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19 October 2017
Oxfam Novib, The Hague

# Invitation 6th Annual Meeting
## 'Linking Research, Policy and Practice – Students & NGOs'



Share-Net is happy to invite you to the 6th Annual Meeting 'Linking Research, Policy and Practice - Students and NGOs'. This meeting will bring together students who have finalized or will start their Master research in the field of Sexual Reproductive Health and Rights (SRHR) including HIV and AIDS, and researchers, practitioners and policy makers working in the field of SRHR and HIV and AIDS. This year the meeting will be organised on October 19 2017 at Oxfam Novib (Prinsegracht 8) in The Hague. If you would like to attend this meeting, please RSVP before 12 October *(max 80 participants)* at **http://tinyurl.com/studentNGO**

## INFORMATION

**Registration:** registration is free but required **before 12 October** *(max 80 participants)*.
For more information, contact info@share-net.nl

**Language:** English

**Location :** Oxfam Novib
Prinsegracht 8
2512 GA, The Hague

## PROGRAMME

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| ***Chair:*** | *Wendy Harcourt, Professor of Gender, Diversity and Sustainable Development at the International Institute of Social Studies (ISS)* |

**12.30-13.00**  Registration with coffee/tea

**13.00-13.15**  Welcome in the two plenary rooms

**13.15-14.30**  Parallel session 1

    Session 1A    The religious and sociocultural context of SRHR

           *Chair: Mieke Vogels, Dutch Ministry of Foreign Affairs*

    Session 1B    Young people's access to SRHR information

           *Chair: Doortje Braeken, independent consultant*

**14.30-14.45**  Break with coffee/tea

**14.45-16.00**  Parallel session 2

    Session 2A    Accessing SRHR services

           *Chair: Carmen Reinoso, Oxfam Novib*

    Session 2B    Testing, stigma and key populations

           *Chair: Tomas Chang Pico, Hivos*

**16.00-16.30**  Plenary session: *'Challenges in advancing SRHR: identifying its underlying causes'* (canteen)

**16.30-17.30**  Speed dating with drinks (canteen)

# Overall theme: 'Challenges in advancing SRHR: identifying Its underlying causes'

## 13.15-14.30: Parallel session 1

### Session 1A: The religious and sociocultural context of SRHR
*Chair: Mieke Vogels, Dutch Ministry of Foreign Affairs*

- The value of early marriage in Amhara Region, Ethiopia. Exploring local understandings of early marriage in a context of active prevention activities and a prohibitive legal framework.
  *Lysanne Maria Vergroesen, University of Amsterdam*

- Breaking the Cloud of Inevitability in the Religion-Development Nexus? How varieties of secularism affect development practices on child protection in global development politics.
  *Nikki Jasmijn Haze, University of Groningen*

- Early marriage in rural Kolda, Senegal: whose choice?
  *Lisa Juanola van Keizerswaard, University of Amsterdam*

- Religious and Cultural Encounters: Women's Sexual and Reproductive Health and Rights (SRHR) in Zimbabwe.
  *Elizabeth Mudzimu, University of Groningen*

### Session 1B: Young people's access to SRHR information
*Chair: Doortje Braeken, independent consultant*

- Access to information on sexual reproductive health amongst young women in Mara region, Tanzania
  *Anastasia Pirvu, Leiden University*

- The perception of Ghanaian mothers on sex communication and their role in teenage pregnancy prevention in Bolgatanga, Ghana
  *Charlotte Peters , Maastricht University & Youth Harvest Foundation Ghana*

- Healthy Business, Healthy Lives: Promoting the sexual health of young people in rural Uganda
  *Katy Elliott, University of Amsterdam*

- Pleasure in Practice. A look at the practical implications of the pleasure-based approach to sexuality in development interventions
  *Marlies Klinkenberg, Utrecht University*

# 14.45-16.00: Parallel session 2

## Session 2A: Accessing SRHR services
*Chair: Carmen Reinoso, Oxfam Novib*

- Perceived Accessibility and Fitting of the Maternity Care and the Maternal Health Promotion Activities among the Refugee Women from Arabic Origins in the Netherlands
  *Mohamed Abdelwahab, KIT (Royal Tropical Institute)/ Vrije Universiteit Amsterdam*

