



**Share-Net**  
The Netherlands

28 September 2016  
De Balie, Amsterdam

# 5th Annual Meeting “Linking Research, Policy and Practice – Students and NGOs”



## PROGRAMME

28 SEPTEMBER 2016

### Introduction and key note speech

**Location** De Balie,  
Kleine-Gartmanplantsoen 10 Amsterdam

**13.00 – 13.30** **Registration & Lunch**

**13.30 – 13.45** **Welcome** and introduction by chair -  
**Billie de Haas** (Consultant, Chair Working Group Linking Research, Policy and Practice Share-Net)

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### Parallel Session 1

**13.45 – 14.45** **Session 1A – Youth Voices**  
**Chair: Dorine Thomissen** (Simavi)

**Session 1B – Vulnerable Groups**  
**Chair: Julian Hows** (GNP+)

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**14.45 – 15.00** **Break**

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### Parallel Session 2

**15.00 – 16.00** **Session 2A – Access to SRHR services**  
**Chair: Willeke Kempkes** (ICCO)

**Session 2B – Sexual & Reproductive Rights**  
**Chair: Lindsay van Clief** (Love Matters/RNW)

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### Plenary discussion

**16.00 – 16.30** **Plenary discussion – Billie de Haas**

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### Speed dating with drinks

**16.30 – 17.30** **Speed dating with drinks – Facilitator: Trudie Gerrits** (UvA)  
**Researchers and NGOs; KIT, RNW, Simavi, Oxfam Novib, HIVOS and others.**

**17.30** **Closure**

## Presentations per session

### Parallel Session 1.

#### Session 1A.

##### **Youth Voices**

**Facilitator: Dorine Thomissen** (Simavi)

Navigating liminal spaces – an examination of the impacts of youth group participation on young people's social exclusion in rural Western Kenya

**Anna Page (UvA)**

Silenced Subjectives: Demystifying the Limits of International Child Marriage Discourse

**Belen Giaquinta (ISS)**

'You don't want to come out from the crowd because you are a girl' - Gendered differences in young people's participation in sexuality education in Uganda

**Jannemiek Evelo (UvA)**

#### Session 1B.

##### **Vulnerable Groups**

**Facilitator: Julian Hows** (GNP+)

Protection makes vulnerable

**Dewi Keppy (UvA)**

Cost Analysis of Sexual Transmitted Infection Services for High Risk Groups in Indonesia

**Jip Janssen (Radboud University)** (*to be confirmed*)

Family members of the people who inject drugs should promote the positive image of harm reduction services

**Sandra Hagoort (AIDS Foundation & VU)**

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### Parallel session 2.

#### Session 2A.

##### **Access to SRHR Services**

**Facilitator: Willeke Kempkes** (ICCO)

Informed Medicalization – A study on how women and men facing fertility problems in Nairobi, Kenya experience the medicalization of infertility

**Luca Koppen (UvA)**

The influence of gender-stereotypic cultural norms and a maternalistic social structure on maternal, newborn and child health outcomes among the Digo community of Kwale, Kenya

**Vernon Mochache (International Centre for Reproductive Health)**

Near miss audit in Rwanda – Emergency obstetric care efficiency at Nyagatare and Rwamagana district hospital

**Richard Supheert (Radboud UMC)**

#### Session 2B.

##### **Sexual & Reproductive Rights**

**Facilitator: Lindsay van Clief** (Love Matters/RNW)

"It's an on-going thing": the socioemotional process of sexual consent

**Amanda Ferrandino (UvA)**

Let's Talk About Students and Sex Work

**Eloise Gaddess (UvA)**

Experiences of infertile women in Nairobi, Kenya

**Aida Bilajbegovic**

## Abstracts Master's thesis presentations

### Parallel session 1A. Youth Voices

#### **Navigating liminal spaces – an examination of the impacts of youth group participation on young people's social exclusion in rural Western Kenya**

