



12th Linking Research,  
Policy and Practice Zine  
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**UNDERSTANDING DIVERSITY IN**  
*Reproductive and Maternal  
Health*

# IN THIS *Zine*

**2** Examining Maternal & Reproductive Healthcare  
By Al Albertson

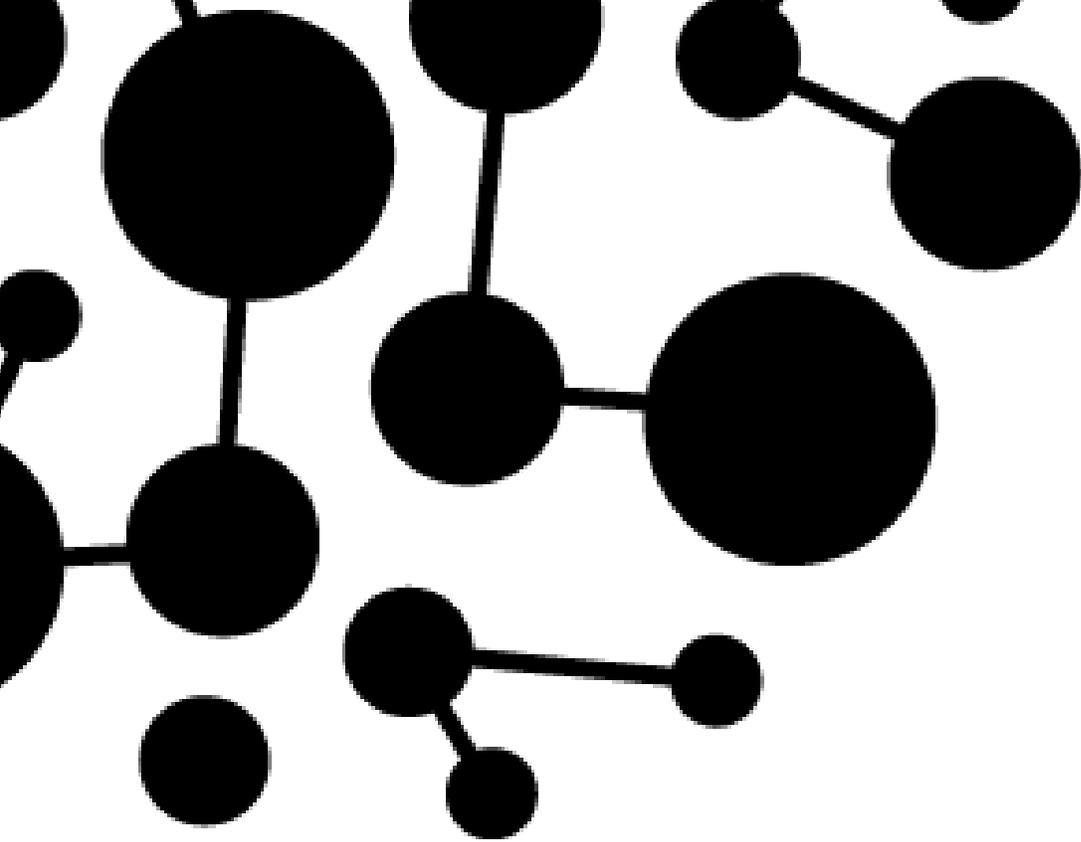
**3** Understanding the relationship between maternity care providers and middle-class Chinese migrant women in the Netherlands  
By Haiyue Shan

**6** Facilitators and Barriers to Accessing Maternal Health Services in Sudan: A Literature Review  
By Marah Abdelaziz

**9** Key Themes and Analysis  
By Al Albertson

**10** Research Reflections: Moving Forward  
By Al Albertson

*Credits*



# SHARE-NET NETHERLANDS

## *Linking Research, Policy and Practice*

Share-Net Netherlands is the Dutch knowledge platform on sexual and reproductive health and rights (SRHR), and one of the seven country hubs of Share-Net International. Guided by the aim to make SRHR knowledge accessible, Share-Net aspires to be a convening place for feminists, activists and anyone who is dedicated to fighting for human rights.