- Stigma and Secrecy in Banke District, Nepal: How Societal Views and Perceived to Influence Women's Agency on Accessing Abortions
  *Claire Thomson, University of Amsterdam*

- Factors influencing male involvement in family planning in Ntchisi district, Malawi
  *Astrid Dral, VU University Amsterdam / Amref Health Africa (Malawi) / Amref Flying Doctors (Nederland)*

- Policy Analysis of the Access of the HIV/AIDS Services for Migrants from the Surinamese Goldfields
  *Jara Schmidt, Radboud University Nijmegen, Malaria Program Suriname (Intern)*

## Session 2B: Testing, stigma and key populations
*Chair: Tomas Chang Pico, Hivos*

- Opinions and User-Intentions of Men Who Have Sex with Men Regarding a Home-Collection STI/HIV Testing Service
  *Hannah Kador, Maastricht University*

- A qualitative study of perceived barriers and facilitators to the implementation of Social Network Testing for HIV among MSM with a non-Western migration background
  *Marsha Geerken, Universiteit Utrecht (RIVM, Soa Aids Nederland)*

- Medication Multiplied: Female Sex Workers' navigation of Pre-Exposure Prophylaxis in Johannesburg, South Africa
  *Frake Schermer, University of Amsterdam*

- An investigation into perceptions of HIV self-testing for South African sex workers
  *Anna Devereux, Utrecht University / Aidsfonds*

## Session 1A: The religious and sociocultural context of SRHR

**The value of early marriage in Amhara Region, Ethiopia. Exploring local understandings of early marriage in a context of active prevention activities and a prohibitive legal framework.**

*Lysanne Maria Vergroesen, University of Amsterdam, lysannevergroesen@hotmail.com*

While marriage under 18 is legally prohibited in Ethiopia and many NGOs are working on the prevention of early marriage (EM), prevalence in Amhara region is still as high as 45%. This research aims to gain insight into why EM is still a widespread practice in Amhara region despite these state and NGO efforts and explores how EM is valued locally. This study critically engages with 'mainstream approaches' towards early marriage that consider EM to be a violation of human rights or HTP and aims to provide an alternative approach by giving voice to local bodies of theory such as African feminists.

Applying Bronfenbrenner's Bioecological Framework in a context-specific manner, this study provides a comprehensive understanding of how individual, micro- and meso-level actors and their interrelationships shape local understandings of early marriage. For the purpose of this study sixty-three in-depth interviews and two Focus Group Discussions are conducted to explore how EM is valued locally and how these understandings are taken into account by local NGOs working on EM prevention.

The results show large differences between how different actors value EM. While in-school girls and teachers strongly stand against early marriage and emphasize its negative health aspects – thereby linking directly to NGOs anti-early marriage messages – other actor groups emphasize the economic value EM can have for families of the married individuals. This study reveals that since NGOs mainly target their prevention efforts on in-school girls and teachers, they fail to take into consideration other actors' perceptions. This research provides recommendations as to how local values can better be taken into account in prevention efforts and how to incorporate local perspectives in studies on early marriage.

**Breaking the Cloud of Inevitability in the Religion-Development Nexus? How varieties of secularism affect development practices on child protection in global development politics.**

*Nikki Jasmijn Haze, University of Groningen, n.j.haze@student.rug.nl*

Secular development actors increasingly seek to (re)engage with religious stakeholders in order to make development aid more inclusive. However, I have argued in my MA thesis that this current paradigm reveals another variety of secularism that ultimately does not seek to make development aid more inclusive. My thesis revolved around two objectives: 1) studying how varieties of secularism affect development practices on child wellbeing and child protection across various levels and actors in global development politics, and 2) exploring whether or not explicit religious development programs offer a potential solution to the dominance of secularism in global development politics. As part of my research, I have conducted fieldwork in India on World Vision's Channels of Hope Child Protection program. Regarding methodology, I have utilized Critical Discourse Analysis, a Complex System Approach, participant observation, semi-structured interviews, and research questionnaires. My main conclusion is that dominant approaches to and perceptions of the religious-

development nexus (both secular and religious) in global development politics (partially) reaffirm a broader secular ontological framework that continues to sideline other epistemologies and ontologies, which ultimately forms a serious limitation to a future of more inclusive development. Therefore, my main recommendation to policy makers and practitioners is to critically rethink dominant secular frameworks in which development agendas and strategies are produced, particularly when these are applied to non-secular settings in so-called developing nations.

