



Radboud Universiteit Nijmegen

Master Thesis

**An Intersectional Examination of How Educator Positionality and School Location
Shape the Delivery of Culturally Sensitive Sexual Health Education in Dutch Secondary
Schools**

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Preface

Passioned about justice and equity, interested in human behaviour and geography, and intrigued by social structures are the things leading me to writing this master thesis about culturally sensitive sexual health education. Writing this thesis has been an academic and personal journey. Over the past few months, I dived into the complex and nuanced world of sexual health education, exploring how deeply positionality and context shape the delivery of this topic in Dutch classrooms. What started as an academic research turned into a broad reflection on power, privilege and the everyday dynamics of inclusion and exclusion.

This process of creating this thesis would not have been possible without the help and encouragement of many people. First, I would like to thank my supervisor Mrs. Noura Alkhalili for her feedback, valuable and critical insights, guidance and patience throughout this process. The moments I questioned myself, ensured me that I was on the right track. I just had to trust the process. Thank you for that.

To the sexual health educators and experts who offered their time and shared their vulnerable thoughts and perspectives, and let me attend their sessions at schools – thank you. Your commitment to teaching this complex, controversial and sensitive topic inspired me deeply.

Finally, I am grateful to my family and friends and their unconditional support, for giving me time and space when I needed to be in my own headspace to concentrate, and for taking me out of this when distraction was needed. Other people I want to thank are the new friends I met due to attending this Master. They brought lightness, valuable insights and joy to this process.

This thesis represents not only the end of my time at Radboud University, but also the beginning of a work carrier. I hope this work contributes, in some small way, to making sexual health education more inclusive regarding all identities.

[Marleen Nabuurs]

[Nijmegen], [June, 2025]

Executive summary

This master's thesis, conducted at Radboud University Nijmegen, explores how the positionality of educators, including age, gender, race, class, culture, religion, background, experience, perspectives and biases, and the geographical location of Dutch secondary schools influences the delivery of interpersonal, culturally sensitive sexual health education. Through the intersectionality framework, the research reveals that these identity dimensions and factors within geographical location do not function in isolation but intersect to shape both how educators communicate and what they communicate.

To investigate these dynamics, this study uses a qualitative methodology, combining eleven in-depth interviews with sexual health experts and 5 ethnographic classroom observations conducted at secondary schools throughout the Netherlands. The schools studied, located in the areas Hoorn, Culemborg, Velp, and Rotterdam, offered rich comparative insights into how geographical context intersects influences culturally sensitive sexual health education and partly intersects with educator positionality.

Findings show that educators' positionality significantly affects the content, style, and adaptability of providing sexual health education. Younger educators often showed more openness and cultural flexibility, while older, more experienced educators tended to hold onto established norms and frameworks they believe in. Gender and race further influenced delivery. Female educators, for example, often emphasized feminist perspectives more than men. Racial homogeneity among educators frequently led to blind spots in addressing the lived realities of students from racially or culturally diverse backgrounds. Religion also emerged as a critical factor, because of how personal values and beliefs can limit or reshape engagement with topics like LGBTQ+ rights or gender diversity. Moreover, the research found that identity (age, gender, race, class, culture and religion) influence the three other dimensions within positionality, namely, perspective, experiences and biases.

Beyond individual positionality, the research highlights how the geographical context of schools, influences classroom dynamics and class diversity and thus, the educator's ability to deliver culturally sensitive education. In urban and culturally dense areas like Rotterdam and Hoorn, visible multiculturalism often asks for suitable communication strategies to avoid

misunderstanding and resistance. In more rural or less visibly diverse areas such as Velp or Culemborg, cultural diversity was less obvious but still present, sometimes resulting in unacknowledged differences that hindered and decreased inclusive teaching. Furthermore, socioeconomic status of neighbourhoods had less direct and more nuanced influence than initially thought, although it indirectly affected classroom composition and behavioural dynamics.

This thesis contributes original insights by separately examining and connecting educator positionality and local context, showing that the delivery of culturally sensitive sexual health education depends not only on curriculum content but also on who delivers it, how they interact and relate to their audience and where that interaction takes place. This study, therefore suggests that future educational practices prioritize self-reflexivity training for educators, include more diverse teaching teams and design flexible curricula that are adaptable to local contexts. While the study is limited by its sample size and the predominance of white, secular educators, it lays essential groundwork for more equitable and context-sensitive approaches to culturally sensitive sexual health education in an increasingly diverse Dutch society.

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1.0 Introduction

1.1 Research problem

In the modern days we live in, Dutch society is constantly pushed towards breaking taboos. In general, Dutch people advocate for being open, honest and everything should be discussable. This is also the case with the Dutch policy for sexual health education. Since 2012, schools in the Netherlands are obliged to provide for sexual health education. Schools have to create a safe social environment in, and around school property for children to express themselves (Ministerie van Algemene Zaken, 2024). However, schools have a free will in how to give context to this (Ministerie van Algemene Zaken, 2024). Sexual health education, equip young people with knowledge, skills and attitudes to navigate their sexual responsibility. One of the programs is called “Week van de Lentekriebels”, which is an educational method, created by knowledge centre Rutgers that aims at stimulating the sexual development, by focusing extra on sexual health education for a week once a year. It is a contested program and evokes controversial opinions by parents, teachers and sexual health experts. Arjet Borger, sexual expert at “Zorg voor Seksualiteit”, explains that this controversy stems from the fact that in the Netherlands there is a small group that is characterized by orthodox beliefs regarding sexuality and another small group of progressive people (“Roep Om Alternatief Voor Lentekriebels: ‘Het Is te Progressief’”, 2024). Within these groups there is a broad group that swerves in the middle. Borger states that “Week van de Lentekriebels” has a strong tendency towards the progressive group while classrooms are very diverse nowadays (“Roep Om Alternatief Voor Lentekriebels: ‘Het Is te Progressief’”, 2024).

Moreover, also governments and education policy makers are increasingly concerned that due to increasing migration, demographic shifts and refugee crises, the inclusion of sexual health education decreases or lacks in a holistic and suitable approach for all the identities that can be found in the school banks of the Netherlands (OECD, 2023). Intersectional dimensions form unique challenges and opportunities for the delivery of culturally sensitive sexual health education.

My interest in this topic stems from the fact that I realised that my whole life I was supporting being very open about sexuality and sexual health, but as I got to know more people with different backgrounds, I recognised the sensitivity of the topic for some cultures. Before, I was less conscious about how different attitudes towards sexual health education can be, because I did not grow up in an environment with a lot of different backgrounds. Later on, I learned about

differences between people and saw the divergence that lives within topics around sexual health.

I realise that my own positionality and the geographical location my school was located at, plays a significant role in how I understand and learned things. Searching for more information about this, I recognise that in existing literature dimensions like positionality and geographical location of schools are limited examined the area of the delivery of culturally sensitive sexual health education, while it is important to consider these factors.

So, because of increasing multiculturalism in classrooms more attention is needed regarding reflexivity of educators themselves, the work they deliver and in which contexts. That is why this research investigates how the positionality of sexual health experts and the geographical location of Dutch secondary schools influence the interpersonal delivery of culturally sensitive sexual health education.

1.2 Research objective and research questions

The research objective of this thesis is exploring to what extent intersecting dimensions within the positionality of sexual health experts, and the geographical location of Dutch secondary schools, influences the delivery of interpersonal culturally sensitive sexual health education. To investigate this, the main theoretical framework used in this research is the intersectionality framework. In terms of positionality a lot of intersectional dimensions are involved that all together define positionality. Thereby, geographical location refers to one of the principles of the intersectionality framework, which states that space is also a factor that determines societal outcomes (Hankivsky et al., 2014). This leads to the following main research question and sub-questions;

Main research question:

To what extent does the positionality of sexual health experts and the geographical location of Dutch secondary schools influence the interpersonal delivery of culturally sensitive sexual health education?

Sub-questions:

1. How do dimensions within the positionality of experts influence the delivery of interpersonal culturally sensitive sexual health education?
2. In what ways and to what extent does geographical location of Dutch secondary schools influence the delivery of interpersonal culturally sensitive sexual health education by experts?

1.3 Outline following chapters

The outline of this research is as follows. In this first section an introduction is presented, followed by the societal and scientific relevance and an overlook of the research objective and research question. Section 2 introduces the literature review. Section 3 provides the theoretical frameworks and conceptualization underpinning this research. The fourth section presents details on the adopted methodology. Section 5 present the discussion based on empirical findings where data is analysed according to the theoretical framework and limitations are discussed. Finally, the conclusion is presented in section 6, where also implications and recommendations are discussed.

1.4 Societal relevance

The mainstream thought regarding the societal relevance of culturally sensitive sexual health education comes from its potential to address public health concerns like Sexually Transmitted Diseases/Infections (STDI), unwanted pregnancies and sexual violence. For example, Furguson et al. (2008), mentions that sexual health education is not optimal in The Netherlands. Hesitates that sex education is adequate in the Netherlands, but limited (Furguson et al., 2008). The Netherlands does not have a national curriculum for sexual health education, which results in a great deal of variation. Each school and teacher do things differently, and because of the numerous subjects, sexual health education gets reduced to just a few lessons often focused on teaching what is regarded as the basic biological aspects of reproduction and safe sex (Furguson et al., 2008). From this perspective, culturally sensitive sexual health education is only seen as a tool to make sure all cultures and diverse background in schools get sexual health education. However, providing information about sexual health to all cultures and backgrounds does not directly makes it culturally sensitive. In The Netherlands, Dutch norms and beliefs are implemented and applied in providing sexual health education, while some cultures do not feel

comfortable with them, which should be respected. So, besides physical health benefits, investigating the cultural sensitivity in the delivery of sexual health programs, can contribute to including people with different cultures and background and letting them feel more understood.

By investigating these gaps and challenges in the current approaches, this research aims for a more equitable high-quality sexual health education. It strives for empowering children and adolescents by encouraging experts to be conscious of the factors that might influence them in their ways of teaching culturally sensitive sexual health education. Ultimately, this leads to a more equal and inclusive society, where sexual health education respects and integrates cultural diversity in the best possible way.

1.5 Scientific relevance

There are ongoing current debates about sexual health education and how important it is that differences in cultures are acknowledged and respected (Goldfarb & Lieberman, 2021; Rasmussen, 2006). Scholars argue that a one-size-fits-all approach often fails to address diversity in multicultural classrooms (UNESCO & UNFPA, 2012; UNESCO, 2018; Aggleton & Campbell, 2000). However, the extent to which this happens and occurs is often only examined by investigating the experiences of the recipient. For example, Cense (2018) argues in her research that the Comprehensive Sexual Education (CSE) model is applied in the multicultural context of The Netherlands, but it could benefit from deeper knowledge in how younger people navigate different contexts. Cense (2018) investigates what younger people need in a multicultural society. The focus here lies on intersectional dimensions that play a role in the way recipients receive and experience the delivery of culturally sensitive sexual health education, not how it is delivered. This focus is also shown by the research of de Graaf et al. (2024). Their recent Dutch national study, *Sex Under Age 25*, brings attention to specific areas of concern among which, the sexual health disparities between ethnic groups (de Graaf et al. 2024). Here, again the focus lies on the recipients that receive sexual health education. The same accounts for the research of Cense et al. (2019), who analyse student dissatisfaction across countries, excluding the point of view of the educators. Similarly, Nawrocki (2015), highlights student discomfort caused by different backgrounds of teachers and students that mismatch, leaving out the teachers' side. Some articles do point out how and what influences the delivery of sexual health education and how important positionality and cultural sensitivity are (Inspectie van het Onderwijs, 2016; De Looze et al., 2023; Bartelink & Knibbe, 2024), but they are still

missing out on deeper analyses of how specific intersection dimensions influence the delivery of sexual health education.

These articles show a research gap of missing focus on intersectional dimensions that influence the delivery of culturally sensitive sexual health education specifically by experts. Instead of constantly focussing on people with different cultures and backgrounds and maintaining their feeling of being a research object, this research will focus on the delivery of culturally sensitive sexual health education by experts, leaving the recipients out of it.

Furthermore, this research also examines the role of the geographical location in the delivery of culturally sensitive sexual health education by experts. It is interesting to examine the influence of geographical locations, because space may influence the capabilities of sexual health experts to deliver culturally sensitive sexual health education (Rose, 1997). Besides that, the frequency of multiculturalism that occurs and differs in urban and non-urban areas, form unique challenges in delivering culturally sensitive sexual health education.

To demarcate geographical location, the focus of this research lies on the geographical location of Dutch secondary schools. The delivery of culturally sensitive sexual health education for children is determining for how children will develop their own thoughts. In The Netherlands, most children, in primary and secondary school, receive sexual health education. On one hand, it is important to provide sexual health education in primary schools, because sexuality starts at birth (Van Der Doef, 2009). On the other hand, it is even more important to provide sexual health education at a later stage in life, like in middle school, when children engage more with sexuality and they become sexually aware and, in some cases, even active (Kreuter and Wray, 2003). In this stage of life, teenagers form their own thoughts and are some may already be formed by their (possible) experience regarding sexuality. They go through a lot of change regarding relationships and sexuality and start exploring those areas, which makes it so important to provide guidance to navigate themselves in a positive and healthy way (Cense, 2019).

