



3 NOVEMBER 2022 14.00 CET ISS, THE HAGUE INVITATION & SPEAKER DOSSIER



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INVITATION

Share-Net Netherlands kindly invites you to participate in the 11th annual "Linking Research, Policy and Practice" conference on 3rd November, 2022.

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. Our 11th annual conference will take place in person from 14.00 CET at Aula A, International Institute of Social Studies, ISS, The Hague, Kortenaerkade 12, 2518AX, The Hague, The Netherlands.

OBJECTIVES

- Disseminate young people's knowledge on SRHR and Gender Equality and Women's Empowerment (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.

BRIEF PROGRAMME OVERVIEW

Date: November 3rd, 2022 **Time:** 14.00 - 17.00 CET

Venue: Aula A, International Institute of Social Studies, ISS, The Hague,

Kortenaerkade 12, 2518AX, The Hague, The Netherlands

14:00 - 14:30 Welcome and Keynote presentation
14.30 - 15.10 Round 1 of concurrent thematic presentations

Session 1: Reproductive and Maternal Health
Session 2: Inclusion and SRHR

15.20 - 16.00 Round 2 of concurrent thematic presentations

Session 3: HIV and SRHR
Session 4: SRHR in the Dutch context

16.05 - 16.15 Reflections & key learnings
16.15 - 17:00 Networking



SESSION 1:

REPRODUCTIVE AND MATERNAL HEALTH

14.30 - 15.10 CET





POSTNATAL CARE WORKERS' MOTIVATED REASONING FOR BREASTFEEDING SUPPORT: A QUALITATIVE STUDY IN THE NETHERLANDS

Dorien de Jong (she/her)
University of Groningen
Supervisor: Dr. Billie de Haas

ABSTRACT:

Introduction: Not all women who want to breastfeed their child are able to do so as they desire. In the Netherlands, women experience differences in the adequacy of breastfeeding support between professionals. Although previous studies investigated facilitators and barriers for breastfeeding support based on professionals' perspectives, an in-depth understanding of professionals' motivations is unclear. The present study uses cultural schema theory to identify what motivates professionals' reasoning for breastfeeding support.

Methods: In-depth interviews were conducted with eight postnatal care workers in Groningen, a province in the Netherlands.

Findings: The present study shows that postnatal care workers' reasoning for breastfeeding support is often aimed at protecting mother's wellbeing. Professionals' actions depend on three components: the professional providing support, the mother receiving support, and the broader context. Professionals' schemas on breastfeeding support are often shaped by personal and professional experiences together with schooling, and to a lesser extent by guidelines.

Conclusion: The current WHO breastfeeding guidelines – on which Dutch national guidelines and breastfeeding schooling are based – mainly focus on the promotion of (exclusive) breastfeeding. However, findings from this study suggest that breastfeeding support is often guided by the promotion or protection of mothers' and families' wellbeing, rather than solely the promotion of breastfeeding.

Recommendations: This study suggests that guidelines and schooling should acknowledge and incorporate the influence of family context and the importance of mothers' wellbeing when providing breastfeeding support.



SESSION 1:

REPRODUCTIVE AND MATERNAL HEALTH

14.30 - 15.10 CET





CERVICAL CANCER (SCREENING) IN THE NETHERLANDS: UNDOCUMENTED WOMEN'S PERSPECTIVE

Wietske Wesseling (she/her)

Dokters van de Wereld / Leiden Universiteit

Supervisor: Marjette Koot

ABSTRACT:

Introduction: Undocumented women have a greater risk of developing cervical cancer, though they do not have access to preventative screening in the Netherlands. Little is known about their views of the topic and willingness to undergo preventative screening. We described the knowledge and interest of undocumented women in cervical cancer (screening).

Method: In January and February 2022, undocumented women aged 30-60 were interviewed about cervical cancer, screening and reasons to (not) participate in this screening. The interviews were held at consultation hours of Doctors of the World.

Result: We included 33 women. Their knowledge about cervical cancer and screening was minimal. They had a great interest in the topics and a high willingness to participate in cervical screening if this was organised by a trustworthy organisation such as Doctors of the World.