**Early marriage in rural Kolda, Senegal: whose choice?**
*Lisa Juanola van Keizerswaard, University of Amsterdam, Lisa.JuanolaVanKeizerswaard@minbuza.nl*

Early marriage has positioned in the global development agenda as a harmful practice to be ended. The human rights based approach addressing early marriage has been criticized by scholars for decontextualizing young women's lives and portraying them only as passive victims, constructing an unhelpful dichotomy of 'victim' versus 'violator'. Moreover, the voice of young women experiencing early marriage is largely absent from literature, which has been mainly focused on causes and consequences of the practice. Engaging in the debate on universalism-relativism, this thesis aims to uncover decision-making processes that inform young women and men's preferences around whether, when and who to marry by exploring local understandings around marriage, family (formation) and sexuality. The thesis presents the results of semi-structured interviews, focus groups and participant observation conducted in ten rural communities in Kolda. The main findings indicate that young women and men: i)have a functional view of family and marriage, ii)base their preferences around marriage on a rational analysis of their livelihood opportunities and iii)opt for accommodation and negotiation as agency strategies to participate in marriage decisions. The study argues that these findings are strongly related with implicit gender relations that are changing and confronting long established gender arrangements. The study concludes that young women and men can have an active role in the practice of early marriage and calls for local contextualization and a relational perspective of gender. The 18 years old boundary of the human rights approach risks ignoring the agency of some young women, and deny protection to others.

**Religious and Cultural Encounters: Women's Sexual and Reproductive Health and Rights (SRHR) in Zimbabwe.**
*Elizabeth Mudzimu, University of Groningen, r.mudzimu@rug.nl*

This project investigates how the Korekore women of Zimbabwe navigate their sexual and reproductive health and rights (SRHR) against a backdrop of demands from Catholicism and African (Korekore) culture. The study brings together aspects of religious studies, anthropology, sociology of religion hence situates it in a socio-political framework as it deals with issues of human rights. The Catholic teachings on women's sexuality and the Korekore cultural practices seem to put women in a dilemma and quagmire as they straddle these two conflicting traditions in an effort to be loyal to both the church and their culture thus making the woman a site of struggle for often clashing value systems. These dynamics take place against the backdrop of sexual and reproductive health and rights. Previous work has been done on SRHR but failed to address the intersection between religion, culture and women's SRHR, hence my project will fill this gap. To answer the research

question, I will employ a qualitative and ethnographic approach which includes semi-structured interviews ,informal conversations and observations. I expect this approach to provide a thick description of the social world of my research participants including the texture and weave of their everyday life and the meanings they generate. While this research makes a contribution to academic knowledge, it is also of applied relevance. It will help policy makers and practitioners to develop policies and programmes that promote women's SRHR as well as help regious institutions identify and develop interventions to overcome religious and cultural pressures put on women. This work is my PhD which is still a theoretical framework and my aim of presenting it is to get some input for my research design for purposes of improvement.

## Session 1B: Young people's access to SRHR information

**Access to information on sexual reproductive health amongst young women in Mara region, Tanzania**
*Anastasia Pirvu, Leiden University, anastasia.pirvu@gmail.com*

High prevalence of HIV, teenage pregnancy and unsafe abortions are challenges faced by many countries in the Global South. Research shows that much of the health problems that arise are due to a lack of general basic understanding on reproductive biology. However engaging in open discussions on sexual and reproductive health is not always fruitful due to social and cultural barriers.

Using the theory of empowerment, the thesis looks into the relation between ICT, youth and public health. During spring 2017 I conducted qualitative research in form of semi-structured interviews and focus groups for the period of five weeks in Tarime, Tanzania. The study focused on identifying information flows related to public health used by young women in the region.