These findings support the importance for targeting students with sexual health education programmes multiple times and not only at the age of primary school children (Mevisen et al., 2017). Children have the right to information, and this research contributes to investigate how this information is given and what influences it.

The importance of investigating all this, is that by shifting the focus to the delivery and adding geographical location, more in-depth knowledge can be uncovered, which contributes to improved training programs for sexual health education experts and effective culturally sensitive sexual health education in the multicultural society we live in.

2.0 Literature review

2.1 Content Related Discourses within Sexual Health Education

The Netherlands advocates for openness about subjects around sexuality and already developed itself quite well regarding sexual health and reproduction education. However, this does not mean it has been without challenges or debates (Rutgers et al, 2021).

Historically, sexual health education in the Netherlands was driven by biomedical and public health priorities. In the 1970s and 1980s the institutionalization of sexual health education primarily focussed on anatomy, reproduction, menstruation and contraception (*Netherlands | Comprehensive Sexuality Education | Education Profiles*, z.d.). This phase was shaped by a risk-reducing discourse namely, preventing teenage pregnancies, reducing sexually transmitted infections and HIV/AIDS cases. Weaver et al. (2005) emphasized the importance of school-based programs in reducing HIV transmission, especially among high-risk groups. These early programs, while medically focussed, overlook relational, emotional and cultural dimensions of sexuality.

By the 1990s and early 2000s, critiques of these programs began to emerge from feminist, pedagogical and public health perspectives. Scholars such as Lewis and Knijn (2003) argued that biomedical approaches ignored the lived experiences of youth. Programs began to include relational and social aspects, forming the groundwork for school-based Sexual and Relational Education (SRE). Dutch SRE, it is known as “comprehensive”, going further than the biological facts. Content analyses of Dutch SRE materials showed that the program is characterized by clear, direct, age-appropriate information about sexuality, discussing responsible choices regarding safe sex, personal sexual values, wishes and desires and communication skills (Ferguson et al., 2008; Lewis & Knijn, 2003).

As Dutch classrooms became more culturally diverse, there was growing awareness of the need for culturally sensitive sexual health education (Miedema et al., 2010). This realisation fuelled interest in more holistic and inclusive models. Therefore, the Comprehensive Sexuality Education (CSE) model has been mandatory in Dutch primary and secondary schools since 2012 (Ministerie van Algemene Zaken, 2024). Developed by organisations such as UNESCO, WHO and IPPF, CSE represents a shift from a risk-based discourse to one that embraces human rights, empowerment and well-being (UNESCO Education Sector, 2018). The CSE model

consists of seven essential components: gender, sexual and reproductive health and HIV, pleasure, violence, diversity and relationships (UNESCO Education Sector, 2018). This model aims to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality, physically and emotionally, individually and in relationships they will experience in their lives. It has a holistic view on sexuality and recognizes that information alone is not enough (UNESCO Education Sector, 2018). Here diversity is explicitly mentioned, in contrast with other programs such as the school-based Sexual and Relational Education (SRE). Cense (2018) advanced this discussion by analysing how CSE can better equip youth in Dutch contexts. Her research emphasized that only delivering facts and information is insufficient. Young people must be supported in developing emotional resilience, consent-based ethics and the understanding of other cultures (Cense, 2018).

Still, the implementation of CSE in Dutch schools is not equal, showing institutional and ideological tensions. National and institutional policies play a role in this. According to OECD (2023), efforts for inclusive sexual health education are hindered by budget constraints, limited time within curriculum and lack of training. De Looze et al. (2023) argue that without systematic oversight, clear accountability and adequate training, schools may fail to meet students' diverse needs.

Current debates intensified around the cultural appropriateness and societal acceptance of school-based programs such as “Week van de Lentekriebels”. While mainstream discourses in the Netherlands support school-based sexual health programs, these programs also evoked public and academic debate about whether these programs are as culturally sensitive and inclusive as they say they are. Critics, particularly from conservative and religious backgrounds, argue that school-based sexual health education risk marginalizing groups whose values around sexuality, gender roles and childhood innocence differ significantly from those in programs (“Roep Om Alternatief Voor Lentekriebels: ‘Het Is te Progressief’”, 2024).

Borger and other experts argue that most sexual health programs are strongly rooted in progressive values, emphasizing body autonomy, consent and emotional expression. While these are central topics of Comprehensive Sexuality Education, scholars such as Bartelink and Knibbe (2024), note that the dominant liberal discourse in Dutch sexual health education may not reflect the morals present in some groups with different cultures, meaning that the program's

delivery may silence these perspectives, rather than creating dialogue and inclusive sexual health education (Bartelink & Knibbe, 2024).

Moverover, recent studies highlight that controversy surrounding sexual health education not only is about content or whether it should be school-based or not, but discussions are about power relations, specifically, whose voices are heard in determining what is taught and how. This issue intersects with the broader issue of cultural hegemony (Sundaram & Sauntson 2015). Sundaram and Sauntson (2015) mention how school-based sexuality education is influenced by the values and politics of school leadership and dominant national education frameworks, reinforcing power hierarchies in decision-making. (Sell et al., 2021), further explore how teachers influence and frame sexual health topics, as they determine how they deliver certain topics. These perspectives point out the importance of recognising how authority over educational content can reflect and reproduce societal power dynamics in terms of what is included, excluded, emphasized or ignored, leading to ideological charged decision-making (Sell et al., 2021)

In sum, the development of sexual health education in the Netherlands reflects a broadening focus which comes along with broader different discourses and debates. The transitions from biomedical prevention and risk reducing information to including human rights, attitudes and resilience is informed by research, policy frameworks, public debates and evolving students' needs.

2.2 Positionality and Sexual Health Education

Understanding positionality is critical when exploring how sexual health education is delivered, especially in a multicultural setting. As Yip (2024) argues, positionality is not fixed, but influenced by power relations and context. This makes reflexivity essential for educators that have to deliver sensitive topics.

Reflexivity is a core component of working with positionality in education. Riley et al. (2014) for example, state that a critical view on the implementation of cultural diversity and positionality is needed. He notes that many research studies on diversity in education are well-intentioned but are lacking in reflexivity. He states that in order to add cultural diversity into education and thus in order to be culturally sensitive, deeper reflection on the person who

provides the education is needed (Riley et al., 2014). Hopkins (2020) emphasizes the importance of reflexivity towards positionality within context where educators hold authority or privileged, especially when talking about topics where race, gender, sexuality and religion play a role, as they are shaped by historically unequal power relations (Hopkins, 2020).

Contemporary research also critiques simplistic binaries such as “insider” versus “outsider” status, which have historically dominated discussion of positionality in qualitative research (Yip, 2024). Yip (2024) states that identities and positionalities are fluid, intersectional and contextual situated. Researchers are not fully insiders, but also not fully outsiders, meaning they take on different positions depending on the situation (Yip, 2024). In education this means that teachers and students may move between positions of privilege and marginalization depending on the topic discussed, the setting or class dynamics. Ladson-Billing (1995) also argues that identities of teachers are not only shaped by their individual identities, but also by structural environments in which they operate (Ladson-Billings, 1995). For example, school policies and broader cultural narratives about gender and sexuality all influence what teachers feel empowered or permitted to teach (Ladson-Billings, 1995).

This recognition of positionality as fluid, intersectional and contextual point out how individual identity and institutional structures shape educational experiences. International research looked further into these experiences by investigating the delivery of sexual health education, based on the experiences of the recipients (Cense et al., 2019). Cense et al. (2019) conducted comparative research across ten countries namely; England, Ireland, United States, Australia, New Zealand, Canada, Japan, Iran, Brazil and Sweden, and they identified three common main points that students experienced as negative regarding the delivery of sexual education (Cense et al., 2019). Firstly, teachers did not take the sensitivity of sexuality into account. This resulted in lack of paid attention to the ways in which sexual health education was delivered, which made students feel uncomfortable and refuse to participate, as cultures have different beliefs regarding talking about sexuality (Cense et al., 2019). Secondly, teacher came across as ignorant about the fact that students are sexuality active, so the content did not fit the needs of the students (Cense et al., 2019). Finally, students felt uncomfortable getting sexual education by their teacher because they felt too close. Sexual health education deals with personally and socially sensitive themes. The fact that students already know the teacher and may not like them create barriers in openness (Cense et al., 2019). Students also reported that they were scared

that personal information would be transmitted to their parents, which also hinders students to be open and feel comfortable to speak in class (Cense et al., 2019).

It is also important to mention that due to parts of the positionality of teachers like culture, gender, age, religion, experiences, perspectives and biases students may feel uncomfortable (Nawrocki, 2015). Young religious female students may feel uncomfortable and unheard by old male teachers with other beliefs that they may have let shimmer through their teaching approach. Thereby, as the students already know the teacher, and vice versa, the teachers may let their experiences with the students and thus their perspectives and biases influence their teaching (Nawrocki, 2015).

Furthermore, in the research of De Looze et al. (2023) teachers themselves often report that they are not familiar with accurate teaching materials that address sexual education. They are used to working with a fixed method. For example, in biology, where in most cases there is one chapter dedicated to sexual education, mainly focused on the human body, safety measures and risk of sexual intercourse. There is little room for themes like consent, pleasure, cultural differences and sexual diversity. By reaching out to professional guest lecturers, these problems can be avoided (De Looze et al., 2023).

2.3 Geographical Location

In research of Inspectie van het Onderwijs (2016), the subject of sexual diversity education in Dutch schools is examined, which refers to the acceptance and response to the LHBTQI+ (Lesbian, Homosexual, Bi-sexual, Trans, Queer, Intersexual and everything in between) community in education (Inspectie van het Onderwijs, 2016). The research states that there seem to be more similarities between schools than differences in how important they consider the subject and how they handle it. For example, schools in big cities seem to act the same as schools in small municipalities, large schools do not differ from small ones (Inspectie van het Onderwijs, 2016). However, secondary schools in big cities or schools with many students from minority groups seem to find sexual diversity more difficult: they report that they experience obstacles more often than other schools. What is striking though, is that schools with a specific ideological identity, for example progressive schools, have more elaborate visions than other schools. When it comes to teaching about sexual diversity, they often emphasize a respectful

attitude towards sexual diversity or counteracting prejudice (Inspectie van het Onderwijs, 2016).

Similarly, international research highlights how geographical disparities, within and between countries, affect sexual health education in multiple ways. One factor is the influence of local cultural norms and political climates (Shepherd et al., 2013). Shepherd et al. (2013) and Pound et al. (2016) both demonstrate that schools in urban areas tend to be more progressive and inclusive regarding sexual health education, often reflecting the diversity and liberal values of urban populations. In contrast, rural schools more often base their education on conservative values (Lamb et al., 2012).

Furthermore, geography also influences students' lived experiences of sexual health education. Young people in rural areas may have limited access to external support services, LHBTQI+ presence and diverse information sources, making them more reliant on school-based education (Kosciw et al., 2018). This can create disparities in knowledge, safety and self-expression. Moreover, fear of social stigma in small communities can discourage students from participating actively in sexual health discussions (Brewster et al., 1993). In urban areas, on the other hand, youth may benefit from broader community resources and sexual health/knowledge centres that validate sexual and gender diversity, which can reinforce school-based learning (Brewster et al., 1993).

In sum, these scholars point out how geographical location can shape both how sexual health education is delivered and how it is received by students. While national frameworks aim for consistency, these scholars show how demographics, school ethos and resource availability play can play a determining role.

3.0 Concepts and Theoretical Framework

In this research the intersectionality framework is used as main overarching framework to validate forthcoming outcomes in the area of positionality and geographical location and the effects of it on the delivery of interpersonal culturally sensitive sexual health education. In order to investigate the influence of these concepts, it is useful to define and operationalize the concepts positionality and cultural sensitivity.

3.1 Intersectionality

Because of the number of intersectional dimensions, logically following is that in this research the intersectionality framework will be used as main overarching framework to validate and base outcomes on.

Intersectionality is both a theoretical paradigm and a set of methodological tools that help examine societal inequalities. The framework is first introduced by Kimberlé Crenshaw (1989) as a response to shortcomings of feminist and antiracist discourses, which only analysed oppression from one single angle (Crenshaw, 1989). Since then, intersectionality has become a foundational theory across many disciplines such as education, geography, public health and sociology, helping researchers understand how identities and societal structures affect inequalities (Crenshaw, 1989). The framework refers to the interaction among dimensions of differences in individual lives, social practices, institutional arrangements and cultural ideologies and the outcomes of this in terms of power (Corus & Saatcioglu, 2015). The intersectionality framework explains that not only one factor in examining social societal issues, determines research outcomes. It challenges the notion of individuals being analysed on the base of one category. The framework identifies people as homogenously beings, categorized under race, gender, or any other single, unifying dimension (Corus & Saatcioglu, 2015). These intersections create unique contexts of discrimination, privilege and experiences that cannot be understood by analysing them separately. The framework helps to investigate how systems of power shape personal and institutional practices, making it particularly a well-fitting tool for exploring educational practices.