Conclusion: Undocumented women are open to receiving information about cervical cancer and participating in preventative screening. Early detection and treatment of precancerous cervical lesions/cervical cancer improves quality of life and is cost-effective. We recommend to include undocumented women in the cervical screening programme.



SESSION 1:

REPRODUCTIVE AND MATERNAL HEALTH

14.30 - 15.10 CET





QUALITY IMPROVEMENT INTERVENTIONS IN MATERNAL AND NEWBORN CARE IN ETHIOPIA: LITERATURE REVIEW

Betelhiem A. Gebreselassie (she/her) KIT- Royal Tropical Institute Supervisor: Irene de Vries

ABSTRACT:

Introduction: Ethiopia has a high burden of maternal and neonatal mortality. Efforts made so far are directed at increasing coverage by building more health facilities. However, national and global goals could not be met with this quantity-over-quality approach. Over all, the score for quality of care is low, particularly in the process component of care. The aim of this thesis is to explore quality improvement interventions done in Ethiopia to improve the process component of care and forward recommendations to policy makers.

Methodology: A literature review was done using the WHO Framework for Quality of Maternal and Newborn Health to guide the literature search. Findings are discussed in four sections: evidence-based practice and human resources, actionable information systems, functional referral systems, and experience of care.

Results: Task shifting trainings were found to be effective in reducing maternal deaths. There is limited focus in the availability of guidelines, especially regarding postnatal care. Low-quality data is the biggest challenge in utilizing health information systems for learning and improvement. Free ambulance service is a very effective intervention, while referral feedback and protocols need attention. Training alone is found to be ineffective to improve respectful maternal care.

Conclusion and recommendations: More coordinated national-based interventions addressing availability of guidelines, referral feedback, and protocols and improving respectful maternal care are needed to effectively reduce maternal and newborn adverse outcomes. Implementing interventions specifically designed for different stakeholders is still needed.



SESSION 2: Inclusion and SRHR

14.30 - 15.10 CET





BASELINE STUDY ON THE LEVEL OF KNOWLEDGE,
ATTITUDES AND PRACTICES OF YOUTH LIVING WITH
DISABILITIES REGARDING SRHR

Révérien NSHIMIRIMANA (he/him)
University of Bordeaux
Supervisor: Jacques MIKULOVIC

ABSTRACT:

People with disabilities often depend on their environment to access knowledge about sexual and reproductive health and rights (SRHR), and this knowledge influences sexual attitudes and practices. Purpose of this study was to identify the level of knowledge, attitudes and practices of youth with disabilities regarding SRHR in order to advocate for their inclusion in SRHR policies.

Eighteen youth and adolescents, including six blind, six with motor disabilities, two with cerebral palsy, one albino and three deaf-mutes from different urban and rural centers participated. Using an interview guide with various themes, interviews were conducted. The thematic analysis focused on three themes: the knowledge, attitudes and practices of youth and adolescents living with disabilities regarding SRHR.

The results illustrate that this category has limited knowledge about SRHR, which influences the adoption of risky sexual practices. The lack of a policy that includes the needs of youth with disabilities, disability-specific manuals, training for center staff, and disability status are identified as barriers to sex education. This study is important for policy makers and stakeholders for the inclusion of people with disabilities in SRHR policies.



SESSION 2: Inclusion and SRHR

14.30 - 15.10 CET





"IT WAS A LOT OF WORK, EVEN BECOMING ABLE TO THINK OF MYSELF AS A TRANSGENDER PERSON AND A PARENT": AN EXPLORATORY STUDY OF REPRODUCTIVE CHOICES AND EXPERIENCES OF TRANSGENDER PEOPLE WITH GESTATIONAL CAPACITY IN THE DUTCH AND ITALIAN CONTEXTS

Arianna Rogialli (they/them)
UvA - Graduate School of Social Sciences
Supervisor: Dr. G.J.E. Gerrits

ABSTRACT:

Gestation is generally described as a women's health issues. However, transgender people who have ovaries and a uterus can have pregnancies as well, and they are too often excluded from such discourse. In this study I have explored how trans people's personal processes of identity formation and their bodily experiences related to reproduction are articulated throughout their life stories and how they co-shape their procreative, gestational and parental wishes, choices and practices.