*Anna Page (UvA)*

Global efforts to improve youth sexual and reproductive health and rights (SRHR) increasingly place 'participation' at their heart. However evidence of the broader impact of youth participation is limited. Meanwhile, universalist rights-based approaches often fail to consider local interpretations of participation. This study explores participation in a youth group in rural western Kenya initiated in 2014 as part of a SRHR programme. Semi-structured interviews and group sessions involving participatory methods were employed to (i) compare global and local conceptualisations of participation and (ii) explore how group participation has enabled 16-24-year-olds to address social, cultural, economic and political barriers to social inclusion. Results demonstrate significant differences between donor and local conceptualisations of participation. Opportunities for young people to act as decision-making change agents are limited by cultural positioning as docile-bodied children until marriage. Youth group participation has provided platforms for civil participation and increased community respect for members. However young people occupy multiple liminal positions between "analogue" and "digital" eras and as 'non-adults', in 'waithood' between childhood and adulthood. With youth participation high on the global development and SRHR agendas, the research highlights challenges of local implementation. Recommendations for increasing systematic youth participation include community stakeholder training and dialogue on local interpretations of 'meaningful' youth participation. Further research on the extent to which 'non-adults' are served by concepts of youth participation is advised. The application of a social exclusion lens enables the analysis to go beyond SRHR-related programme outcomes, recognising added value in terms of economic, political social and cultural inclusion.

#### **Silenced Subjectives: Demystifying the Limits of International Child Marriage Discourse**

*Belen Giaquinta (ISS)*

At a time when "the girl child" is the new favourite investment, beneficiary and symbol of hope for the development machine, child marriage has become one of the central issues in the girl agenda. However, the global campaign against child marriage has come in the form of a monolithic representation of what this practice constitutes, pervasive across policy, scholarship and practice. Problematic understandings of gender, race and age, and colonial notions about girls' agency, sexuality and vulnerability, have come to standardize child marriage discourse in a way that obfuscates its cultural relativity.

In this research, I thus aim to answer the question: *to what extent does a monolithic representation of child marriage silence the diversity and subjectivities behind the practice?* I will do so, problematizing dominant representations to tease out the nuances around the concepts of gender, race, age, sexuality, agency and vulnerability. This research is informed by the works of post-colonial feminist writers and scholars from the new sociology of childhood, as well as post-development theory.

Through a critical discursive exploration, using Carol Bacchi's WPR approach to policy analysis, I explore these nuances in the context of the Girls Not Brides global partnership against child marriage, through in-depth analysis of secondary data and empirical research.

I hope that unpacking the limits to the dominant child marriage discourse invites development practitioners and academics to engage more wholly with the contextual specificity of this practice, and generate greater awareness towards the material consequences of dominant discourses.

## **'You don't want to come out from the crowd because you are a girl' - Gendered differences in young people's participation in sexuality education in Uganda**

*Jannemiek Evelo (UvA)*

In sexuality education programmes, the concept of youth participation has gained popularity in recent years, because of its assumed positive effect on programme goals. At the same time, the conceptualisation of participation has been under discussion. While research has been done on effects of youth participation on programme outcomes, potential gendered differences in youth participation have not yet been studied. Given the relation between gender inequality and sexual health, this study aims to fill this particular gap by looking at different experiences of young men and women with regards to their participation in the dance4life programme, a school-based sexuality education programme in Uganda. Between October 2015 and January 2016, semi-structured interviews and focus group discussions were conducted with young people, peer educators, teachers, caregivers and programme staff. For analysis of young people's experiences and possibilities for participation, the CHOICE Flower of Participation was used as the main tool. Results of this study indicate that participation of both young men and women in the dance4life programme is limited. Nevertheless, subtle but important differences between young men's and women's participation were found, which reflect gendered hierarchies in society. Boys are more confident to express themselves and take on leadership roles in dance4life initiatives. Based on the study, a number of recommendations to overcome gendered participation are provided, including splitting boys and girls during discussion of sensitive topics, more training of teachers and peer educators on gender, and more attention for the social environment of young people.