In educational research, intersectionality has proven to be a powerful tool for investigating how factors such as layers within identity affect learning and teaching. Feminist Collins (2002) contributed to this significantly by introducing the “Matrix of Domination”. With this concept

she describes how individuals can simultaneously experience privilege and oppression depending on context (Collins, 2000). For example, white, middle-class woman may experience gender-based discrimination while experiencing advantages from racial or economic privileges (Collins, 2000).

Another feminist scholar, Mohanty (2003), adds a transnational feminist approach by highlighting the risks of universal Western feminist values. She emphasizes historical and cultural context and argues that equality should be incorporated in lived realities of diverse groups. This is especially important in multicultural Dutch classrooms, where national policies dominate. Intersectionality allows for an analysis that does not ignore one cultural framework over another (Mohanty, 2003).

Even though intersectionality is widely known as theoretical framework, the framework knows lots of definitions and is used in several ways. Scholars with the same interest and comparable goals differ in their definitions and use of intersectionality (Poindexter & Quina, 2019). Despite that, lots of scholar fail to use an intersectional framework correctly by privileging one dimension over another (May, 2015). Thus, intersectionality is still a developing framework, which should be embraced by its evolutions and progress from different angles and fields (Poindexter & Quina, 2019).

Corresponding with the thoughts of Corus & Saatcioglu (2015) and Hankivsky (2014), that intersectionality identifies humans under unifying dimensions and acknowledges the influences of power structures, time and place, in this research, the intersectionality framework will be applied to concepts as positionality, geographical location and cultural sensitivity, as it validates that positionality (recognising multiple unifying dimensions) and geographical location (recognising space) may influence interpersonal culturally sensitive sexual health education in Dutch secondary schools (recognising power structures). These statements contradict the thought that only one solid factor, like religion for example, influences interpersonal culturally sensitive sexual health education.

By using this framework, this research aims to find answers with an open attitude without assuming conclusions beforehand and being let by mainstream thoughts. The intersectionality framework helps maintaining this approach because it acknowledges factors such as oppression, power relations, inequity, racism, hegemonic ideologies and discrimination from a

historical and present point of view, but it does not assume that these themes are already playing a role with regards to the subject in question. When these factors play a role, they will come forward by looking at the dimensions from the life of an individual, in this case, the factors within positionality of sexual health experts that deliver sexual health education in combination with geographical location of Dutch secondary schools.

3.2 Positionality

Positionality is a term used often in qualitative research in social sciences. The way this term is used differs a lot and depends on how scholars define this broad concept.

In a broad sense, positionality describes the researcher's world view and the position they adopt to the subject in question. Researcher's world view and position are coloured by values and beliefs that are shaped for example by political allegiance, religion, gender, sexuality, historical and geographical location, ethnicity, race, social class, status, (dis)abilities and so on (Holmes, 2020). Positionality is fluid, relational and shaped by context. As Rose (1997) argues, all knowledge is situated and partial, emerging from the specific social, cultural and geographical positions of the individuals themselves. She critiques traditional notions of academic impartiality and instead highlights the importance of reflexive methodologies that acknowledge the researcher's or practitioner's position within broader systems of power (Rose, 1997). Researchers and educators have to recognise that their positionality are embedded in specific social and cultural frameworks. There exists no impartial or objective standpoint. Instead, power dynamics rule in processes that determine whose knowledge is valued and who's not (Rose, 1997). In Rose's work, educators are seen as situated actors whose identity is shaped by institutional and spatial contexts in which they operate (Rose, 1997).

The point she makes about spatial context and identity stems from her earlier work where she critiques the masculinity and traditions of spatial knowledge production (*Feminism & Geography*, z.d.). She points out how Western geography has historically marginalized women's voices and non-Western knowledge, which reinforced power-dynamics (*Feminism & Geography*, z.d.). Like Rose, Hooks view the classroom as a space where identity, culture and power intersect (Hooks, 1995). She also states that educators are not passive transmitters of content, but persons who base things on their own experiences. She emphasizes that good teaching should include care, humility and awareness of one's own identity (Hooks, 1995).

In this research, the used definition of positionality aligns with the definition used in the research of Secules et al. (2020), besides that, some other dimensions are used. Secules et al.

(2020) defines positionality as reflexivity; an activity in which a person identifies, examines, and owns their backgrounds, perspectives, experiences, and biases. This definition integrates the most important factors that influences positionality. However, in this research “identities” is added, as Maher & Tetreault (1994) and St. Louis & Barton (2002) discuss; positionality captures the ways in which the individual is defined by socially significant identity dimensions. In this research positionality is based on the intersectional dimensions: identity (including age, race, gender, background, culture, class and religion), experiences, perspectives and biases.

3.3 Cultural Sensitivity

A part of providing for equal and inclusive sexual health education means having a culturally sensitive approach. But within sexual health education, what is cultural sensitivity? To understand the concept cultural sensitivity, it is important to first define what culture is. In this research culture is defined as; “A complex and global variable that represents the beliefs, language, rules, values and knowledge held in common by members of a society” (Rice & O’Donohue, 2022, p.36). When talking about culture, this definition will be referred to in this research. The question that follows up, is what is cultural sensitivity? Rice & O’Donohue (2022), conclude that there is no specific act or set of acts that provide a complete answer to the question what cultural sensitivity is. Like Rice and O’Donohue, this research agrees upon the claim that good intentions or awareness of cultural differences alone, are not adequate to conceptualize cultural sensitivity.

To give some direction, in this thesis cultural sensitivity will be seen as an umbrella term that covers all aspects of cultural competence. Cross (1989) defines this as: “a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations” (Cross 1989, p.2). Based on this, when talking about cultural sensitivity, the absence or presence of cultural competence in professionals that deliver sexual health education, is meant. Cultural competence is a term, used by mental health practitioners and scholars in diversity issues, and includes three dimensions: awareness, knowledge, and skills, stemming from the research of Shen (2014). Shen (2014) analysed 15 cultural competence models and found that three attributes were present in 13 of the 15 cultural competence models, namely; awareness, knowledge and skills (Shen, 2014). A side note is that, in the research of Shen (2014) sensitivity is seen as part of cultural competence. In this research

this is not the case. Cultural sensitivity is operationalised by cultural competence encompassing the attributes: awareness, knowledge and skills. These three dimensions form the so-called tripartite model of cultural competence (Raval et al., 2014). Awareness refers to the person's recognition of belonging to a cultural group and allows for self-reflection of beliefs, values and practices. It also includes understanding that there are people that are culturally different (Raval et al., 2014). The knowledge dimension refers to have broad and relevant knowledge about other cultures and providing this information specific to cultural groups. Knowledge can be language (e.g., words and phrases) or specific traditions (e.g., practices and values handle regarding intimacy). Finally, skills refer to communicative or behavioural competences that result in successful exchanges between culturally different people (Raval et al., 2014).

Bowleg (2012) introduces the concept of “cultural scripts”, which are dominant societal narratives that shape expectations around sexuality and gender. These scripts are often culturally specific and show how educators and students engage with sensitive topics like sexuality and sexual norms, consent and LHBTQI+ identities (Bowleg, 2012). For example, a Dutch educator that handles liberal values may prioritise openness, while students from conservative or religious backgrounds may react with discomfort or silence. Navigating these different cultural scripts can be challenging for educators. Intersectionality provides tools to investigate, understand and address such issues (Bowleg, 2012).

4.0 Methodology

4.1 Research design and method

This thesis is based on qualitative research approaches to explore how the positionality of sexual health education experts and the geographical location of Dutch secondary schools influence the delivery of interpersonal culturally sensitive sexual health education. The emphasis lies on the cultural sensitivity, positionality and geographical location. These subjects are examined based on the intersectionality framework. The methodologies that are used are designed to address the main research question and sub-questions through collecting data from diverse methods to foster a holistic understanding of the subject. Qualitative research approaches are the most suitable for this research, because of its focus on understanding perceptions, practices and cultural nuances in sexual health education.

4.1.1 Descriptive Background and relation to the internship

In order to conduct this research, I followed a four-month internship from February till May at “Stichting Tussen de Lakens” founded by Daphne Gakes, my supervisor. This foundation advocates for positive sexual health education by aiming to inform people in a way to make them capable of making their own choices regarding their sexual health and to respect different choices of others, emphasizing the importance of pleasurable, voluntary and safe sex, avoiding sexually transgressive behaviour. They do this by organising educational sessions, theatre shows and podcasts for parents, adults and children, making their advice and support low key. Subjects that they focus on are sexuality, equality, consent, social safety, gender, diversity and polarisation (Stichting Tussen de Lakens, z.d.).

For the work they delivered, in 2023, the “Stichting Tussen de Lakens” won the Sex and Media price awarded by the NVVS (Dutch Committee for Sexuality and Science). Besides that, the media shows a lot of interest in Stichting Tussen de Lakens. Miss Gakes shows up multiple times a month in newspapers like Parool, De Telegraaf and Het AD (Stichting Tussen de Lakens, z.d.).

During the four months of internship, I had the honour to have a look behind the scenes of stimulating positive sexual health education in multiple ways. For example, I helped fine tuning Miss Gakes theatre show about positive sexual health and pleasure. It was an interactive show where controversial opinions came to light. I learned about Gakes individual view on sex and

how she represented her perspective in her shows. Besides that, I interviewed her to delve deeper into how she delivers interpersonal sexual health education and to what extent it can be considered culturally sensitive. This interview was complemented by other interviews, as the internship provided me with contacts of several sexual health experts, leading to the ability to interview 11 sexual health experts and observing a total of 5 sexual health education sessions, whereof two sessions were at the school in Hoorn school, one in Velp, one in Culemborg and one in Rotterdam. Because in this research positionality is investigated, I will give small introductions of the participants involved to get a clear view of who they are:

- Pelle: 27-year-old white heterosexual cis-male. Pelle is Dutch and grew up in The Hague with a mother that was raised strictly religious, but his mother stepped out of it and he himself does not believe in any sort of religion. Later on, Pelle moved to Amsterdam where he followed the Bachelor Interdisciplinary Social Sciences and now follows the Master Citizenship and Quality next to his job at “De Seksualiteitschool” where he is guest lecture at schools.
- Sara: 41-year-old white cis-woman who identifies as bisexual but has a male partner and 2 children. Born and raised in Amsterdam with an above middle-class family. Her father is British and her mother half Chinese-Indonesian. She feels culturally mixed but Dutch at heart. She does not believe and works as programme-manager at “SexMatters”.
- Belle: 33-year-old white heterosexual cis-woman and strongly identifies as “Amsterdammer”. Raised atheist in an upper-middle-class family. Belle is highly educated as has a background in sexology and social sciences. She is the founder of “De Seksualiteitschool”.
- Chloë: 32-year-old white Dutch agnostic woman with a Jewish partner and children. Conversation suggests she grew up in a stable middle-class situation and is culturally Dutch. She works for “Blootnodig” as educator at schools.
- Livia: 22-year-old Dutch woman. She is born in The Hague and now living in Nijmegen. Conversation indicates she comes from an upper-middle-class family and is raised non-religious. Livia is peer-educator at “Blootnodig”.
- Yuri Ölrichs: 55-year-old white Dutch cis-male from Amsterdam. Grew up in a middle-class family. Now he has a wife and children. He worked in marketing, but later on made a switch to sexual health education working for Rutgers. He is agnostic and internationally oriented.

- Aart: 40-year-old single white Dutch cis-male. Culturally describes himself also as Dutch. He started at MBO and later on finished Social Work (HBO). Background suggests solid middle-class. He works for KiKid as educator but also manages other tasks within the organisation.
- Daphne: 36-year-old Dutch white woman and single mother of 2, from a conservative Christian family that grew up in Harderwijk. She got a build a aversion against religion. She has a degree in theatre and performance and now is founder of “Stichting Tussen de Lakens”, where she performs theatre shows about sexuality. She identifies herself as very Dutch and progressive.
- Bart: 62-year-old white Dutch cis-male. Raised in reformed Christian tradition, now agnostic. Bart has a wife and children and describes himself as a very Western man. He is a lifelong worker in public sexual health (GGD).
- Sari: Dutch white woman (age not indicated) who converted to Islam due to personal reasons. She lives in Rotterdam with 2 children and leads and works as educators at “Tante Aïsha” with focus on religious integration.
- Carmel: 25-year-old woman of mixed Dutch and Honduran-Canadian parents. Raised atheistic by a single working-class mother in Amsterdam’s De Pijp and experienced how scares money can be. She completed Social Work (HBO) and now works as educator and conversation leader at KiKid.