A gap in literature about this topic exists both in the Netherlands and Italy, and the specificities and dissimilarities of the two countries make them relevant locations to explore the topic.

Semi structured in-depth interviews were carried out with 19 transgender people who have resided for significant periods of time in the Netherlands or Italy, and either have or previously had the anatomy needed to carry children.

The study contributes to the expansion of the limited corpus of literature on the topic, and strives to provide a a comprehensive perspective, that can show how participants relationships with their identities and their reproductive capacity shape the ways they approach procreation and parenthood.



SESSION 2: INCLUSION AND SRHR

14.30 - 15.10 CET





DIGITAL WHORES DOING PAY-PER-VIEW CHORES
DECONSTRUCTING THE GENTRIFICATION OF ONLINE
SEXUALITY THROUGH AN ANALYSIS OF ONLY FANS

Lisa Philippo (she/her)
Amsterdam University College
Supervisor: Erinç Salor

ABSTRACT:

OnlyFans facilitates a digital marketplace to share and buy sexual content in a decreasing space for online sexuality after the enactment of the FOSTA/SESTA legislations. Over the course of the COVID-19 pandemic, the platform quickly rose in popularity and soon included profiles by various celebrities who are publicly praised for their presence on the sexual platform. This shows a stark contrast to the stigmatized place of sex workers in public discourse, which suggests a certain distinction between performers on OnlyFans and sex workers. To analyse this difference, this paper studies whether OnlyFans has changed the stigmatized perception of sex work, and how this relates to the identity and perceived agency of the performer.

Through an analysis of sex work discourse, performers on OnlyFans are related to sex workers though discursive notions of agency, identity and stigma. Subsequently, a discourse analysis of digital sex work and NetPorn shows how OnlyFans compares with other digital platforms through interpenetration, mediated intimacy and aestheticism.

The results of this analysis establish that although the popularity of OnlyFans may have broadened the public perception of sex work, the interpenetrative aspects of the platform that facilitated its popularity enlarge the disparity between influencers and sex workers - who are continuously excluded from participating in the (digital) marketplace. This demonstrates that the analysis of OnlyFans is illustrative of a larger digital gentrification, which perpetuates a glorified "influencer" aesthetic while slowly eliminating the digital presence of marginalized bodies and sexualities.



SESSION 3: HIV AND SRHR

15.20 - 16.00 CET





OPPORTUNITIES FOR INCREASING UTILIZATION OF PRIVATE SECTOR DELIVERY OF ORAL HIV PRE-EXPOSURE PROPHYLAXIS (PREP) BY MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TGW) IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS): APPLICATION OF AN INTEGRATED PERSON-CENTRED MARKET SYSTEMS FRAMEWORK.

Ali Asghar (he/him)
KIT Royal Tropical Institute
Supervisor: Paul L. Janssen

ABSTRACT:

Introduction: In LMICs, MSM and TGW face significant stigma and discrimination which limits their access to Oral HIV PrEP services along with substantial gaps in the availability of Oral HIV PrEP services. This study explores opportunities for increasing utilization of private sector delivery of Oral HIV PrEP by MSM and TGW in LMICs.

Method: The study is a literature review around provision of Oral PrEP services among MSM and TGW in LMICs. Findings summarized were obtained from available academic databases (VU library, Google Scholar, and PubMed). An adapted version of the Market Systems Framework and Person-centered Healthcare Access Framework was used to explore opportunities for private sector delivery of HIV PrEP.

Results: This holistic review of the Oral PrEP service delivery landscape for MSM and TGW in LMICs identified gaps and opportunities in provision of PrEP services at the supply-side, demand-side, policy-level, and supporting functions such as financing, infrastructure, skills, technology, and information. The study was able to highlight differentiated service delivery mechanisms that serve needs of MSM and TGW for oral PrEP services in a safe and conducive environment.

Conclusion and Recommendations: Programmes should deploy risk-based, de-medicalized, cost-effective, and differentiated delivery channels with innovative technology for the provision of Oral PrEP services by MSM and TGW in LMICs. Health care providers should undergo capacity building for person-centered quality care to enable provision of interpersonal and gender-affirmative care.