Research findings point to a growing usage of ICT within the region, however mostly limited to radio and mobile phones. Efforts in Tanzania to improve information access on public health are visible, although they are more often than not handled as individual cases rather than collective attempts to work towards a long-term goal. A strong centralized system that allocates sufficient funds and resources for further developing sexual and reproductive health matters is therefore required along with research to assess the effectiveness of the changes implemented.

**The perception of Ghanaian mothers on sex communication and their role in teenage pregnancy prevention in Bolgatanga, Ghana**
*Charlotte Peters , Maastricht University & Youth Harvest Foundation Ghana,*
*cmm.peters@student.maastrichtuniversity.nl*

*Introduction:* Northern Ghana still shows high prevalence of teenage pregnancies and low rates of correct contraception use. Parent-child sex communication could positively influence safe sexual behavior and thus prevention of teenage pregnancy. Individual and environmental factors as described in the Health Belief Model and the ANGELO-framework may explain factors influencing mother-daughter sex communication. The aim of this study was to gain an in-depth insight in (factors influencing) mother-daughter sex communication in Bolgatanga, Ghana.

*Methods:* Semi-structured individual in-depth interviews were conducted with ten mothers of daughters who had a teenage pregnancy in Bolgatanga, Ghana. An interview protocol was developed in which themes such as the relationship with the children, sex communication, teenage sexuality and pregnancy and the role of the society were addressed.

*Results:* The mothers stated that they did talk about sexuality and acknowledged the need of sex communication with their children. Topics discussed in sex communication were however limited to abstinence, STIs and faithfulness. Few mothers discussed family planning, due to the fear of sexual promiscuity. Religious and traditional norms and beliefs, negative attitudes towards teenage sexuality, low outcome efficacy towards sex communication and low risk perception for their teenage daughter becoming pregnant seem to be factors negatively influencing comprehensive mother-daughter sex communication.

*Conclusion and discussion:* This study highlights the importance of individual and social factors influencing mother-daughter sex communication. Future programs addressing teenage pregnancy and parent-child sex communication should take the identified factors into account in order to improve sex communication and reduce teenage pregnancy in Bolgatanga, Ghana.

**Healthy Business, Healthy Lives: Promoting the sexual health of young people in rural Uganda**

*Katy Elliott, University of Amsterdam, klelliott94@gmail.com*

Considering debates regarding how to design sexual health programmes to meet the unique needs of young people, this study set out to investigate how an innovative initiative called Healthy Business, Healthy Lives could create a health-enabling environment for young people in the rural, resource poor region of Greater Kibaale, Uganda. Healthy Business, Healthy Lives involves 'Healthy Entrepreneurs' providing young people with condoms and sexual health education on a mobile tablet. In order to answer the research questions, the links between risk and vulnerability and structure and agency were considered.

The research was exploratory in nature and used qualitative methods in the form of semi-structured interviews and focus group discussions. It was found that young people's risk and vulnerability to negative sexual health outcomes were primarily affected by age-based norms constructing sexual activity as appropriate only for those over 18. Meanwhile, Healthy Entrepreneurs were found to be a friend and confidant for young people and could provide practical information using the mobile tablet.

The study concluded that, while some aspects of young people's risks and vulnerabilities are addressed by Healthy Business, Healthy Lives, the creation of a health-enabling environment was restricted by the small-scale nature of the initiative and the fact that, generally, Healthy Entrepreneurs conformed to the aforementioned age-based norms. Recommendations for practice focused on how the initiative could be improved on the ground, by encouraging Healthy Entrepreneurs to reduce their focus on abstinence and consider the sexual agency of young people when delivering sexual health education.

**Pleasure in Practice. A look at the practical implications of the pleasure-based approach to sexuality in development interventions**