To be clear, in this research, the term sexual health expert is used in a more broader context, whereas sexual health educator is used when context is about education. Meaning that a sexual health expert, can also identify as educator and vice versa. Thereby, it is important to emphasize that the term sexual health education, used in this research, does not only refer to biomedical sexual health education. When talking about sexual health education elaborating context will indicate whether biomedical sexual health education is meant, or broader sexual health education including topics such as pleasure, boundaries, sexting, flirting, dating etc.

I learned that this world of sexual health education is a very small world. Everybody who is relevant and active knows each other and has an opinion about their ways of working. Nevertheless, all participants were very enthusiastic about my research and indicated that they were looking forward to receiving the research findings. Also, Miss Gakes was very enthusiastic from the beginning. She agreed upon the complexity of cultural sensitivity and the importance to address it. We agreed that after my research I will write her a collum to publish on her media

platforms about culturally sensitive sexual health education in the Netherlands. And maybe, in the future, we talked about making a documentary to ask for more awareness regarding the complexity of culturally sensitive sexual health education.

4.2 Data Collection

To specify qualitative research, the first method that is applied is conducting semi-structured interviews that provide in-depth insights into professionals' personal thoughts towards cultural sensitivity, their positionality and how they deliver sexual health education at different geographical locations of Dutch secondary schools. Since the focus of this thesis lies on the delivery of sexual health education, interviews were conducted with professionals that deliver and/or design these programs, with the support of the internship foundation. Besides that, I searched on the internet to find sexual health experts within well-known organisations and contacted them via email or called them. I managed to reach 11 participants who were willing to be interviewed. Semi-structured interviews were taken from the participants in an informal setting, meaning that I gave the opportunity to the participants to choose the setting they felt most comfortable with and adjusted myself to their preference. Most of the time the participants preferred an online interview in order to avoid travelling and save time. Only Daphne, I interviewed in real life because I was at her workplace as intern.. The semi-structured interviews felt like an interaction where I attempted to get information from another person while offering participants the chance to explore issues they feel are important (*Key Methods in Geography*, z.d.). Semi-structured interviews are not just conversations (*Key Methods in Geography*, z.d.). For me it felt really personal asking question about someone's background, perspectives and biases, because it made me aware of my positionality as researcher and how to deal with my own biases, which was not always as easy as I thought. By recognising the biases I had, I tried to set them aside and kept reflecting on myself.

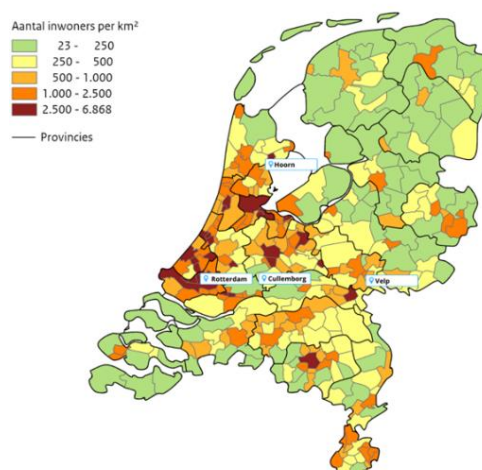
Besides that, ethnographic observations were executed at sexual health education sessions provided at different geographical locations of Dutch secondary. These schools' sessions were directly attended. One session I was able to attend, because my internship supervisor hosted it. The other ones I have managed to attend directly by keeping in contact with organisations that provide sexual health education. For example, I reached out to plan an interview with Aart from KikiD and asked afterwards if it was possible to attend sessions they provide at secondary schools, fortunately they were very open to it and they let me attend 2 sessions. The other

session I attend at Blootnodig. They made an exception for me to attend a session, because in the first place they offered me an internship which was cancelled due to lack of subsidy, but this way they wanted to make it up to me. Besides that, they were really interested in the subject of this research and wanted to work along. Over the years the term ethnography has become well-known in qualitative research projects where the intent is to provide a detailed, in-depth description of everyday life and practice (Hoey, 2014). In this case, the sessions at schools are seen as a glimpse of everyday life and practice, as educators give sexual health education on daily basis.

The geographical location of the Dutch secondary schools that are investigated are Rotterdam and Hoorn (urban areas) and Culemborg and Velp (non-urban areas). These areas are chosen because the density of the areas may influence the percentage of diverse cultures in a classroom, leading to the need of different culturally sensitive sexual health approaches. The criteria for these urban and non-urban areas are based on the terms that World Bank uses; the school located in Rotterdam and Hoorn are located in an urban area, because these cities have a population density of at least 50,000 inhabitants and city rights (Dijkstra et al., 2014). Schools in non-urban areas Culemborg and Velp have less than 50,000 inhabitants and thus not considered as urban (Dijkstra et al., 2014).

To demarcate this even more, the focus will be on Dutch secondary schools, otherwise the research area will be too large. This division urban and non-urban areas is chosen because in urban areas, there can be found a larger population density, which increases the occurrence of different cultures comparing to geographical locations where the population is less dense. This may lead to differences in the interpersonal delivery of culturally sensitive sexual health education. Figure 1. visualises the actual location of the used geographical locations in the Netherlands and the population density per squared kilometre (VZinfo, z.d.). As shown, Rotterdam is located in a dark red area, similar to Hoorn. Culemborg and Velp are located in light yellow/orange areas, showing that Rotterdam and Hoorn have a higher population density compared to Culemborg and Velp.

Figure 1. Population density 2024



Source: <https://www.vzinfo.nl/bevolking/regionaal>

Furthermore, throughout the ethnographic observation, both verbal and non-verbal dynamics were noted to have a complete view on how and in what ways the positionality of sexual health experts do influence culturally sensitivity sexual health education and how geographical location of Dutch secondary schools play a role in the delivery of culturally sensitive sexual health education by professionals.

Besides the collection of primary data such as interviews and fieldnotes, this study also used secondary data. The secondary data included literature and articles about sexual health education, think of articles about current debates in the Netherlands regarding sexual education, Dutch academic research reports, international academic literature, websites of sexual health education providers and websites of the schools that are visited in order to obtain relevant general knowledge. These forms of secondary data help to develop a better understanding of the phenomenon of interest and the context in which it is occurring (Shah and Corley, 2006).

This way the combination of the semi-structured interviews, ethnographic observations and secondary data investigated how positionality and geographical location of Dutch secondary schools can influence the delivery of interpersonal culturally sensitive sexual health education by professionals.

4.3 Data Analysis

After all data was collected, semi-structured interviews were analysed by coding as method for structuring, categorising and reading data. Thematic analysis of the empirical data is applied to the fieldnotes in order to find results.

4.3.1. Data Analysis Interviews

In order to code the interviews, first transcripts were derived with the use of Notebook LM and with the use of Atlas.ti software, the interviews were coded. In the first phase of the coding, open-coding, I identified distinct concepts and themes for categorization, enabling the first level of data for data assemblage by creating initial broad thematic groups. “The first step [open coding] aims at expressing data and phenomena in the form of concepts. Units of meaning classifying expressions (single words, short sequences of words) in order to attach annotations and “concepts” (Flick, 2009, p. 307). In this research, I marked words and phrases, but also behaviour and unsaid things. For example, feelings or outings like discomfort, reluctance or refusal. This is also data, as what is not said or explicitly expressed is also valuable (Ybema et al. 2009). For example, the Western positionality of most educators became apparent very early on in the interviews, however this was unsaid. Also, the code “feelings in front of classroom” is used as open code to code emotional feelings. Other open-coding concepts I linked to words and concepts are “awareness”, “adjustment to classroom”, “biases” and “culturally sensitive”.

After open-coding, I moved on to identifying groups. This way collected data can be shifted, refined and categorized with the goal of creating distinct thematic categories as preparation for selective coding (William & Moser, 2019). For example, codes that became apparent such as; “urban”, “non-urban”, “class dynamics” and “adjustment to location”, led to the overarching key category “geographical location”.

Lastly, I was able to see patterns and draw conclusions, due to analysing the overarching codes such as “geographical location”, “Identity”, “positionality” and “cultural sensitivity”. These codes eventually form the main overarching codes that group all separate codes, which resulted in codes getting cohesive and meaningful, which helped me to work toward specific themes, allowing me to identify sets of circumstances (William & Moser, 2019).

4.3.2. Data Analysis Ethnographic Observations

Analysing ethnographic observations is done by thematic analysis of empirical data, which are the fieldnotes taken during the 5 sessions.

Fieldnotes are essential to ethnographic approaches. Wolfering (2002) states that they fulfil the role of connecting researchers and their subjects. These descriptions select and emphasize different features and actions while ignoring others and help focus on the researchers' own thoughts and feelings (*Writing Ethnographic Fieldnotes, Second Edition*, z.d.)

The analysis of the fieldnotes is not done by Atlas.ti, but through self-conducted analysis. First, I read and re-read the notes to get familiar with the data and identify overlapping or deviating events, reactions, emotions and content delivered. The point at this phase of analysis was to conduct an overview of the field notes. As the fieldnotes written down during the sessions, the notes were already equipped with memos, reflections and cluster observations during the ethnographic observations ("The Palgrave Handbook Of Applied Linguistics Research Methodology", 2018). Later on, these terms, reflections and memos were worked out and redefined, leading to more concrete concepts and categories ("The Palgrave Handbook Of Applied Linguistics Research Methodology", 2018). A result of this, was finding the influencing factor "class dynamics" within geographical location, that emerged inductively out of this analysis.

4.4 Methodological reflections (limitations, validity, reliability)

This paragraph discusses the methodological limitations, validity and reliability of this research. In order to investigate the influence of the positionality on the delivery of sexual health education by experts, it is important to be aware of my own positionality and to be transparent about it. Because of this, as conductor of this research, I would like to elaborate my positionality based on the associated concepts that also apply to the interviewees participating in this research namely; identity (age, gender, race, class, religion and culture), biases, experiences and perspectives.

Starting with how I identify myself, I am Marleen Nabuurs, 23 years old and I identify myself as Dutch heterosexual cis-female with no migration background. I grew up in a small village, Wanroij, placed in the South-East of The Netherlands. Wanroij is a very mono-cultured, small village with a lot of farmers. It can be seen as a rich village, where middle-class families are

predominant This also accounts for the home I grew up in. I am raised by a middle-class family consisting of white cis heterosexual parents, a brother a sister and me. My mother and father are raised Christian. My mother still considers herself as believer in God, but not as a Christian. She does not believe in church or traditions around the church, but when life gets hard, she prays, and lights a candle for her loved ones when needed. My father does not believe in God and is very rational. Me and my siblings are raised quite free in what to believe in or not. Although, we are baptized and did our communion we never really believed in God. Religion can be seen as not a big part of my identity, because I do not value it as much as others do.

By mentioning these facts about myself, I recognise that I can be considered a privileged white woman who grew up in a Dutch middle-class family that never had to worry about money and who got to study whatever she wanted. I never had to fight for my rights, flee due to war, experience racism or exclusion in society. This also applies to other people in my environment and could be considered as part of the culture I find myself in. While not being proud of it, I consider my culture as Western, privileged and dominant in the world of cultures. Despite that fact that I do recognise this, I think labelling groups of people reinforces differences and segregation which should be avoided.

In life I try really hard to have no biases towards other cultures, because I want to believe that it is not only culture or religion that identifies a person, but as opposed in this research, more intersectional elements like gender, class, age, race, experiences and perspectives play a role. Nevertheless, there are facts about cultures whereby generalizing them is not an ought consequence. However, generalizing and assumed assumption learned by society are risk formers regarding displaced biases towards minorities. Because in the end, it is your norms, beliefs and deeds that make who you are regardless of your culture.

Since, I grew up in a mono-cultural village in the Netherlands, my experiences with other cultures came later on in life. Secondary school contributed to the interaction with other cultures due to a broader range of students, but it was still a very “Dutch” school. Later on, when starting University I moved to Milan for half a year and this was the first time that I had friends with different cultural backgrounds.

Lastly, my perspective on cultural sensitivity within sexual health education comes down to respect and awareness. The Netherlands speaks about respect and equality, but I think that Dutch policy and Dutch school policy are very ignorant in their sexual education curriculum regarding different cultural backgrounds. I feel like the Western way is seen as the only way

and there is a lack of openness to and subsidies for smaller organisations with sexuality experts that deliver alternative sexual health education programs. Besides this, I recognise that sexual health education is a very controversial subject and to find balance in what to teach is a tough task.

With that being said, I will not let my own positionality influence any situation or outcome flowing from this research. However, I cannot deny that researchers interpretively read the meaning of cultural texts by writing our own texts. These interpretive perspectives problematize the identity and positionality of the researcher in the research process. It is recognised how factors like gender, race and class shape the research process and nature of data (Mottier, 2005). This may influence the validity of the research.