SESSION 3: HIV AND SRHR

15.20 - 16.00 CET





WEAVING THROUGH THE INTRICATE REALITY OF THE HIV-POSITIVE WOMEN IN EASTERN INDONESIA, NUSA TENGGARA BARAT

Nabilla Syahaya Putri Aryani (she/her)
International Institute of Social Studies, Erasmus
University Rotterdam
Supervisor: Nabilla Syahaya Putri Aryani

ABSTRACT:

Background: HIV cases in Nusa Tenggara Barat, Indonesia has continued to surge particularly among the population of subordinated women. However, the analysis of structural inequalities and violation of women's sexual and reproductive rights are still absent in the intervention to address the problem.

Methods and Findings: The research was conducted with qualitative investigation using in-depth semi-structured interviews to understand the lived experiences of women living with HIV in encountering stigma and discrimination to access adequate sexual and reproductive health services using the multi-level intersectionality approach and focusing on co-constructing the knowledge with 12 HIV-positive women. The data were analyzed using thematic analysis which presented multi-levels of challenges across the interpersonal, community, and institutional opportunities; resilience, provision of the social network, and challenging stigma.

Conclusion: This research study explored the relationship between multi-dimension of social identities and structural inequalities of WLWH in two distinct social locations in Nusa Tenggara Barat that have constructed intersecting multi-levels of HIV-related stigma and challenges for women to access HIV health care and treatment and the opportunities for different coping strategies. The findings of this research study highlight the significance of recognizing the intricate aspects of the lives of women living with HIV. Therefore, integrated interventions that aim to reduce the multi-level forms of challenges of WLWH are required with the involvement of intersectoral social actors in advancing sexual and reproductive health and care services for women.



SESSION 3: HIV AND SRHR

15.20 - 16.00 CET





COLLIDING WARS: SYSTEMATIC REVIEW ON HIV RESPONSE IN CONFLICT-AFFECTED SETTINGS

Alhadi Osman (he/him) Health Management Support Team (HMST) and UMC Utrecht

Supervisor: Roberto Garcia Saez

ABSTRACT:

Background: Conflicts and warfare are a rising threat to population wellbeing. HIV risk and poor response in conflict-affected areas threatens global efforts towards its elimination.

Methods: A systematic review was conducted to recognise changes in HIV prevention, testing, and treatment in conflict-affected settings, especially among key populations, adolescent girls, and children born to HIV-affected mothers. HIV service availability, delivery and continuity were considered throughout the study.

Results: 7378 studies were identified through the search process, 17 of which fulfilled the inclusion criteria of this review. Studies reported higher HIV risk and incidence amongst adolescent girls and young women, especially those who were internally displaced. Furthermore, several studies reported HIV testing and treatment service interruptions in conflict settings, mostly as a result of facility looting and damage, supply chain disruptions and medications stock-out, infrastructure and communication hurdles, and population displacement. Studies also suggested that there is increased loss-to-follow-up HIV patients in conflict settings. Studies have also suggested that children living with HIV have much lower rates of clinic follow-up and medication adherence after a humanitarian crisis based on their social backgrounds, including children who lost caregivers to conflict.

Conclusions: A combination of forced displacement and health system collapse are fuelling HIV risk and progression in conflict-affected regions. Evidence suggests that adolescent girls and children living with, or at risk of, HIV are particularly marginalised. Their inclusion in humanitarian response plans is crucial to safeguard progress towards HIV elimination.



SESSION 4: SRHR IN THE DUTCH CONTEXT

15.20 - 16.00 CET





SEX WORKERS' EVERYDAY SECURITY IN THE NETHERLANDS AND THE IMPACT OF COVID-19

María Inés Cubides Kovacsics (they/them)
International Institute of Social Studies (ISS), Erasmus
University Rotterdam
Supervisor: Karin A. Siegmann

ABSTRACT:

The COVID-19 pandemic has laid bare and exacerbates the existing insecurities of sex workers. This paper asks: What are sex workers' everyday experiences of (in)security? And: How has the COVID-19 pandemic influenced these? We engage with these questions through collaborative research based on semi-structured interviews carried out in 2019 and 2020 with sex workers in The Hague, the Netherlands. Revealing a stark mismatch between the insecurities that sex workers' experience and the concerns enshrined in regulation, our analysis shows that sex workers' everyday insecurities involve diverse concerns regarding their occupational safety and health, highlighting that work insecurity is more multi-faceted than sexually transmitted infections (STIs). Widespread employment and income insecurities for sex workers are exacerbated for transwomen and male sex workers. Their legal liminality is enabled not only by the opaque legal status of sex work in the Netherlands, but also by the gendering of official regulation. The COVID-19 pandemic made visible how the sexual and gender norms that informally govern sex workers' working conditions intersect with hierarchies of citizenship, complicating access to COVID-19 support, particularly for migrant sex workers. Sex work regulation in the Netherlands leaves workers in a limbo—not without obligations and surveillance, yet, without the full guarantee of their labour rights. To effectively address sex workers' insecurities, a shift in regulation from its current biopolitical focus to a labour approach is necessary. Besides, public policy and civil society actors alike need to address the sex industry's harmful social regulation through hierarchies of gender, sexuality and race.



SESSION 4: SRHR IN THE DUTCH CONTEXT

15.20 - 16.00 CET





INCREASING HIV TESTING AMONGST MSM AT RISK OF LATE PRESENTATION OF HIV – A CITY-BASED APPROACH IN AMSTERDAM

Muhammad Sharjeel (he/him)
Amsterdam Institute of Global Health
Supervisor: Muhammad Sharjeel

ABSTRACT:

Amsterdam has achieved tremendous progress in curbing new HIV infections but the late presentation of HIV infections remains a challenge in MSMs. Low perceived risk, high perceived severity/burden of living with HIV, traumatic memories from the early AIDS epidemic, lack of communication with GPs, and missed opportunities by healthcare providers continue to increase the risk of late presentation in a small group of MSM. A participatory, systematic intervention development approach is employed, guided by the nine steps of the Behavior Change Wheel (BCW) (Michie et al. 2014;). To accomplish the steps, a series of ten focus groups have been conducted with the men who have sex with men in Amsterdam (n=15). Furthermore, expert interviews (n=11) were undertaken to identify key behavior change strategies. The intervention strategies identified could be functionally classified into education(consciousness-raising) and enablement for the lack of risk perception, environmental restructuring, modeling, and persuasion for the decreasing high perceived severity of living with HIV. Given the challenges offered by the hard-to-reach (Last Mile) population, the challenges related to feasibility and diversity can be resolved by a tailored intervention development approach.



SESSION 4: SRHR IN THE DUTCH CONTEXT

15.20 - 16.00 CET





PINK NETWORKS: AN EXPLORATORY STUDY OF QUEER OLDER ADULTS' USE OF QUEER JOY, PRACTICAL KINSHIP, AND CARE RELATIONSHIPS TO DO RELATEDNESS IN THE DUTCH CONTEXT

Lara Fizaine (she/her)
University of Amsterdam
Supervisor: Trudie Gerrits

ABSTRACT:

Aging-in-place policies in the Netherlands assume that care at the end of life is a continuation of long-standing kin relations, particularly within the nuclear family. Kinship, however, has often stretched beyond the nuclear family to include many more kinds of relations between persons. This is also called relatedness and is based on the idea that flows between people of things that are not actual substances but possess animating properties and are linked to strong emotions have the power to connect them.

I studied relatedness among queer older adults in Amsterdam. This generation has lived through a changing sociolegal landscape impacting their visibility, acceptance, and possibilities for kin making. Focusing on participants with strong ties to LGBT clubs and organizations, I analyzed how engaging in non-traditional kinship relations shaped their aging process, particularly in terms of organizing care. I found that queer older adults in the Dutch context do relatedness through queer joy, practical kinship, and care relationships. I also demonstrated how relatedness with kin of all kinds can enable older queer adults to not feel alone even when they have little in the way of normative kinship.

This has important implications as population ageing coincides with changes in the doings of kinship. Being more aware of how relatedness can work with care to ensure older adults' well-being is essential to the design of future care policies