Pauline Oosterhoff discusses 'Making an Impact with Research on Sexuality and Reproductive Health'
CORTH Event on 9th November, 2014

By Sajida Ally

This November, CORTH conducted a workshop on the issue of measuring and creating impact with research on sexuality and reproductive health. IDS consultant Pauline Oosterhoff was invited to make a presentation on this timely topic based on her extensive experience in public health research, advisory services and media production. Dr. Oosterhoff has developed and managed programs focusing on health, notably sexual and reproductive health and HIV, gender, and human rights, and her work spans Asia, Africa, the U.S. and Europe. The one-hour event was attended by CORTH members, students and colleagues from IDS, and other newcomers to CORTH. It was facilitated by CORTH research associate Sajida Ally.

During her presentation, Dr. Oosterhoff discussed the necessity of effective partnering with direct and indirect target groups and beneficiaries in creating impact with research. Drawing from her work in Vietnam in conducting participatory research between 2004 and 2011 and ongoing work with Love Matters, she described how effective partnership involved carefully planned initiatives with multiple stakeholders. In Vietnam these included policy makers, mass-based organizations at different levels, medical, legal and other service providers, HIV+ women along with their children and partners, international and local documentary film makers and artists. In her work with Love Matters in Kenya partners include international and local researchers, sex educators, musicians and artists, NGO’s and a Kenyan record label and music academy. Central to effective partnership was the need to synchronize time lines with diverse partners, and to present research results to them before planning and budgeting follow up action. In order to have an impact, research results needed to be presented to varied audiences in different forms.

Dr. Oosterhoff also discussed the conflicts of interest that arose within participatory research, not only between direct and indirect target groups, affected people and policy makers, but also among the primary target group themselves. While speaking out on issues of sexuality at times entailed taking a stand based on results. This created enemies as well as friends for the researcher-advocate, as HIV+ people and their kin often had needs that were different from what social workers understood them to be. For example, the wives of HIV+ drug users resisted being grouped with sex workers, and NGO workers did not always immediately see the value of targeting ethnic minorities in outreach work through more group-specific media and language. Such complexities, as such, posed additional challenges for the researcher-advocate’s ability to have an impact.

Dr. Oosterhoff’s also discussed how participatory research in Vietnam contrasts much academic research on sexuality and reproductive health. In doing so, she raised the large continuum that exists between action-oriented, operational
research and more prevalent research that is conducted on reproductive health. Wherein social anthropology stresses the individualized research trajectory of the anthropologist, Dr. Oosterhoff’s research process strongly emphasizes partnership, the need to generate solutions for affected groups, and the practicalities of co-planning, timing, and resource allocation.

Discussants from the audience raised the potential for anthropologists to better breach the space between different forms of health research. For example, research that involves medical evaluation-trials differs from health systems research, and they respectively provide varied ways of assessing health impact. Consequently, the need was raised for anthropologists to be better trained in speaking the language of operational research, to learn the formats or forms in which academic research could be broadly disseminated, and to understand where the anthropologist could best insert her or his self into larger processes of impact and change.