### **Parallel session 1B. Vulnerable Groups**

#### **Protection makes vulnerable**

*Dewi Keppy (UvA)*

Medical innovations and increased accessibility and availability of ARVs had made it possible for people to live longer with HIV/AIDS worldwide. However, the increased life expectancy as result of the use of medicine does not guarantee an increase in tolerance towards HIV patients.

My research aims contribute to the discussion on how to optimize the support given to Orphans and Vulnerable Children (OVCs) by illustrating the interlinked relationship between wellbeing as a theory of development (WBA), the construct of OVCs and ethics in practicing social work.

Through in-depth interviews and group discussions, the perceptions of Child Counsellors (CC) and staff of a South African NGO operating in the township Khayelitsha in Cape Town are analysed, in order to get a view of their role, and the challenges and limitations they come across in their work.

Results show that ethical dilemmas problematize the work of the CC. It appears that the main ethical problem in the work of the organization is the (non) disclosure of the HIV status to children who are HIV positive. However, to get an idea of the full scope of the problem, future research should include the opinions of the parents and caregivers.

A practical recommendation that emerged from this research was increasing the visibility of the NGOs work, through ambassadors within the community. Furthermore, both as a theoretical insight and as a policy recommendation I suggest a research on the value of including children's rights and -autonomy in health-based decision-making as an indicator of the theoretical concept of material wellbeing.

## **Cost Analysis of Sexual Transmitted Infection Services for High Risk Groups in Indonesia** (to be confirmed)

*Jip Janssen (Radboud University)*

In Indonesia, the HIV/AIDS epidemic is concentrated among the high risk groups men who have sex with men (MSM), female sex workers (FSW) and transgenders. Offering sexual transmitted infection (STI) services for high risk groups is considered a promising HIV reduction programme. Although evidence on the STI services' effect is abundant, the cost for implementing, upscaling and continuing this intervention are unknown in Indonesia.

To assess the cost of providing STI (excluding HIV) services to MSM, FSW and transgenders in Bandung, Indonesia in 2015. Results can be used to provide a policy advice to an Indonesian non-governmental healthcare organisation regarding the funding of HIV/AIDS interventions.

In a 2-month observation period, societal STI services delivery cost generated by a community clinic were estimated using a micro-costing approach. Non-health care cost were estimated by conducting a survey among high risk STI clients. Furthermore, an upscale scenario was constructed which can be used for priority setting advice.

In 2015, the clinic registered 677 high risk patient visits. Total annual societal cost of providing STI services equalled 5,865 US\$ which amounts to 8.66 US\$ per client visit. Of total societal cost, patient cost formed the largest share (57%), followed by clinic cost (40%) and central government cost (3%).

Dependence on donor funds is in decline and the STI services provision is financially self-sustainable. However, patient productivity loss and travel cost summated is considerable allowing for cost reduction possibilities in order to enlarge financial access to the intervention

## **Family members of the people who inject drugs should promote the positive image of harm reduction services**

*Sandra Hagoort (AIDS Foundation & VU)*

Introduction: HIV is an increasing problem among the PWID in Ukraine. Harm reduction services are available in Ukraine, however, the uptake is low because of stigma and discrimination. To overcome this barrier, the family of the PWID might play a stimulating role to use more harm reduction services. The aim of the study is to provide insight in the potential role of the family of the PWID in the utilization of harm reduction services in order to contribute to increase the uptake of harm reduction services by the PWID in Ukraine. The study was based on the behavioral model of Andersen.

Methods: A qualitative study was carried out with semi-structured interviews among IDUs, family members of IDUs and professionals. Additional online surveys were also distributed among the same population. Analysis was done by using thematic content analysis.

Results: Emotional and practical support were provided by the family. Attitude, knowledge and stigma were important themes. The fact that young PWID (under 18 years) are not allowed to obtain harm reduction services without parental consent was also considered as a barrier.

Conclusion: To increase the uptake of harm reduction services, the communication between the PWID and their families should be improved. This can be done by family counseling and by creating positive attitudes towards harm reduction services. The best way to do this is that family members themselves promote the positive image of harm reduction services. Nevertheless, more research is needed on how to promote these positive images towards harm reduction services.