Another point that concerns the validity of the research is the fact that I interviewed individuals about their own positionality. Reflecting on your own positionality and thoughts can be a difficult task to execute. How somebody sees themselves is subjective and can be perceived differently by others. As the social world is a “subjectively experienced construct” and a “milieu of meaning” (Mottier, 2005, (p. 3). Interpretations of these constructs and meanings require researchers and participants to recognise this subjectivity (Mottier, 2005).

Thereby, the honesty of the answers given by the interviewees is questionable. Interviewees might provide information stating that they operate or think in a very culturally sensitive way in order to put themselves or the organisation they work for in a positive daylight. This may influence the reliability of the research.

Besides that, the fact that this research only investigates 4 schools located at different geographical locations decreases the reliability of this research. It would be better to attend multiple sexual health education session at Dutch secondary schools, but unfortunately it is very difficult to get permission from organizations to do so. Reasons they gave were statements like; another strange face in the back of a classroom endangers students' sense of openness and safety, which is a valid reason. This does not alter the fact that this research still adds valuable information to the academic world because of its focus on positionality and geographical location within the intersectionality framework, which resulted in deeper analyses of these dimensions.

4.5 Ethical considerations

This research is conducted according to the ethical standards evolving human beings. All participants provided informed consent prior to the interviews. The real names of the participants are used in this research, as they indicated that they had no problems with being named. Furthermore, interview data is stored safely on password-protected devices.

In the section above, I elaborate on my own positionality and how I am aware that this inevitably influences the research process. I want to add that through ongoing reflexivity during interviews and ethnographic observations I try to stay aware of this and aim to approach the data with humility. This is important because of the personal, stigmatized and controversial topic, especially when discussed in relation to religion, culture and minority identities. To mitigate possible discomfort, the questions in the interview are semi-structured, providing space for adapting question to the interviewee and allowing sexual health experts and educators skip questions or steer the discussion. During the observations, I made sure not to interrupt the session or disrupt classroom dynamics by not bothering students or ask questions. No students were interviewed or recorded, and the focus remained on the educator and the delivery of their sexual health program.

5.0 Empirical Findings and Discussion

In this chapter empirical findings from interviews and ethnographic observations are critically discussed and linked to earlier mentioned academic literature and theory, in order to examine how positionality and the geographical location of Dutch secondary schools shapes the delivery of culturally sensitive sexual health education. First the findings regarding positionality are discussed by the interplay of identity, experiences, perspectives and biases. After that, findings concerning geographical location are discussed. Guided by the intersectionality framework of Crenshaw (1989), the analysis explores how dimensions within positionality and geographical location overlap and interconnect.

5.1 Influences of the Positionality of Experts on the Delivery of Interpersonal Culturally Sensitive Sexual Health Education in Dutch Secondary Schools

This chapter outlines findings regarding the influence of the positionality of experts, including identity, experiences, perspectives and biases, on the delivery of interpersonal culturally sensitive sexual health education in Dutch secondary schools. The analysis that helped finding these results is based analysis of ethnographic observations and extensive interview transcripts. The findings show that positionality is not a background detail but an important factor that shapes every interaction within a classroom due to intersection factors. Whether through identity, experiences, perspective or biases, the way educators see themselves and reflect on themselves, directly affects how culturally sensitive sexual health education is delivered.

5.1.1 Identities

Identity is a very broad term that knows several definitions in the academic world. The complexity and layers of it makes it interesting investigating it. As earlier mentioned, in this research identity is demarcated with the following dimensions; age, gender, race, background, culture, class, and religion, and together with experiences, perspectives and biases, form positionality. Interviews with experts and observations at sexual health education sessions at secondary schools showed how identity plays a significant role in the positionality of educators and how they shape the delivery of interpersonal culturally sensitive sexual health education. The dimensions mentioned directly and indirectly shape ways of communicating and interacting with students. In this research, findings show that not every dimension included in identity has the same amount of influence on the delivery of interpersonal culturally sensitive

sexual health education but cannot be examined separately, following the intersectionality framework (Crenshaw, 1989).

Age

Starting off with the dimension age. The information gained in this research stems from 11 participants who are all between the age of 22-62 years old. Results demonstrate that age in nuanced ways intersects with other factors within positionality such as experiences, perspectives and biases.

Both, younger and older professionals show awareness towards the presence of different cultures in a classroom. The participants talk a lot about feelings towards class dynamics when entering a classroom. Educators indicate that they look at behaviour and signs of different cultures. However, they both did not seem aware that culture is not always directly visible. As Rice & O'Donohue (2022) state, awareness of possible present cultures is not equal to cultural sensitivity. Participants often link culture with visible markers, underestimating the complex layers of the dimensions.

Besides that, data shows that younger professionals like Pelle (27), Livia (22) and Chloë (32) frequently mention the ease with which they are able to connect with students in Dutch secondary schools due to age proximity, aligning with findings from Cense et al. (2019) who suggest that students engage more readily with educators they can relate with. This may lead to students feeling more comfortable, because the educators are more able to relate to the problems students face. Older professionals did not mention this. What stands out in the results is that younger educators seem more engaged with topics that are relevant nowadays and prevail in modern classrooms. Older interviewees such as Yuri and Bart stand further away from what is going on in the lives of children aged between 12-18 years old. It was also prevalent that younger experts seem more open and share information based on lived experiences, while older experts' information is built on facts, numbers, knowledge based on research and experiences (Mukanga et al., 2024). Where younger professionals ask themselves more critical questions towards topics and their own positionality, older experts seem more resolute and confident in their positionality. This suggest stronger presence of the knowledge component of cultural competence, but less reflexivity, which is essential for culturally sensitive education (Riley et al., 2014).

Furthermore, results show that older educators are more confident in their skills in comparison to younger educators. Livia (22) mentions for example that she is insecure about telling her personal story to students. Her personal story contains a situation where she is kissing with a man and she felt him getting excited. He wanted more, but she felt uncomfortable. Eventually, she showed her boundaries but had a hard time doing that (see appendix 2). While telling this story she struggles to estimate whether a classroom feels comfortable with her story or not (see appendix 2). She says whenever she has to tell her story to a multicultural class, she gets really self-aware and tries to alternate her language, because she is scared that words like sex or penis come across too directly. Daphne (36) on the other hand, is very resolute in how she presents her theatre show about sex. During my interview with her, she mentions that with her show she wants to normalize sex and break taboos, maintaining Western liberal norms limits considering alternative cultural scripts (Bowleg, 2012). Her theatre performances underscore what Bartelink & Knibbe (2024) underscore as the dominance of progressive beliefs that may unintentionally exclude voices of other cultures. However, following the intersectionality framework, not merely age influences these findings (Crenshaw, 1989).

Gender

Among the 11 interviewees, 4 persons identify themselves as cis-male and 7 persons identify themselves as cis-women. A gendered disbalance is shown between the number of men versus women that are active in the field of sexual health education. When looking for participants to interview, I recognised that there are way more women active as sexual health educator than men. This imbalance points towards broader patterns of gendered labour in education roles, reinforcing Hooks' (1995) argument that teaching, especially when sensitive topics and taboos are involved, is often feminized.

Despite this, most participants showed limited reflexivity about how their gender shapes culturally sensitive sexual health education. This lack of reflexivity reflects what Riley et al. (2024) and Hopkins (2020) highlight as gap in education practices. Only one participant, Sara, showed awareness towards the role of gender identity. Sara mentions:

It's not so much about openness, but my perspective is irrelevant when we talk about racism. Or about discrimination based on your gender identity. A little, because I'm a woman. But that cannot be compared to a trans person or a non-binary person. And we have in our team a lot of representation of, people with different cultural identities

combined with that sexual diversity. So that intersexuality is very strongly represented in the team. (Sara Woods, 14-02-2025).

She demonstrates here reflexivity towards her gender identity and to what extent she feels the right to let it play a role in delivering culturally sensitive sexual health education. Her comments reflect an understanding of the intersectionality framework used in this research. Besides that, she gives an example of how the “Matrix of Domination” by Collins (2000) applies. She recognises that compared to LHBTIQ+ persons, she is privileged, as she is heterosexual. However, she is still underprivileged in society, because she defines herself as a woman. Being a woman in a world that is dominated by man, unfortunately results in unequal standards. I recognise myself in the answer of Sara. In this research I constantly engaged with marginalized groups, making me aware of my privilege as white Dutch person. However, in the academic world, being a woman can make me underprivileged as white male still dominate this world.

With other participants this part of reflexivity is missing. An example of how gender influences culturally sensitive sexual health education comes forward by analysing the interviews and comparing different perspectives and experiences of men and women. By doing this, it comes to light that because of societal inequalities and misconceptions regarding women, women try more often to spread information that brings attention to these inequalities like Crenshaw (1989) tried to do by introducing the intersectionality framework. Daphne and Carmel are examples of women that advocate strongly for reducing these misconceptions and bring them under attention, but their progressive perspectives can lead to marginalizing other cultural narratives (Bartelink & Knibbe, 2024). An example from Daphne’s interview is:

We have a sex-negative culture in which a toxic masculinity predominates and in which it is difficult for women not to feel ashamed of their sexuality. (Daphne, 20-05-2025).

This statement is also echoing in her theatre show. Ethnographic observation at 2 shows at a Dutch secondary school in Hoorn brought to light how this statement was applied. The last topic of the shows included alternatives to the predominant masculine patriarchy we live in and indicated how society is led by misconceptions regarding how women cannot execute high positions at jobs and even when obtaining higher positions, they get paid less than men. Daphne came very strongly forward about these topics. Daphne’s performance illustrates what Bowleg (2012) class “cultural scripts”, which are dominant norms about sexuality that are assumed to be normal, while may conflicting with other cultures or religions. For example, the research of Van de Vijver (2007), shows that cultural differences in the Netherlands among minorities hold

less egalitarian gender-role beliefs than Dutch mainstreamers. For example, Moroccan-Dutch groups reported having more traditional views towards division of household tasks (Van de Vijver, 2007). In the ethnographic observations I attended, these traditional views were only spoken about in a negative light. Looking through the lens of the liberal Western world, this way of education fits well into the Dutch values and norms. However, looking at it from other cultures where religion is dominant, or a more conservative way of thinking prevails, this feminist approach is not the norm.

Race

Racial identity of educators often impacted relational dynamics significantly. All the interviewees were white, similarly to the observed educators, except the fact that the KiKid team included 2 male educators of colour who unfortunately did not have time to be interviewed.

While there was no difference in how the two educators of colour delivered culturally sensitive sexual health education compared to other white educators, the role race has is shown in other aspects. First thing noticeable is, in accordance with gender, that it was really hard to find educators with different racial roots. While searching on the internet for interviewees, most of the educators were white. This underrepresentation of diverse educators relates to the broader structural critique of scholars such as, Hooks (1995) and Rose (1997), who state that dominant knowledge systems often reflect and reproduce racial and cultural privilege. While, educators try to show awareness towards their race, the importance of diversity in representation in delivering sexual health education to increase relatability and acknowledgement, is hardly demonstrated in data collected through ethnographic observations.

Furthermore, I asked educators about their feelings towards a classroom and what influences this (see appendix 1). Carmel and Pelle responded that whenever there were made homophobic comments because of different norms and beliefs, they found it hard to find balance in how to stay true to your own beliefs and respecting someone's else beliefs. I noticed that when experiencing resistance from students, white educators in some way still wanted to provide the knowledge they think students should be taught regarding sexuality, and did not want to accept that some cultures think differently about it. However, also here implies that not solely race causes educators to hold onto their beliefs. As mentioned gender, for example, also intersects

here, since the forgoing paragraph indicated that female educators such as Carmel and Daphne really want to emphasize women's rights and hold on to it.

Background

Also background turned out to be a significant factor in how positionality plays a role in delivering culturally sensitive sexual health education. Personal and educational backgrounds critically influence teaching approaches and intersects with experiences and biases.

How and where someone grows up intersects with culture, religion, perspectives, experiences and biases. As Holmes (2020) and Rose (1997) mention, positionality is not just shaped by visible identity like gender or race, but is also rooted in socio-cultural factors, values and experiences. Educators indicated that they grew up in a multicultural environment and therefore awareness of different cultures is self-evident for them. Striking was, that a lot of educators had parents with different backgrounds or moved a lot. They indicated, that because of this they already experienced interactions with different cultures. Educators felt that growing up with these different cultures helps being aware of cultural traits, beliefs, norms and values, and thus limiting biases.

Also, educational background makes differences in delivering culturally sensitive sexual health education. Belle, for instance, followed multiple studies at different institutions, leading to high competence across all three dimensions of cultural sensitivity: awareness, knowledge and skills (Shen, 2014). Belle reports that she followed a sexual health study in San Fransico that has contextual information but also didactive skills. Chloë and Livia did not follow any specific study primary to their job as sexual health educators and learned through experiences. The difference that I noticed is that Belle used more terms and concepts known in the sexual health education discourse such as; "cis-woman", "intersectionality" and "intersexual". While Chloë and Livia, who did not follow a specific sexual health study, used more informal words and had difficulties expressing themselves. Bart also did not follow any specific study and in the interview focused a lot on what he thought is important in sexual health education. He kept mentioning the concept "consent" and forgot about the larger picture by excluding cultural diversity. Again, age could also play a role in here, as Bart (62) learned about other things compared to newer generations.

