, which reinforce their invisibility. However, results also display UNSWs' agency in healthcare and how SPs respecting and encouraging this agency, can serve to increase uptake of services and thereby improve healthcare access. This study expanded the generic framework of barriers to healthcare access as well as the concept of invisibility. Furthermore, it emphasises the benefits of taking an intersectional approach in healthcare research with undocumented migrant populations.

The study testifies not only that there is an urgent need for increased legal entitlements to healthcare for undocumented groups, but also that their intersecting marginalisation and complex identities need to be recognised to ensure practicability of such entitlements.



Assessing the opportunities / pathways for Male engagement in Family planning use, communication process, decision making in Tororo district, Uganda during the 42 days of lock down

Doreen Birungi (she/her)

Sproulty Support Services and Situka Initiative Alliance

Supervisor: Kelly Gonzaga

Abstract:

Background: Male involvement in family planning is a practice whereby fathers, husbands and male community members are active participates and decision makers in caring for women and supporting their family to access better health services. There is positive association between male involvement and access to sexual reproductive rights and maternal-child health results. This is usually short leaved since the health system has always positioned family planning as a birth/population control method than a right. **Aim:** This study investigates the pathways and opportunities for male engagement in family planning use communication process and decision making by spouses (couples).

Theoretical framework: This study adopted the use of the theory of planned behavior which is an extension of the theory of reasoned action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). "The theory maintains that three core components, namely, attitude, subjective norms, and perceived behavioral control, together shape an individual's behavioral intentions" thus this study aims to challenge stereoptical myths that limit male involvement in family planning.

Method: This is a qualitative study utilizing data from twenty in-depth interviews and two focus group discussions conducted in Tororo district, Uganda. Study participants included married men from the age of 18-35 years and their wives, individuals and organizations working to improve male involvement; all purposively (Civil society organizations, Marie stopes, reproductive health Uganda), youth leaders, pharmacist and rural medical practitioners, community health workers, Medical officials from the District health office (DHO).

Findings: Most health workers interviewed have not been well trained to provide male-friendly services. Interventions are dependent on donor aid and support, which in turn renders them unsustainable. Religious leaders and men are often left out of the design and management of male involvement interventions in family planning.

Conclusion: Need for a bottom-up approach to male involve that emphasize male engagement and women's agency with respect to family planning with the support of the community members especially women, fathers and community leaders who are clued upon the social norms and structures of the community. **Recommendation:** Policy and program development initiatives of family planning need to put in consideration the exposed in-balance in power dimensions amongst couples during pandemics.

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TIME

16.15 - 17.00 GMT+1;

10.15 - 11.00 GMT-5 (Bogota);

15.16 - 16.00 GMT+0 (Amman, Ougadougou);

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18.15 - 19.00 GMT+3 (Addis Ababa);

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The artistic output that will be produced is a **digital fanzine**, a form of independent one-issue-only magazine on the topic of the event.

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