## **Parallel session 2A. Access to SRHR Services**

### **Informed Medicalization – A study on how women and men facing fertility problems in Nairobi, Kenya experience the medicalization of infertility**

*Luca Koppen (UvA)*

Infertility is a major and highly stigmatized health problem in sub-Saharan Africa, but it is rarely addressed within the global and public health field. As a result, fertility treatment is only available in the private health care sector, which makes assisted reproductive technologies (ARTs) unaffordable and inaccessible for the majority of people. The aim of this research is to gain an understanding of the ways in which women and men facing fertility problems in Nairobi, Kenya – a context where infertility is highly stigmatized and there is limited access to ARTs and information about infertility and fertility treatment – experience the medicalization of infertility. My research took place at the Footsteps to Fertility Centre in

Nairobi, Kenya. Through in-depth interviews, focus group discussions and observations, I found a contradiction in the experience of women and men facing fertility problems in Nairobi, Kenya with the medicalization of infertility. On the one hand, the medicalization of infertility and use of ARTs is desired by the participants as it provides hope and a way to gain reproductive agency. On the other hand, the limited (access to) information about infertility and fertility treatment and a lack of financial resources makes it difficult for some women and men facing fertility problems to obtain the desired and needed treatment, making reproduction for infertile women and men in Kenya an endeavor that is highly stratified. To overcome this, ARTs should become more affordable and women and men facing fertility problems

### **The influence of gender-stereotypic cultural norms and a maternalistic social structure on maternal, newborn and child health outcomes among the Digo community of Kwale, Kenya**

*Vernon Mochache (International Centre for Reproductive Health)*

**Background:** Maternal and child health outcomes in the developing world are influenced predominantly by supply-side factors affecting provision of quality services. A complex socio-cultural context calls for interventions that also address demand-side factors especially the influence of community social structure and cultural norms. **Methodology:** We adapted Price & Hawkin's social-analytic conceptual framework to develop an over-arching ethnographic approach complemented by a series of mixed methodology sub-studies. The framework involves a social analysis at the national policy and legislative level moving to a local analysis of the dynamics of social vulnerability, social capital and gender-stereotypic attitudes and roles. The ethnography is grounded in Clifford's Geertz interpretive approach as opposed to the more popular positivist approach.

**Results:** As part of the eastern Bantus, the Digo community traditionally adopted a maternalistic social structure. Society members defer to the 'wisdom' of an older maternal figure especially in the uptake and utilization of maternal and child health/family planning services. This maternal figure plays a prominent role in the decision-making pathway for place of delivery.

**Conclusions:** Maternal and child health outcomes in a rural developing world setting cannot be fully explained using an individualistic framework since they are entrenched within complex socio-cultural contexts. A better understanding of this context provides a more efficient framework for developing sustainable interventions that are culturally-acceptable and locally-responsive. Maternal and child health interventions among the Digo community should focus on engaging dominant maternal figures.

## **Near miss audit in Rwanda – Emergency obstetric care efficiency at Nyagatare and Rwamagana district hospital**

*Richard Supheert (Radboud UMC)*

This report presents the results of my three-month medical research internship at the district hospitals of Nyagatare and Rwamagana, Rwanda. The research is focused on near miss events, which involves women who almost died during pregnancy, while giving birth or within 42 days after termination of pregnancy.

Research question: What is the difference in the management of emergency obstetric cases between near miss cases and women who delivered safely?

Hypothesis: In case of a near miss, the emergency obstetric care that was provided was inadequate; which would mean that it was not so much a matter of the woman reporting to the hospital at a very late stage, when serious complications had already arisen.

Methods: For every near miss case identified, I aimed for two controls of women who delivered safely. In total I collected detailed information about 29 near miss cases, 1 maternal death case and 44 control cases, all in November 2015.