Every year, Share-Net Netherlands convenes the Linking Research, Policy and Practice (LRPP) Conference to bring together young researchers with policymakers, practitioners, and researchers working on SRHR in international development. The LRPP creates a space to disseminate groundbreaking new knowledge, engage in open dialogue, identify further gaps in research, policy, and practice, and harness networking opportunities for meaningful partnerships and collaboration.

On November 2nd 2023, the 12th edition of the LRPP was held at the KIT Royal Tropical Institute in Amsterdam. Ten budding researchers presented their papers across the issues of legalisation and (de)criminalisation of safe abortion, menstrual health and experiential narratives, maternal health and service provision, gender-based violence, sexual consent, and inclusive and intersectional SRHR.

This issue explores the research presented at the session on reproductive and maternal health.



# EXAMINING *Maternal and Reproductive Health*

By Al Albertson

Within sexual reproductive health and rights (SRHR), many issues come and go in terms of focus over the years. Reproductive and maternal health is a theme that remains eternally relevant in the field. Reproductive and maternal health is at the core of much SRHR work, and despite being a consistent focus area, there is still much work to be done in supporting and caring for those who give birth. Globally, efforts to reduce maternal mortality rates have progressed: from 2000 to 2020, the global maternal mortality ratio (MMR) declined by 34 percent – from 339 deaths to 223 deaths per 100,000 live births, according to UN inter-agency estimates. However, the numbers have been stagnant when averaging rates of reduction between 2016 and 2022.

In these sessions, two researchers investigated many elements of reproductive and maternal health, including the role of community-based initiatives, national coordination mechanisms, cross-border and intercultural efforts, and the role of the international community in maternal health. Furthermore, they elucidated some of the persisting challenges, addressing the worst situations in conflict-affected and fragile countries (such as Sudan); gaps in addressing maternal mental health (during and after pregnancy); aggravated maternal health consequences for adolescent/teenage mothers; and disparities in access to and quality of health services.

# HAIYUE *Shan*

## UNDERSTANDING THE RELATIONSHIP BETWEEN MATERNITY CARE PROVIDERS AND MIDDLE-CLASS CHINESE MIGRANT WOMEN IN THE NETHERLANDS

Vrije University Amsterdam

As a dedicated master's student at the International Institute of Social Studies, Erasmus University Rotterdam, I specialize in Gender and Women Studies with a major in Social Policy for Development. My background includes experience in diverse, cross-cultural settings, where I've honed exceptional communication and writing skills. My passion lies in leveraging innovative solutions and fostering collaboration to address social dynamics that perpetuate poverty, particularly within the context of gender and development.

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# UNDERSTANDING THE RELATIONSHIP BETWEEN MATERNITY CARE PROVIDERS AND MIDDLE-CLASS CHINESE MIGRANT WOMEN IN THE NETHERLANDS

By Haiyue Shan  
Vrije University Amsterdam

## *Methodology*

For this study, 46 middle-class Chinese migrant women, 13 midwives and 12 maternity care assistants in the Netherlands were interviewed. This study sought to provide insights to the formation and quality of the relationships between midwives, maternity care assistants and middle-class Chinese migrant women.

## *Key Findings*

Migrant motherhood has specific social challenges, these expectant and new mothers must navigate receiving professional care in a different context while managing social and cultural differences and rebuilding their social networks.

This group's vulnerabilities and challenges have been overlooked under the assumption that their material needs are being met so all else is fine. This research shows that that is not the case. The women interviewed **experienced a lack of responsive care, feelings of being overlooked, being uncomfortable to express different opinions and challenges in developing autonomy in the shared decision-making process.**

Midwives and maternity care assistants reported **challenges interpreting the needs of middle-class Chinese migrant women in care practices while Chinese migrant women experienced receiving insufficient emotional support.** Midwives and maternity care assistants tended to attribute women's different preferences for care to culture which reinforced difficulties of addressing women's needs.