*Marlies Klinkenberg, Utrecht University, mk139280@gmail.com*

Many current approaches to sexuality in development theory and practice could be considered to be negative in nature, portraying sexuality in a problematizing and heteronormative manner. As a response to this critique, a pleasure-based approach was formulated to redirect focus to the more positive aspects of sexuality, including pleasure, love and empowerment. This thesis built on this aiming to connect theory to practice through operationalising the approach, mainly because an official description or clear list of characteristics and ways of implementation seemed to be lacking from the literature. A reflection of how a pleasure-based approach is implemented "in the field" has been presented through a review of the literature and four semi-structured interviews with professionals engaged with sexuality in development. What has been found through looking at how this approach (characterised by its holistic, integrated and comprehensive outlook on sexuality) is implemented by various development initiatives, positive language has shown to be an important factor in creating an enabling environment and a change in mind-set. Besides that, the use of collaborations between various (types of) interventions to translate the approach into practice greatly clarifies this process of operationalisation. Difficulties in implementation arise mainly with regards to gatekeepers in powerful positions with unfavourable attitudes. All in all, to formulate a definition of a pleasure-based approach has proved challenging, but to construct list of features with regards to the operationalisation, as has been initiated here (but which needs elaboration), could offer those looking to transform their initiatives a helpful indication.

## Session 2A: Accessing SRHR services

**Perceived Accessibility and Fitting of the Maternity Care and the Maternal Health Promotion Activities among the Refugee Women from Arabic Origins in the Netherlands**

*Mohamed Abdelwahab, KIT (Royal Tropical Institute)/ Vrije Universiteit Amsterdam, abdelwahabm@outlook.com*

*Introduction:* Arab refugee women fled their countries and came to the Netherlands seeking a new life. They had to go through the hardships of the journey, plus the routine procedures to get a legal status. Accessibility of these women to the foreign Dutch maternity care services is affected by their perceptions and experiences of the system. This study aimed to explore the perceived accessibility of maternity care services among refugee women from Arabic origins, who have interacted with maternity care services within one year before the study, and are legally settled in the Netherlands.

*Methodology:* Through an exploratory qualitative research, we have interviewed refugee women, their partners, and key informant service providers. Then we used Levesque's Framework of Health Care Accessibility for the analysis of the results.

*Results and conclusions:* Respondents had good experiences reaching and accessing the maternity care. All women appraised the availability, accessibility and appropriateness of the services.

However, the language barrier appeared to be the main obstacle that the Arab pregnant refugee women had to face. In addition, the research also found insufficient information provision about the services and health issues, cultural differences, and inadequate health seeking behaviour.

In order to prevent insufficiencies and to improve the services' accessibility, we have identified priorities for action such as maternal health promotion, better integration, restoration the fund for the translation phone, cultural training for service providers, continuity of the services, cooperation, and further research.

**Stigma and Secrecy in Banke District, Nepal: How Societal Views and Perceived to Influence Women's Agency on Accessing Abortions**

*Claire Thomson, University of Amsterdam, thomson.claire4@gmail.com*

Abortion is an essential, yet controversial, facet of comprehensive sexual and reproductive health service. Abortion is legal in Nepal, however there are still barriers to the service. By engaging with theory on stigma, agency, gender, and accessible health services, this research seeks to understand the societal perceptions surrounding abortion in Banke District, Nepal, and the ways in which they impact women's access to the procedure. This research engages with both service and non-service related aspects of abortion through use of an ethnographic methodology, supplemented with in-depth interviews and focus groups, to reach a wide array of community members, religious leaders, and abortion service providers. The research found that norms around gender, marriage, and childbearing were the primary sources of stigma related to abortion. There are levels of acceptability for an abortion dependent on the circumstances of the pregnancy, with marriage and sex of the fetus being the most substantial conditioning factors. There does not seem to be substantial service related barrier to abortion in Banke, rather the barriers to abortion services stem from stigma against abortion in the wider community. As a result of these findings, I recommend both policy makers and NGO's to expand their activities around gender equality programmes, being careful to include men in the process, and to create stronger SRHR sensitsation programmes that actively engage with abortion.

**Factors influencing male involvement in family planning in Ntchisi district, Malawi**

*Astrid Dral, VU University Amsterdam / Amref Health Africa (Malawi) / Amref Flying Doctors (Nederland), astriddral@hotmail.com*