Culture

Culture is one of the major factors impacting delivering culturally sensitive sexual health education in Dutch secondary schools. As spoken about earlier, culture is a very broad concept and interpreted differently in academic literature. To refresh, in this study culture is defined as: “A complex and global variable that represents the beliefs, language, rules, values and knowledge held in common by members of a society” (Rice & O’Donohue, 2022, p. 36). This definition and the conducted data shows that culture is closely tied to race, religion, background, perspectives and biases.

I have asked the sexual health experts in the interviews to describe the culture they align with the most. 10 out of 11 interviewees found the question difficult to answer. Interviewees ended up describing their culture as not something very concrete and had a hard time specifying how culture could be defined. This finding highlights the issue discussed by Rose (1997) and Hooks (1995), that educators are not well enough aware of the cultural framework through which they teach, reinforcing the dominant cultural scripts (Bowleg, 2012). Educators, except for Sari, mentioned to have a “Dutch” or “Western” culture, but were aware that this is not something fixed. Aart mentioned things like drinking beer on the weekend and having a friend-based soccer team. Belle suggests that culture in the Netherlands is not that noticeable. Other experts like Bart and Daphne refer to themselves as “Western”, which is positive in a sense that they recognise their ways of educating and that it is not neutral.

The culture of the educators and sexual experts themselves does not directly affect the knowledge an individual contains. It is true that when you grow up in a Dutch society with Western culture, you know have more information about the ins- and outs of cultural beliefs, traditions, values and norms and how to navigate through it. However, this does not directly mean that this individual has less knowledge about other cultures. Knowledge is contextual As Rose (1997) argues, all knowledge is situated and partial, emerging from the specific social, cultural and geographical positions of the individuals themselves. This also shows the intersecting influence of background and biases.

Skills and culture on the other hand are linked in a sense that, people with different cultures can perfectly learn from each other when communication works well, but due to discomfort and lack of skills communication is hindered. Use of language for example may lead to uncomfortable students. When this occurs and educators react in an inappropriate way, it affects

the student. For example, Daphne received a lot of resistance in Hoorn, when using direct language and images of private parts (see appendix 3). This resistance occurred in the form of loud and noisy students, which indicated that they were affected. Rather than adjusting her delivery, Daphne continues with her approach. This suggests that adaptive skills were absent, which can lead to marginalizing groups (Bartelink & Knibbe, 2024).

Class

Moving on to another factor, data shows that the social class sexual experts grew up in, has a more nuanced influence on how culturally sensitive sexual health education is delivered. In this study, class comes less clearly forward as determining factor among participants. However, the intersectionality framework of Crenshaw (1989) allows for understanding how class subtly intersects with other dimensions such as background and perspectives in order to influence the delivery of sexual health education.

The social class educators find themselves in is partly based on their personal and educational background. For example, Chloë grew up in a lower-class and has a lower position in her job, compared to Yuri who grew up in an upper-middle class environment and achieved higher educational degrees and functions in his working career. But class is not leading here. Gender may also play a role due to inequalities between men and women, or age as Yuri 55-years-old and Chloë 33-years-old, leading to the fact that Yuri had more time to build up experiences.

As the perspectives and educational approaches of Chloë and Yuri are both in line with Western thoughts and are relatable to each other, these findings show that differences that occur in class between educators, such as Carmel growing up in a low-income, multicultural neighbourhood does not take away that Sara from a wealthier family is less or more aware of cultural differences. Here, the “Matrix of Domination” by Collins (2000) applies again, meaning that educators can experience double standards, meaning that class does not operate in isolation.

Religion

In this research religion, often confused with culture, is one of the most visible influential dimensions shaping educator delivery. 10 out of 11 interviewees indicated that they were agnostic. They did not believe in God or any other religion. One interviewee, Sari, described herself as Muslima.

Several students especially those from Islamic backgrounds, expressed discomfort or resistance when topics such as LGBTQ+ identity, or sexting were introduced. For example, in Velp, when a Muslim boy refused to attend to a LGBTQ+ discussion, Chloë and Livia appropriately allowed passive participation without forcing engagement (see appendix 3). This reflects to culturally sensitive education that respects students' religious beliefs, while maintaining exposure to broader topics about sexual health. However, whether it is culturally sensitive to let this boy stay in the classroom is questionable. This also what Sari points out. She reports that her approach for delivering Islamic sexual health education is focussed on the parents of children in Dutch secondary schools. She says:

We do not form the children in anyway, because we think the parents are there to form. The parents pass on the norms and the value. And we actually give the tools on how parents can or cannot do that. Parents may also disagree with us on some issues. But in any case, we say: "Pick up this piece." Parents are responsible for that. Does school play a role? Yes, everyone plays a role in your child's life and in sexual development, because they all have a story that can of course contribute to the development of your child, to the child's growth. But as a parent, you are responsible for that. So, when we come to schools, we do not focus on the child. But we focus on the parents. (Sari, 07-04-2025)

Sari thoughts on school-based sexual health education show a critical perspective. She is rather against school-based sexual health education, as she believe that it is a too challenging for schools to provide for a program that fits all students. Her perspective aligns with Mohanty (2003), who critiques Western feminist universalism, and warns against imposing standard sexual health programs that ignore familial, faith-based approaches. She elaborates:

What we see in the sex education that schools provide, which focuses on children, is that as a parent you actually have little say in what happens and what your child receives. And that in some cases this does not fit in with the child's environment and development at all. One child may already be fully engaged in this subject, while the other child is still happily playing outside and does not get anything out of it yet. (Sari, 07-04-2025)

By focusing on the parents and let them choose when to start the conversation about sex with their child they know best, you take into account that every culture has their own values, rules and beliefs and take away the exposure to children who at that stage of development yet. This is contrary to Dutch policies and evokes discussions, for example the “Lentekriebels” discussion as mentioned earlier (“Roep Om Alternatief Voor Lentekriebels: ‘Het Is te Progressief’”, 2024).

The occurrence of flexibility and sensitivity around religious belief was apparent in how educators handled topics like consent. Rather than discussing it exclusively within sex, educators adapted the situation or conversation by framing consent within friendships or family situations, which were more relatable and culturally/religious appropriate for some students with multicultural backgrounds. However, the absence of addressing religion explicitly in sexual health sessions reflects the examinations of Sell et al. (2021) and Sundaram & Sauntson (2015), who state that school-based sexual health education often only emphasises Western ideological frameworks. This alienates religious students, making Western approaches culturally insensitive as religion intersects with culture. Beside these facts, a critical thought of mine is, to what extent is it possible for sexual health education and cultural sensitivity to coexist? I mentioned earlier that balance is key, but in my eyes there will always be a group of people who disagrees with school-based sexual health education. Scholars such as Sell et al. (2021) and Sundaram & Sauntson state that sexual health education is delivered with a too Western approach, but there are no alternatives provided.

5.1.2 Experiences

Moving on from identity, experiences is one of the three dimensions (besides perspectives and biases) that intersects with other dimensions within positionality, which leads to influencing the delivery of interpersonal culturally sensitive sexual health education. As Secules et al. (2020) emphasise, experiences form key factors of positional reflexivity, as they influence social dynamics, power structures and power dynamics.

In this research it becomes clear that experiences influence perspectives, biases and shapes educational and personal backgrounds of individuals. Most educators reported that their primary learning came from direct interaction in classrooms and less from formal training or education. Pelle explained:

We do not get a lot of external training. Instead, we constantly talk with each other, reflect on hard moments and tweak how we teach. (Pelle, 12-02-2025).

This also outlines the fact that most educators reflect on their work within the organisation itself. External trainings occur less often. Asking about who gave those trainings and what the topics were. Educators told me that teaching practices were popular topics. Nevertheless, some educators indicated that they did have experiences with receiving training from sexual health experts with different cultural backgrounds, but this was limited. Aart reported that he recently received a training from a Suriname female about cultural differences, not taking away the fact that most trainings were given by white women. This reflects the critique of Rose (1997) regarding knowledge production within Western institutions, where often white voices are heard the loudest.

Experiences with different cultures can help to better understand them and act culturally sensitive. Thereby, experiences can confirm, amplify or alternate perspectives and biases. For example, Carmel indicated that due to experiencing resistance from Islamic students, when standing in front of a multicultural class, she automatically assumed that all students with a religious background would feel uncomfortable or would have a hard time talking about sex. As Arena et al. (2024) note, experiences can both strengthen and weaken bias, depending on reflexivity.

5.1.3 Perspectives

Educator's perspectives shape not only what is taught, but also how is education is framed. In this study, most educators shared a common commitment to openness, respect and inclusiveness. These core values were strongly emphasized in interviews and ethnographic observations and are in line with Dutch liberal norms represented in Comprehensive Sexuality Education (CSE) (UNESCO, 2018).

Some educators expressed this more culturally sensitive than others. Sara for instance, says that her goal is to ensure that everyone can safely be themselves, whether it is about sexual identity, gender or culture. Other educators like Chloë and Livia mentioned openness, but to what extent are other cultures open to openness? Thereby, fieldnotes revealed that these values were not always successfully applied in practice. In Hoorn, Daphne used a scene from a Dutch movie with explicit sexual content, which does not align with more conservative backgrounds. The Dutch movie "Turks fruit", resonates with the Western perspective of sex in movies and what sex may look like, alienating other perspectives on sex and sexuality (Bartelink & Knibbe, 2024).

Another example, in Rotterdam at KiKid, the subject sexual identity was spoken about. Carmel stated in her interview that their shows were not to convince students of values that in their eyes were the right ones. However, ethnographic observations revealed that Western perspectives were mainly emphasized. One educator seemed to let her own perspective and opinion shimmer through by talking very passionately about normalizing the LHBTQI+ community, without mentioning how other cultures may see this differently.

Sari, a Muslima, had a very different perspective from the other educators. Religion intersects here with perspective. Where white, non-religious educators believe in Western hegemonic ideology and advocate for openness regarding topics like sexual identity and male-female ratios, Sari sees things differently. She believes that there are only 2 genders. Thereby, in her opinion, sexual health education is something that does not belong in schools. She believes that only parents should have the responsibility to start the conversation about sex, whenever they feel like their child is ready. This is an ongoing discussion where Sari's perspective aligns with Mohanty (2003) for example, who argues that Western universalism ignore familial, faith-based approaches. But is contrasted by Hopkins (2020) who state that reflexive engagement with their own standpoint will help communicate in a culturally sensitive way.

5.1.4 Biases

Biases emerged as a widely recognised challenge among educators in this study. Educators reported to struggle with biases when standing in front of a classroom. They have implicit biases, meaning that associations are made without the actor being aware of the process (Arena et al., 2024). The biases educators experienced mainly emerged around religion, race and gender and unintentionally shaped how educators interacted with classrooms.

Despite the overarching goal of inclusion, many educators acknowledged that they still have implicit assumptions towards other cultures. Pelle remarked:

It is really hard not to assume what someone beliefs are after you have seen a pattern for years. But I try to ask again each time anyway. (Pelle, 12-02-2025)

Biases appeared mostly in assumptions about religious beliefs, cultural attitudes toward sexuality and perceived openness based on race or gender. For example, Carmel admitted when standing in front of a multicultural class, she immediately felt like the conversation was going to be hard. Sara on the contrary, was very aware and transparent about her biases. She indicated

that because of society, biases are undeniable. It is not about neutrality, biases are inevitable (Rose, 1997). It is about recognizing them throughout the educational process. This is where reflexivity becomes important (Hopkins, 2020).

Where biases are of great influence on awareness, it does not affect knowledge. A person can still have knowledge about other cultures while having biases. Knowledge and biases also do not occur in combination with each other in the code co-occurrence table (see appendix 4). However, implicit biases can subtly influence classroom interactions and choices that are made. As Nawrocki (2015) notes, educators may unintentionally alter their language or expressions based on assumptions about openness of other cultures for example.

In conclusion, the positionality of educators is dynamic, fluid and embedded in broader issues such as power dynamics and social structures. The intersectionality framework shows how identity (age, gender, race, culture, class, background and religion), experiences, perspectives and biases shape the educational delivery of culturally sensitive sexual health education. By acknowledging and addressing these intersections, Dutch sexual health education can move to a more inclusive practice.

5.2 Influences of Geographical Location of Dutch Secondary Schools

While positionality is central to understanding interpersonal culturally sensitive sexual health education, the geographical location of Dutch secondary schools also play a role in how the delivery is shaped. Drawing on research from Inspectie van het Onderwijs (2016) and Sheperd et al. (2013), this section discusses the role of spatial and demographic factors and how they intersect with sexual health educator practices. By analysing interviews and ethnographic observations, empirical findings show that factors like diversity and density, socioeconomic context and class dynamics play a role in the delivery of culturally sensitive sexual health education.