“ **ARE WE SENDING THE RIGHT SIGNAL TO WOMEN WHO NEED HELP? DO THEY KNOW WE’RE OFFERING HELP?** ”

### *Implications for Policy and Practice*

This research showed the importance of looking at cases **individually and that approaching maternal care empathetically is essential for providers to recognize the dynamic complexity of women's cultural identities with respect and to empathetically listen to women's life experiences, preferences and concerns instead of assuming “culture” in a simplistic category based on ethnicity and geography and neglecting the subjectivity of individuals.**

Exerting autonomy can mean different things to different people and for some, 'dependency' on a health worker is actually desired. In terms of departures from Dutch practice, there is significant 'othering' occurring, where Dutch practitioners learn about 'other practices' but exhibit little self-reflection on their own cultural practices in terms of childbirth.

Findings showed that Chinese migrant women may not proactively seek mental or psychosocial support. When a Dutch practitioner simply asks, "Hey, how are you doing?" and the women are too shy to express their worries and concerns immediately, this is often seen as a 'mental health check.' The presenter questioned whether this approach sends the right signals for potential help.

Participants shared their views and research experiences regarding how ethnicity is handled in the Dutch healthcare system, reaching a consensus that 'culture blaming' is a significant issue. This is intriguing, given the Netherlands' diverse population, yet there seems to be a default approach to patient treatment. Dutch participants noted that there are numerous cultural awareness trainings for health professionals, indicating that sensitization efforts are being made. However, according to participants, these efforts tend to group 'them' rather than genuinely listen to the diverse needs of patients.

# FACILITATORS AND BARRIERS TO ACCESSING MATERNAL HEALTH SERVICES IN SUDAN: A LITERATURE REVIEW

KIT Royal  
Tropical Institute

Marah, a dedicated researcher with a Master of Public Health with distinction from the Royal Tropical Institute, is an advocate for women's empowerment and equity. Her extensive experience in the Federal Ministry of Health and NGOs in Sudan fuels her commitment to ensuring equal access to quality healthcare, particularly in maternal health.

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**MARAH**  
*Abdelaziz*

# FACILITATORS AND BARRIERS TO ACCESSING MATERNAL HEALTH SERVICES IN SUDAN

## *A Literature Review*



By Marah Abdelaziz  
KIT Royal Tropical Institute

The main objective of this research was to explore both the health system and patient's perspective factors that influence access to maternal health services (MHS) in Sudan. This is particularly relevant as Sudan had one of the highest rates of maternal mortality in the Middle East and North Africa (MENA) region.

This review aimed to explore the supply and demand factors that influence access to MHS in Sudan and provide recommendations to policymakers, NGOs, and researchers to determine priority interventions related to MHS access in Sudan.



### *Methodology*

Using Levesque's framework, Marah a comprehensive literature review involving peer-reviewed, published, and unpublished grey literature was conducted to study the factors influencing access to maternal health services (MHS) in Sudan.

### *Key Findings*

The results of this research showed there is little known from the available literature around women's hesitance/doubts related to accessing MHS. One qualitative study demonstrated gender power dynamics (women wanting to go to a hospital, but husbands holding them back) but **there is overall a lack of data and a demonstrated need for empirical (esp. qualitative) evidence.**

This study showed that the health system factors that impact access are associated with 'acceptability, availability,' and 'appropriateness. Further, patient access was influenced by the 'ability to perceive care', 'ability to seek' care, and 'ability to pay' for health services. Interestingly, the findings further revealed inequities in the health system like inequitable distribution of Healthcare Workers (HCW) and limited financial protection. The study also emphasized the **pivotal role of NGOs in tackling accessibility challenges in Sudan's context.**



### *Implications for Policy and Practice*

In this session the group discussed the role of midwives in the Sudanese health system, noting that from 2002 to 2019, community-based initiatives have aimed to train midwives across all states, offering incentives to better integrate them into the health system. However, there is a lack of data on the effects and current situation of these initiatives.

The importance of patient-centered care and interpersonal communication was emphasized, highlighting the need for interventions tailored to individual needs. The conversation also touched on the broader issue of literacy challenges when conducting research or implementing maternal health programs.

Both the researcher and participants shared positive examples of using alternative methods, such as visuals and songs, which are considered very suitable in a context like Sudan. There is little known from the available literature about women's hesitance or doubts regarding access to maternal health services.

The speaker cited a qualitative study showing that gender power dynamics often play a role, with women wanting to go to the hospital but being held back by their husbands. Overall, there is a demonstrated need for more empirical, especially qualitative, evidence in this area.