*Introduction:* Malawi is one of the countries with the highest maternal mortality ratio (MMR) and fertility rate (FR) in Africa, among others caused by an unmet need for family planning (FP). In Malawi, FP is still seen as a 'women's domain' and as male involvement still remains to be lower than wanted, there is a desire to increase this. This study aimed to explore influencing factors of male involvement in FP.
*Methods:* In this qualitative case study, 23 semi-structured interviews were held with 14 men, 5 women and 4 HSAs within the rural villages in Ntchisi District.
*Results*: The respondents' answers generated six factors that influence male involvement, namely: health behaviour information/knowledge, personal attitude, social influences, health behavioural skills, gender relations and socio-economic factors.
*Conclusion:* Men's involvement in FP issues could assist in reducing shame about going to the FP clinic, ignorance among men and in increasing their understanding of the importance of shared decision-making and responsibilities in FP. This could eventually improve maternal and reproductive health within Ntchisi district.
*Discussion:* Where previous studies mentioned a negative male attitude towards using FP, this study displayed a positive attitude. Social desirability bias might be an explanation for this difference, as the researcher was a foreigner and from a different gender and age category than the respondents.
*Recommendations:* To reduce men's ignorance towards FP, Amref is advised to increase men's level of knowledge on the importance of male involvement through improving the information accessibility by involving influential stakeholders such as the village headmen and Health Surveillance Assistants.

**Policy Analysis of the Access of the HIV/AIDS Services for Migrants from the Surinamese Goldfields**

*Jara Schmidt, Radboud University Nijmegen, Malaria Program Suriname (Intern), jaraschmidt@hotmail.com*

*Objectives:* To investigate the HIV/AIDS services for migrants in the goldfields in the interior of Suriname, and identifying the policy gaps. This advisory report aims to generate national discussion on the availability of HIV services for migrants.

*Method:* Interviews with relevant stakeholders (policy staff, healthcare providers, health insurers, international (donor) organisations, and the migrants from the small-scall goldfields) were conducted.

*Results:* Four major problems regarding HIV/AIDS services for migrants were identified. First, data on the number of (HIV-infected) migrants is incomplete. Second, national policy does hardly cover HIV care for migrants, and funding for HIV/AIDS care is insufficient for HIV/AIDS care for non-documented migrants. Third, there is limited access to HIV/AIDS services for migrants in the interior. Lastly, the availability of overall health care services in the interior is also limited.

*Conclusion and recommendations:* To realise the 90-90-90 goal of UNAIDS in 2020 it is recommended to set up a migrant multi-disciplinary, multisectoral working group. The national policy advice should be focused on incorporating migrants in the National Health Insurance Law and the Law for Sexually Transmitted Diseases. Furthermore, more research is needed, including portable HIV-testing in the goldfields and expanding the National HIV Database of the National Aids Program (NAP) to fill the missing data gap. This, together with all other recommendations included in this report, aims to achieve a sustainable and integrated healthcare system in Suriname specially for migrants and HIV/AIDS.

## Session 2B: Testing, stigma and key populations

**Opinions and User-Intentions of Men Who Have Sex with Men Regarding a Home-Collection STI/HIV Testing Service**

*Hannah Kador, Maastricht University, h.kador@student.maastrichtuniversity.nl*

*Introduction:* Sexually transmitted infections (STIs) among Dutch men who have sex with men (MSM) remain a serious health problem and testing rates are still too low. To improve STI testing rates in MSM, the municipal sexual health center (MSHC) *GGD Zuid Limburg* is planning to offer a home-collection STI test as part of their service. The aim of this study was to explore opinions, perceived barriers, and preferences of MSM towards the service.

*Methods:* For this qualitative study, semi-structured, in-depth interviews with MSM (*N* = 18) were conducted. Themes of interview questions, such as self-efficacy, fear of stigmatization, and organizational preferences for the service were based on previous studies and a brainstorm with professionals.

*Results:* Participants had positive attitudes towards the new service and most were willing to use it. Yet, participants expressed low self-efficacy towards performing the blood test and had difficulties with the lack of face-to-face consultation when doing the test at home. To cover potential privacy issues, participants preferred a test service that is tailored to the individual (privacy-related) needs of MSM.

*Conclusion:* An intervention aiming to promote the new test service should target possible barriers, including the lack of professional face-to-face consultation, low self-efficacy for the blood test, and privacy issues. In

conclusion, the new home-collection STI test service has promising advantages that could lead to increased STI testing behavior in MSM.