5.2.1 General information investigated secondary schools

First, it is important to provide general information about the Dutch secondary schools that were visited, in order to get to know the geographical locations. The schools that are investigated all differ from size, place and vision. Examined locations are; Velp, Culemborg, Hoorn (2 shows with different classes) and Rotterdam.

Aeres VMBO Velp

Aeres VMBO Velp is situated in the town of Velp, within the municipality of Rheden, in the province of Gelderland, central in The Netherlands. As of January 2024, Velp counts approximately 18.375 inhabitants and may call itself as one of the bigger towns of the seven towns that municipality of Rheden has (*Wijk 02 Velp (Gemeente Rheden) in Cijfers en Grafieken*, 2025). Velp is split into North-Velp and South-Velp. North-Velp is known for their green, quiet villa districts, offering a serene environment. In contrast, the southern region, Velp-Zuid, is characterized by more middle-class housing and higher population density. This variation shows a mix of socioeconomic backgrounds among inhabitants (*Wijk 02 Velp (Gemeente Rheden) in Cijfers en Grafieken*, 2025).

Aeres VMBO Velp is a Dutch secondary school that only provides VMBO¹ level education, meaning that it focusses more on practical education instead of theoretical skills (*Over Aeres VMBO, z.d.*). The school has 580 students and is located in the wealthy North (*Over Aeres VMBO, z.d.*). It is the only secondary schools that provides for levels VMBO-BB², VMBO-KB³, VMBO-GL⁴ (*Over Aeres VMBO, z.d.*). The other secondary school that can be found focusses more on children that needs challenge to improve themselves (*Bekijk Aeres VMBO Velp op de VO Gids, z.d.*). This means that lower classes from the south that need more supervision relocate themselves in the North. This was also shown in ethnographic fieldwork. The neighbourhood the school was placed showed welfare through big houses and gardens, following that I expected a well-represented school (see appendix 3). On the contrary, the school I was going to enter was hidden behind fences and built out of grey, old and sober concrete. When stepping into the school there was a lot of noise. Students were running and shouting

¹ The Dutch high school system knows three levels: VMBO (4 years), HAVO (5 years), VWO (6 years).

² VMBO-BB (Voorbereidend Middelbaar Beroepsgericht Onderwijs - Basisberoepsgerichte leerweg) – Most practical level

³ VMBO-KB (Kaderbegroepsgerichte leerweg) – Combination of practical and theoretical focus

⁴ VMBO-GL (Gemengde leerweg) – Theoretical focus

through the school corridors. Students were wearing basic clothes, kept their jackets on or were wearing joggers, characterizing for lower-class.

The sexual health education session I attended was given for a first-year VMBO class, consisting of approximately 30 students where limited visible cultural diversity was shown. The session was given by the organisation Blootnodig. A relatively new and small foundation that focuses on lower-threshold sex education for youth throughout the Netherlands. The foundation consists of only white Dutch people with mostly women. Blootnodig works with peer-educators that assist the standard (older) educators in order to connect with students.

Einstein Lyceum Hoogvliet Rotterdam

Rotterdam is a big city located in the west of the Netherlands in the province of South Holland and counts 663.900 inhabitants as of 2023 (*Rotterdam: Total Population 2023* | Statista, 2025). Rotterdam is the second biggest city of the Netherlands and is known for its multiculturalism, as 52% of the residents have at least one parent who is born in a foreign country. The city contains significant communities from Suriname, Turkey, Morocco and the Netherlands Antilles and Aruba, resulting in a mix of socioeconomic statuses across its districts. Some experience higher levels of welfare, while others face economic challenges (Tersteeg et al., 2015).

Hoogvliet is one of the districts in the South-West of Rotterdam. Here, Einstein Lyceum Hoogvliet Rotterdam is located. Hoogvliet has about 35.902 inhabitants as of January 1, 2023 (*Wijkprofiel Rotterdam*, z.d.-b). The district has a diverse population, with a significant proportion of residents that have a migration background. Historically, Hoogvliet faced challenges related to urban decay and social issues. In response, urban renewal was initiated (Lindo & Tzaninis, 2011).

Zooming in, Einstein Lyceum is located in Meeuwenplaat, a neighbourhood within Hoogvliet. Meeuwenplaat is originally developed in post-World War 2 era to accommodate workers for the nearby harbour and petrochemical industries. In 1970s and 1980s, industrial decline led to increased unemployment rates and social issues (Einstein Lyceum, 2024). The neighbourhood became known as an area with a high concentration of social housing and was less desirable compared to other areas like Zalmplaat. In the late 1990s, urban renewals were initiated. Despite these positive changes, socioeconomic challenges persist. The area continues to have a large number of residents with lower incomes and educational levels (Einstein Lyceum, 2024).

Einstein Lyceum Hoogvliet Rotterdam differentiates itself from the other schools in Hoogvliet by providing educational levels such as; VMBO-TL⁵, HAVO⁶, VWO-atheneum⁷, VWO-Gymnasium⁸. The school counts 900 students and does not educate following a religion, it is a public school (*Bekijk Einstein Lyceum op de VO Gids*, z.d.).

The sexual health education session I attended was given to VMBO class with approximately 100 students around the age of 13-14 years old. The organisation that provided for it named KiKiD. This organisation is located in Haarlem and has an extensive team of educators that are specialized in providing interpersonal culturally sensitive sexual health education. It is a diverse group of young people that discuss topics like flirting, sexting, sexual diversity and sex.

Koning Wilhelmina College (KWC) Culemborg

Culemborg is a municipality and city located in the province of Gelderland, central in The Netherlands. As of January 2023, it has a population around 29.121 inhabitants (*Culemborg – Overheid in Gelderland*, z.d.). Ter Weijde is the neighbourhood where KWC Culemborg is located. In 1964, about 100 Moluccan families, former soldiers of the Royal Netherlands East Indies Army (KNIL) and their relatives came to Culemborg. (Gelderland, z.d.). Thereafter, Turkish and Moroccan guest workers arrived to work. Later on, they brought their families to Culemborg, settling in affordable rental housing in neighbourhoods like Ter Weijde. Initially, these groups living together caused violence in Ter Weijde (Gelderland, z.d.). Nevertheless, the image of Ter Weijde being a problematic neighbourhood changed due to city renewal and community engagement initiatives (Gelderland, z.d.).

Moreover, KWC Culemborg, located in Ter Weijde, is a secondary school that provides levels VMBO-GL, VMBO-TL, HAVO, VWO-atheneum, VWO-gymnasium. The school counts 1320 students and follows no specific educational system but believes that children should have opportunities to explore their talents and interest, known as “Agora onderwijs” (Tabor College & De Groot, 2022). KWC has two buildings, the other building provides for PRO, VMBO-BB and VMBO-BK education and has 345 students. KWC Culemborg describes itself as a religious

⁵ VMBO-TL (Theoretische leerweg) – Most theoretical level within VMBO

⁶ HAVO (Hoger Algemeen Voortgezet Onderwijs) – Prepares for higher professional education

⁷ VWO-atheneum (Voorbereidend Wetenschappelijk Onderwijs) – The normal track which prepares for University

⁸ VWO-gymnasium – The same as atheneum but includes the languages classical Greek and Latin

school where students are Catholic, Rooms-Catholic or Protestant (*Vergelijk Agora Onderwijs in Culemborg en Omgeving | de VO Gids, z.d.*).

Furthermore, Culemborg is enriched by 4 other secondary schools, which are all part from Lek and Linge Culemborg. Lek and Linge has 4 locations (first year's building, VMBO, HAVO and VWO) and has 700 students. The biggest difference with KWC Culemborg is that Lek and Linge follows a “Vrijeschool leerwegroute” in contrast with KWC, and does not characterizes itself with following a religion (*Vergelijk Agora Onderwijs in Culemborg en Omgeving | de VO Gids, z.d.*).

The ethnographic observations took place at KWC Culemborg and this session was again provided by KiKiD. This time, they provided sexual health education for a fourth-year VWO class, consisting of approximately 50 students around the age of 15-16 years old. Ethnographic observations showed minimal cultural diversity in the classroom.

Tabor College D'Ampte Hoorn

Hoorn is a city and municipality in the North-West of The Netherlands, approximately 35 kilometres north of Amsterdam. Hoorn counts about 75.645 inhabitants as of January 1, 2024 (*Hoorn – overheid in Noord-Holland, z.d.*). Hoorn is renowned for its rich history, particularly during the Dutch Golden age. In the 19th century, Hoorn had a large Jewish community, which was the thirteenth largest in the Netherlands by 1860. The community created various institutions and societies to support its members (*Hoorn, z.d.*).

In Hoorn, 11 secondary schools can be found. They all differentiate in the areas of affiliation, educational level and educational concept/focus. Tabor College D'Ampte Hoorn is located in the neighbourhood Grote Waal, which is in the South-West of Hoorn. Grote Waal is seen as a neighbourhood where people with lower income live and is not one of the wealthy neighbourhoods in Hoorn (*Wonen in de Grote Waal – Boekweit | Olie Makelaars en Taxateurs, 2020*). Tabor College D'Ampte Hoorn is a school that offers VMBO (BB, KB, GL, TL) level education and has no outspoken affiliation. It is a public school with no specific educational concept (Tabor College & De Groot, 2022).

I attended two sessions at Tabor College D'Ampte Hoorn, namely 2 theatre shows given by Daphne Gakes, creative director of Stichting Tussen de Lakens. The audience at the first show

were a third/fourth year class. Ethnographic observations showed that the classes together consisted of around 100 students, where of mixed cultures were visible. The second class also consisted of approximately 100 students and mixed cultures were present. Both classes were VMBO classes with students aged around 14/15 years and both classes represented visibly diverse cultures.

5.2.2 Factors within Geographical Location Influencing Interpersonal Culturally Sensitive Sexual Health Education

In this research interviews and ethnographic observations are, besides examining positionality, also used to identify important factors within geographical location that significantly influence the delivery of culturally sensitive sexual health education.

Density and Diversity

From the collected data it appeared that population density and cultural diversity are very important factors that influences the delivery of interpersonal culturally sensitive sexual health education and are linked with each other. Population density indicates the size of a city and can indirectly the size of a school. Data shows that city size and school size can be connected to the presence of cultural diversity in a classroom. This ratio of multiculturalism in a classroom influences how educators deliver interpersonal culturally sensitive sexual health education. This aligns with Shepherd et al. (2013), who note that urban schools often use encounter greater ideological tension due to increased multiculturalism.

The educators who gave sexual health education in high-density, multicultural urban settings such as Rotterdam face challenges of responding to various reactions with different intentions and contexts, values and comfort levels. This comes forwards in the interview of Carmel, who facilitated sessions in Rotterdam. The multicultural classroom made her adapt both her content and delivery constantly. For example, Carmel reported that students from religious backgrounds, especially boys, sometimes push back hard on topics like homosexuality. As a response to this, she indicated that in these sorts of situations she tries to use non-judgemental phrasing, while leaving space for disagreement without shutting down discussion.

Ethnographic observations during the KiKid sessions at Einstein Lyceum in Rotterdam confirmed this dynamic. During this session, led by Carmel, a student showed disruptive behaviour. Carmel's reaction was sending the student away. The student (boy) had a non-white

appearance and accused Carmel of discrimination. She disclaimed his reaction, but also showed panic and did not know what to do exactly. It made her hesitate her decision to send him away and affected her way of delivering culturally sensitive sexual health education in a negative way (see appendix 3). However, looking at the intersectionality framework of Crenshaw (1989), the question is, would the reaction and the delivery be different when another educator was involved instead of Carmel? The fact that the boy felt discriminated, but all white educators said that was not the case, possibly comes across differently when an educator of colour would have addressed the boys' behaviour, as the boy could relate more to the educator and experience less oppressed feelings. Here reflexivity of racial awareness and white privilege of educators is missing. Here cultural hierarchies may play a role that are claimed by Dutch white cultures to have the urge to spread Western norms and beliefs (Essed & Trienekens, 2007).

Later, in this session in Rotterdam, another boy with a non-white appearance was eliminated from a conversation. He mentioned something inappropriate. The educator said she wanted to speak with him after the session. Unfortunately, the boy left immediately (see appendix 3). The educator's intention was to talk with him to find out where this reaction came from; because of different values, or was it impulsive and not meant seriously? Meanwhile, I spoke to another educator and asked how the students he spoke with reacted upon the scene about the LHBTQI+ community. He indicated that he asked a student about his opinion regarding gay people, but the boy indicated not wanting to talk about it because of his religion. The educator moved on to another student (see appendix 3). However, the question is should a conversation be started about different beliefs or avoided? This situation forms an opportunity to bridge different positionalities and give voices to other cultures instead of silencing them (Bartelink & Knibbe, 2024).