Within this context, there are overall literacy challenges when conducting research or implementing maternal health programmes and participants and speakers highlighted positive examples with alternative methods, use of visuals and songs regarded as very suitable in a context like Sudan.



# KEY THEMES *and analysis*

By Al Albertson

## HOW WAS WE CREATE PATIENT-CENTERED CARE AND INTERPERSONAL COMMUNICATION TO TAILOR SUPPORT AND ACCESS TO RESORCES TO THE NEEDS OF PEOPLE GIVING BIRTH IN DIVERSE CONTEXTS?

Both of these projects, though drastically different in context, focus on accessibility. Accessibility of care and information is crucial to maternal health services (MHS) and more broadly to sexual and reproductive health and rights (SRHR), despite being difficult to define. Patient-centered care and the importance of individual, and interpersonal communication were key themes. For programs and interventions to have a significant impact, they must be tailored to the diverse needs of people giving birth.

This underscores the importance of considering cases individually and approaching maternal care with empathy. It is essential for providers to recognize the dynamic complexity of women's cultural identities and to listen empathetically to their life experiences, preferences, and

concerns, rather than assuming “culture” is a simplistic category based on ethnicity and geography, thereby neglecting individual subjectivity.

Although pregnant people/recent mothers in Sudan and Chinese migrant women in the Netherlands are very different contexts, both projects highlight the need for empathetic, patient-centered care. We need to listen to those who give birth and those who support them to determine what can be done not only to expand access but also to ensure that the necessary empathy is integrated into policy.



# RESEARCH REFLECTIONS *and moving forward*

By Al Albertson

**TO ENSURE THE SUSTAINABILITY AND CONTINUITY OF PROJECTS, THERE NEEDS TO BE A HOLISTIC APPROACH TO THE PROBLEM. TO DO THAT THERE MUST BE RECOGNITION OF THE LACK OF SUPPORT FROM THE GOVERNMENT AS WELL AS SOLUTIONS AND SUPPORT TO THE CIVIL SOCIETY SECTOR TO FILL THE GAPS AND EXISTING NEEDS WITHIN SEXUAL REPRODUCTIVE HEALTH AND RIGHTS.**

These sessions, though diverse, were all linked by their focus on marginalized groups (women, girls, people with disabilities) and their right to have a voice in policymaking, as well as access to inclusive, safe, legal, and destigmatized health services and infrastructure. As evidenced by the **variety of subjects and focuses, the issue of inclusion in SRH is composed of intersecting factors, each of which also intersects with one another.**

Socio-cultural attitudes grant power to some while withholding it from others, thus shaping our communities and playing a crucial role in determining access to SRH. They influence the laws and social conditions that dictate how individuals, communities, and governments include or exclude others, whether based on gender and/or disability. Projects like these, which focus on fostering accepting environments, contribute to increased access and inclusion.

Several key themes emerged from this research, including gender disparities, the importance of enhancing community mobilization and amplifying the voices of women in SRH advocacy and inclusion efforts, as well as the involvement of enabling parties, such as men and local agents, whose cooperation is powerful and necessary for effecting positive change within target populations.

Power and community are overarching themes in this research and require ongoing attention in policy and practice. Questions about **who holds power within a community**, who wields **power over rights, resources, and access**, and how research can be utilized to **reform deeply rooted social conceptions** that profoundly impact the future of SRH and inclusion are central.

## Credits

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& Marah Abdelaziz

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## Image Credits

Cover image  
Image by Loveis Wise  
8 Ways We Can Actually Reduce Black Maternal Mortality

Page 2  
For Pregnant Women, a Push to Head Off Depression Before It Starts  
Lilli Carré

page 05  
"Subtlety is key": Rachel Levit on the art of illustrating sensitive themes

page 8  
LRPP Presentation of Marah Abdelaziz

page 9  
[OPINION] Ensuring access to sexual and reproductive health for young people in the PH  
Bans Alqaseer, DK Fontamillas, Patty Miranda

page 10  
At the 12th LRPP, Photo by Outseen (outseen.nl)



# UNDERSTANDING DIVERSITY

## *Reproductive and Maternal Health*

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