## A qualitative study of perceived barriers and facilitators to the implementation of Social Network Testing for HIV among MSM with a non-Western migration background

*Marsha Geerken, Universiteit Utrecht (RIVM, Soa Aids Nederland), marshageerken@gmail.com*

Peer-driven social network testing (SNT) for HIV has the potential to overcome barriers that hinder hard-to-reach populations from testing. This qualitative study sought to examine perceived barriers and facilitators to SNT for HIV among non-Western men who have sex with men (MSM-NW) in the Netherlands. We interviewed 13 MSM-NW to explore their perspective on SNT with HIV self-tests. The interviews were recorded and transcribed verbatim. Data were analysed by thematic content analysis. We identified four major themes: *type of (social) relation*, *openness about HIV and testing*, *disclosure of homosexuality*, and *(uncertainty of) reactions*. Lack of trust, openness about sexual behaviour and HIV (testing) in social networks were perceived as barriers. Interviewees mentioned reluctance to approach other people than their best friends out of fear for negative reactions. However, if relationships have trust and safety, peers would easily start a conversation on HIV and facilitate testing. SNT could serve those who are afraid of being seen at regular testing sites. SNT provides the opportunity to stay anonymous and test at a convenient time and location. We expect SNT most successful in networks with a certain level of trust between peers and friends. Peers should be trained in how to start the conversation, how to deal with possible reactions, and how to offer support when hesitating. Although fear for the test result will remain, SNT can be tailored to the personal situation of individual friendships, and thus remove the general barriers to testing and facilitate HIV testing among hard to reach MSM-NW.

## Medication Multiplied: Female Sex Workers' navigation of Pre-Exposure Prophylaxis in Johannesburg, South Africa

*Frake Schermer, University of Amsterdam, frake@frakeschermer.com*

*Introduction:* In this thesis, I explore the ways female sex workers, working in Johannesburg, South Africa, incorporate the preventive HIV technology Pre-Exposure Prophylaxis (PrEP) into the multiple networks in which they are embedded. My analysis is grounded in actor-network theory, through which I aim to make visible that as PrEP comes into being, it must be understood not merely as multiple objects, but these objects also as active actors within these networks.

*Methods:* For this thesis, I have conducted three months of qualitative field research among female sex workers in Johannesburg South Africa, consisting of observations, various informal conversations, and a series of 9 semi-structured interviews.

*Results:* My research shows that PrEP, being a materialization of an (HIV) status, has the potential to disclose or express certain aspects of sex workers' lives that are often stigmatized and form a potential threat to their health and well-being.

*Conclusion and discussion:* This thesis is therefore not only an academic exercise by highlighting the potential of a non-dualistic approach to humans and technology, or a but also a critical reflection on some persistent assumptions in the field of global health, such as assumed value of disclosure. A series of recommendations

result from this thesis: disconnect PrEP from sex work through wider distribution, and disconnect it from other ARVs through changing its packaging.

**An investigation into perceptions of HIV self-testing for South African sex workers**

*Anna Devereux, Utrecht University / Aidsfonds, a.k.devereux@uu.nl*

*Objectives:* The primary aim of the research was to discover how the South African community which provides health care services for sex workers perceives HIV self-testing. In order to gain a thorough understanding of this outlook the context of sex workers' access to health care was also addressed. The role of stigma in impeding sex workers access to governmental health services is highlighted in this research.

*Methods:* A qualitative approach was undertaken utilizing an adapted community-based participatory research strategy. Interviews were conducted with peer educators, sex work activists, health care coordinators and researchers [n=17].

*Results:* Prior knowledge of HIV was found to be very important in the ability to manage the emotional stress of self-testing and to seek follow up care. The lack of counselling involved in selftesting was found to be problematic. Counselling is perceived as a method to mitigate the stigma of HIV and as a mechanism to join the treatment cascade. Stigma of sex work was found to impede sex workers access to governmental clinics.

*Conclusion & discussion:* Stigmatization of sex work has an adverse effect on the suitability of self-testing for sex workers as self-testing requires the tester to independently seek follow up care. The research implies that self-testing ought to be promoted amongst individuals who possess a high level of prior knowledge of HIV and that have inclusive access to health care settings, for example in specialized sex work clinics. Decriminalization of sex work is recommended as it is a factor preventing equal access to care.