Results: Women in the near miss group had fewer antenatal care visits, a lower level of education, far more fetal deaths and more often no health insurance. Eighteen percent of all near miss cases had a very low blood platelet level which was often missed before the delivery or cesarean section was performed. The most frequent complication among the near miss cases was hemorrhage (38%), followed by sepsis (17%) and pre-eclampsia (12%). All fetal hospital deaths reported among the near miss case group (37%) were found at Nyagatare district hospital (10/24 NMC) and none at Rwamagana district hospital (0/6 NMC). In three cases the women were still pregnant at the time of discharge.

Conclusion: Antenatal care and management of women in labour leave room for improvement, especially at one of the two hospitals.

## **Parallel session 2B. Sexual & Reproductive Rights**

### **“It’s an on-going thing”: the socioemotional process of sexual consent**

*Amanda Ferrandino (UvA)*

Most of the world was outraged by the verdict of the recent Stanford rape case. Previous studies have contributed insightful findings on how heteropatriarchal structures influence sexual consent. However, this paper adds new knowledge to the realm of sexual consent by investigating *emotional consent* where socioemotional processes within a situation take hold. By combining Gagnon and Simon’s sexual script theory with Collins’s interaction ritual chain theory, the theoretical framework was built to answer the main research question: *how do emotions inform consent in sexual situations?*

This study interviewed 14 BDSM practitioners who were treated as key informants. With their specialized knowledge in a community that values consent, a narrative analysis was conducted by collecting sexual stories representing different emotional meaning.

The study found that when sexual consent interactions are thought of as an interaction ritual, the concept of “shared space” is a useful metaphor. Trust in a negative encounter can transform a failed experience to a success. Additionally, crossing a boundary can be a positive experience if the trespasser supports the consent space of their partner. Overall, the results of this study unearthed new perspectives that both clarify and complicate the current discourse of sexual consent. This research recommends that sex education practitioners discuss the role of sexual emotions alongside the usual focus on external communication to strengthen an individual’s consensual voice. Additionally, policy makers need to offer more avenues to seek healing and justice: the law only reflects a small fraction of individuals’ sexual traumas.



## **Let's Talk About Students and Sex Work**

*Eloise Gaddess (UvA)*

At a time when many students face severe financial pressure, students' engagement in sex work has become an important topic of discussion. As a part of *the Let's talk about Sex* project, this thesis investigates how students experience stigma as well as how they justify their engagement in sex work.

This study uses a mixed methods approach, including qualitative research - interviews with students who have considered sex work and others who have actively engaged in it - and quantitative analysis, in the form of a survey of students at Amsterdam universities. The theoretical framework is based on Bourdieu's understanding of social space, capital, and habitus, in combination with Swidler's concept of cultural repertoires.

The discussion focuses on the way students manipulate their current social position in order to feel comfortable with their involvement in such a stigmatized profession. Students embrace a paradigm of empowerment in order to justify their choices, rejecting paradigms of oppression. Female students, however, still fear being 'slut shamed' or ostracized despite their belief in empowerment. In order to mitigate this tension, students keep their work secret to avoid shame.

Overall, this study shows that students experience social stigma, and various repertoires to justify their involvement in the sex industry to themselves and to others. These findings contribute to a more nuanced understanding of the relationship between students and sex work in the Netherlands.

## **How do women in Nairobi, Kenya experience infertility and what role plays gender in their experience and how they act upon this?**

*Aida Bilajbegovic (UvA)*

According to the World Health Organization<sup>1</sup>, more than 180 million couples in developing countries suffer from primary or secondary infertility. Existing literature on gender and infertility mainly focusses on the 'suffering' of women. However, to date, there is hardly any literature available on infertility in Kenya. This research aims to address the experiences of infertile women in Nairobi, Kenya. Guided by a thematic content analysis of thirty in-depth interviews, two focus group discussions and several ethnographic observations this thesis explores how women experience infertility in relation to gender and how they act upon this. By analyzing both infertile women's experiences and practices, I argue that gender norms in relation to infertility in the Kenyan society are moving. Moreover, I argue that women in this study navigate - act, adopt and move - in reaction to the structures of the 'field of infertility'.