This hectic session, because of the loud students and the students who got sent away, took place in Rotterdam, where over 600.000 people live. When looking at other locations of secondary schools in the Netherlands that have less residents, differences can be noticed. In Culemborg (76.000 residents) for example, the class consisted of almost no visible cultural diversity. Afterwards Carmel reported that, compared to Rotterdam, delivering sexual health education went way more natural and flowing. She felt like the class engaged more easily, which made her more comfortable to say the things she stands for. Ethnographic notes show fewer interruptions and a smoother flow of conversation, leading to more content depth and a relaxed

educators. This difference in sessions, and difference in amount of multiculturalism show that classrooms with more white Dutch students feel more comfortable with the sexual health session than the other class. Here the positionality of Carmel as white educator also plays a role, as students in a more multicultural environment are less able to relate with her, because people of colour are less advantaged with privileges than Carmel as white person. Besides race, culture also plays a role here, as the discomfort of Carmel and the student can be related to cultural differences. Aligning with the research of Mukonka et al. (2023) this research found that educators experience challenges due to different perspectives regarding cultural norms. This could explain the miscommunication between the two.

In Velp, sexual health educators Chloë and Livia provided sexual health education to a first-year VMBO class. Although Velp is a small town, the classroom was presented with diverse cultures, but less frequent and less visible. No students were wearing traditional clothing or hijab, in contrast with Rotterdam. However, one boy immediately showed resistance at the beginning of the session, because he did not want to talk about topics around the LHBTQI+ community. Chloë and Livia responded with that it was okay, but that he should sit down. They did not start a conversation with him about what his underlying feelings and thoughts were about the situation. Maybe due to sexual images and sounds when entering the classroom, he got overwhelmed, which could clarify his reaction. Here skills of the educators were lacking.

Furthermore, it is interesting how the visibility of cultural differences impacts the delivery of culturally sensitive sexual health education, as Rose (1997) notes, that cultural awareness often only emerges when being confronted with it. In high-diversity settings, the educator's interpersonal cultural sensitivity was required to navigate moments of tension, resulting in an extra emphasize on clarifying that students were not obligated to respond when feeling uncomfortable or due to other beliefs, values, norms or thoughts. When cultural diversity is less visible, it does not mean that it is not present in a classroom. Cultural is not always visible. For example, a white modern clothed girl can strongly believe in God and does not feel comfortable talking about sexuality, while this is not visible. Most educators forget about this and only focus on deviating differences from the standards they are familiar with. This aligns with findings from Roodsaz (2018), who argues that sexual health education in the Netherlands often fails to address the cultural complexity within classrooms, instead assuming a universal, liberal framework that does not fit realities of all students.

Lack of representation regarding awareness, knowledge and skills is, besides the interviews, also shown in ethnographic observations. Not 1 session at a secondary school managed to integrate or mention beliefs, norms and values from cultures that deviate from the Western “Dutch” culture. At the beginning of the sessions all educators mentioned that nobody should feel obliged to participate or have to answer to questions they do not feel comfortable with. They mentioned that everybody is allowed to be themselves and have their own opinion. However, during the session there was no room for leaving or informing somebody casually of not feeling comfortable. Regarding the density and diversity, a difference between the sessions at different locations, was that in Rotterdam this emphasis on cultural sensitivity was more present and more consistent throughout the session, while in Culemborg, where cultural diversity was less visible, as in no visible traditional clothing or different skin tones, the emphasize on comforting students that answering is not obligatory, everybody can be themselves and there are no wrong answers disappeared to the background very fast (Rose, 1997).

Socioeconomic context of Neighbourhoods

Not only density and diversity play a role in influencing interpersonal culturally sensitive sexual health education. The socioeconomic context of a school’s location plays a nuanced factor in how sessions unfold. In schools situated in working-class or economically disadvantaged neighbourhoods, educators encountered different challenges compared to those in more wealthy environments. As Rose (1997) and Holmes (2020) note, the approaches of educators are shaped by environments and institutional frameworks in which they work. Carmel reflected on the session in Rotterdam where she had to do much more behavioural management compared to Culemborg. About the session in Culemborg she mentioned that students had more decent classroom behaviour. “I did not have to earn the room as much as I did in Rotterdam,” she said. These results also came forward in the ethnographic observations. The socioeconomic context of the neighbourhoods could play a role in this. As mentioned, in Culemborg the neighbourhood Ter Weijde a lot of urban renewal took place in combination with local initiatives to better the neighbourhood. In Meeuwenplaat, Rotterdam, this renewal also took place, but the neighbourhood is still considered lower-class and provided with mostly rental housing for the working-class. However, as discussed before, following the intersectionality framework, socioeconomic status does not operate in isolation, as this difference is also mentioned in the density and diversity section, where positionality is also discussed.

In Hoorn, I spoke to Daphne afterwards, and she mentioned that she was shocked by the reactions of the students attending the first show. She said she really had a hard time not showing that she got affected by comments that did not fit in her perspective regarding men-women norms and the LHBTQI+ community. This could be a result from the socioeconomic status of neighbourhood de Grote Waal, known for its lower-income households, high percentage rental housing and lower-than-average educational level, but there is no direct evidence for this to state. More research would be needed to investigate family income for parents of the students.

In Velp, research and ethnographic observations made clear that the neighbourhood the school is located is quit wealthy. However, Aeres College Velp is the only VMBO focussed school in Velp. This means that children living in the less wealthy South, which is linked to lower educational levels, have to go to school in the North of Velp. This makes the schools atmosphere, appearance, vision and focus less elite. This can clarify why there is still an amount of visible cultural diversity present in the classroom and why the class was described as difficult. For Chloë and Livia these circumstances led to a lot of disruptions and behaviour management. They had a hard time giving every student what they needed and tried to apply a universal approach leading to lack of skills and knowledge. However, this difficult behaviour cannot be directly linked to socio-economic status. Class dynamics and characteristics of individuals may also play a role.

Class Dynamics

Besides density, diversity and neighbourhood profiles, class dynamics shape how students engage with interpersonal sexual health education and to what extent and in what ways educators are able to deliver it in a culturally sensitive way. Class dynamics differ in every class, school and location.

In Rotterdam, students came from a wide range of cultural and class backgrounds, often leading to divergent views on authority, morality and opinions. Ethnographic observations showed that not one session was executed while having the class separated in groups of boys and girls. However, at the session in Rotterdam, girls showed more comfortable behaviour by speaking up more often in the group of only girls, as two boys that initially participated in the group were send away due to misbehaving. The difference between the openness of the girls increased

compared to when the boys were present in their circle. Due to religious beliefs, or the environment someone grew up in, genders can feel more comfortable talking about sensitive topics only with the same sex present.

Age is another factor within class dynamics that influence the delivery of culturally sensitive sexual health education. Topics like sexting were not received well by the students in Hoorn. The students themselves indicated that because of their young age they found it weird (see appendix 3). They were not familiar with it and not used to it. Thereby, a child of 12 years old experience things differently than one that is 16 years old. They live in different realities and their brains work differently, which is why it is important to deliver culturally sensitive sexual health education in an adaptive way.

Level of education also has its effect on culturally sexual health education, and how it is received and thus how educators deliver it. As mentioned earlier Carmel mentioned noticeable difference of education in front of a VWO class, compared to a VMBO class and felt more at ease using certain language, words and phrases. This way she felt it was less difficult to deliver culturally sensitive sexual health education, because she felt more understood.

5.3 Limitations

The findings suggest that culturally sensitive sexual health education must be understood as a co-constructed practice, influenced by multiple intersecting dimensions. It does not solely dependent on static knowledge, experiences or personal background. Yet, this study also has limitations.

While the intersectionality framework enriched the analysis, it was not possible to investigate all factors within identity and positionality. For example, sexuality of educators is not fully explored, views of how other people place them in society and the role of characteristics of individuals is left out, simply because including all possible affecting factors is not realistic. Regarding geographical location and the intersectionality framework factors like the influence of municipality policies and budgets is left out, because of lack of access and time. The same accounts for including more statistical numbers such as the number of students in Dutch secondary schools with different cultural backgrounds or income levels of families.

Furthermore, while the sample included 11 participants, only four were directly observed by ethnographic observations at Dutch schools. This limits the generalizability of the insights. Also, again due to time and access constraints, the study focused on 5 secondary schools in the Netherlands, largely focussed on VMBO and partly VWO levels, which leaves out possible important outcomes that can be generated when investigating more locations through the Netherlands and HAVO levels or special education settings. Thereby, it is questionable whether selecting these few cases for ethnographic observation is useful, as the approaches of session vary due to freedom in curriculum, but as stated in this research, the delivery of culturally sensitive sexual health education it is not only about the content that is delivered, but also about how it is delivered, which is investigated in this research.

Also, the other limitations do not undermine the study's contributions. Instead, they open doors for refinement and expansion. The focus on identity and geographical location provides a strong case for rethinking how interpersonal culturally sensitive sexual health education is designed and delivered.

5.4 Concluding Paragraph of Discussion

In sum, this study shows that the delivery of culturally sensitive sexual health education in Dutch secondary schools is shaped by the positionality of educators and the geographical contexts in which they operate. Findings underscore how intersecting dimensions such as age, gender, race, culture, class, background and religion, along with school location, diversity, socioeconomic context and class dynamics, can strengthen or weaken cultural sensitivity in practice. These intersections reveal broader issues such as cultural hierarchies and unequal power relations due to lack of reflexivity of the positionality of educators themselves, leading to Western norms unintentionally excluding other cultures. While these tensions can limit inclusiveness, this research also shows that when reflexivity is present, educators are better able to adapt their approaches to classroom needs. In order to support different needs in classrooms, space should be created for flexible, but universal, guidelines and context-aware approaches that recognize and value cultural differences, both in terms of content and delivery.

6.0 Conclusion, Implications and Recommendations

Positionality is not a background feature it is a factor that forcefully shapes how culturally sensitive sexual health education is delivered by experts at Dutch secondary schools. It does not only have intersecting dimensions within itself but also intersects with the geographical contexts of schools that influences culturally sensitive sexual health education in a more nuanced way.

Educators operate within these intersections, carrying their own identity, perspective, experiences and biases into classrooms located in different geographical location in the Netherlands, filled with equally complex multicultural young students. Culturally sensitive education, is not only about transmitting information, but about a negotiation of meaning, rooted in positionality and the contexts of the learning environment.

A core contribution of this research is its original combination of interviews and ethnographic classroom observations to assess the influence of educators' positionality and geographical location of Dutch secondary schools through the lens of intersectionality. Previous studies (Nawrocki, 2015; Cense et al., 2019; de Graaf et al., 2024) have addressed intersecting factors with a focus on the recipients of sexual health education. This study illustrates how these dimensions such as age, gender, race, class, culture, background and religion, intertwine with each other and perspectives, experiences and biases, offering a richer understanding of how positionality shapes the delivery of culturally sensitive sexual health education and additionally points out how geographical factors play a role in this. By using intersectionality as a methodological tool and a theoretical framework, the study contributes to investigating sexual health education in the Netherlands from the lens of intersectionality with a focus on the delivery. Besides that, looking at intersectionality within factors and investigate how these intersect with each other contributes to the theoretical development of the intersectionality framework.

Implications of this study are, first of all, the need to reassess the foundational principles of Dutch sexual health education. Although, the Netherlands is celebrated for its progressive sexual education, the findings illuminate how its delivery often remains grounded in a Western perspective. This Western approach argues that in order to truly achieve culturally sensitive sexual health education, curricula must become univalent and omnipresent in schools in the Netherlands. Others, like Sari in her interview, discuss how sexual health education in schools

is not culturally sensitive, because some cultures believe sexual health education does not belong in classrooms but in private spheres. Despite these controversial opinions, the Netherlands is still characterized by progressive political and societal approach, meaning that Dutch political parties and policies agree upon the fact that sexual health education is needed in schools. As this not going to change any time soon, it means that critical views on current approaches are not superfluous. This research points out that reflexivity is of great importance to improve the delivery of culturally sensitive sexual health education.

In order to reach this improvement in praxis, guidelines for training are necessary. Interviewees indicated that they currently make choices themselves in whether or not to follow trainings and which ones. Obligatory training for educators created by sexual experts with diverse cultural backgrounds will help build a strong and inclusive basis to build and extend on. These trainings should not only focus on content delivery but look beyond this by including strategies for reading and adapting to classroom dynamics, location of schools and to reflect on themselves.

To conclude, culturally sensitive sexual health education must be viewed as a co-constructed, intersectional practice. Educator's positionality can be used as a bridge to connection. Reflecting on positionality towards cultural awareness, knowledge and skills and adapting to the contextual geographical locations of Dutch secondary schools help to meet students in their lived realities. As Dutch classrooms grow increasingly diverse and policies maintain the standard of providing sexual health education in school, the reflexivity of educators becomes not only valuable, but vital, for creating equitable, inclusive and empowered culturally sensitive sexual health education at Dutch secondary schools.

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