



Yanımda

Culture Sensitive Approach to Sexual Education Resource Design for Women in Azerbaijan

Ayan Mammadli
Master Thesis Report
Design for Interaction

Author

Ayan Mammadli

6007597

Master thesis

MSc. Design for Interaction

Faculty of Industrial Design Engineering

Delft University of Technology

Supervisory team

Chair

Annemiek van Boeijen

Society, Culture and Critique

Faculty of Industrial Design Engineering

Delft University of Technology

Mentor

Céline Offerman

Knowledge and Intelligence Design

Faculty of Industrial Design Engineering

Delft University of Technology

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Executive Summary

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This thesis was motivated by my own experiences growing up as a young Azerbaijani woman in a society where discussions around sexuality, reproductive health, and bodily autonomy are often surrounded by silence, discomfort, and stigma. Like many of my peers, I learned about these topics through fragments of conversation, media, and personal observation—rather than through any formal or comprehensive education. This personal history led to a central guiding question for the project:

Is it possible to talk about sexual health in Azerbaijan in a way that is not seen as an act of rebellion against the culture, but as essential knowledge for making informed decisions about one's health, relationships, and wellbeing?

The project focuses on **young Azerbaijani women aged 18–30**, a group often navigating relationships, marriage, and early parenthood with little reliable guidance. The ambition is to create a culturally sensitive and approachable way for women to access accurate knowledge without forcing them into conflict with their values or communities.

An adapted **Double Diamond process** (Design Council, 2005) was used to structure the project, integrating **Culture Sensitive Design** (Van Boeijen & Zijlstra, 2020), **the Cultura method** (Hao, 2019), and **the Vision in Product Design (ViP) approach** (Hekkert & Van Dijk, 2011). **Desk research** examined global sex education models, cultural sensitivity strategies, adult learning approaches, and the historical, political, and social narratives shaping gender roles and views on sexuality and health in Azerbaijan.

Field research combined **five expert interviews**, with two gynaecologists, a menstrual cycle educator, a psychiatrist, and a gender equality consultant/lawyer, with **a generative session involving five young Azerbaijani women** from urban, highly educated backgrounds. Experts provided insight into medical practices, psychological barriers, education gaps, legal frameworks, and systemic challenges. The generative session used persona creation, influence mapping, and personal timelines to surface lived experiences, trusted and untrusted information sources, and cultural pressures shaping sexual health understanding of young women. The combination of professional expertise and personal narratives revealed both overlapping concerns and distinct priorities: while experts often emphasized factual knowledge and medical accuracy, young women highlighted the need for emotional safety, consent, and relational guidance.

Analysis of this material identified five recurring tensions:

The Ideal Woman vs. Perfectly Human – Cultural ideals of purity, modesty, and reproductive duty contrasted with lived realities.

Learning in the Absence of Formal Education – Fragmented, informal peer networks as primary learning sources.

The More We Hide It, The Louder It Gets – How silence magnifies fascination, stigma, and misinformation.

Navigating a Healthcare (Marketplace) – Accessibility shaped by commercialization, provider attitudes, and cultural barriers.

Tradition vs. Quiet Resistance – The ways young women negotiate autonomy and boundaries within entrenched norms.

These findings informed the design goal formulated at the start of the Define phase:

To empower young Azerbaijani women to navigate cultural narratives about Female Sexuality and Health with confidence, self-respect, and emotional safety — through a learning resource that supports self-awareness, communication, and boundary-setting.

The final concept, Yanımda (“By My Side”), combines a discreet, tactile **physical invitation** with a private, visually neutral **website**. The site begins with general topics, anatomy, menstrual health, and relationships, before gradually introducing more open discussions of consent, pleasure, and sexual wellbeing. The tone is empathetic, non-stigmatizing, and paced to let users explore at their own comfort level.

Evaluation with the target group indicated that Yanımda feels approachable, trustworthy, and safe. Experts endorsed its potential to fill critical knowledge gaps while aligning with cultural sensitivities. Recommendations include expanding multilingual access, deepening the content library, and building partnerships with trusted healthcare providers and community spaces.

This work demonstrates that culturally sensitive sexual education in Azerbaijan is both necessary and feasible when rooted in empathy, cultural awareness, and trust-building. By aligning accurate information with values already embedded in the culture, Yanımda offers a foundation for healthier, more confident, and informed decision-making, for both this generation and the next.

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Figure 1. Portrait of first female geologist and oil worker Mirina Mammadbeyli (1960) by Vajiha Samadova

Chapter 1: Introduction

This chapter begins by introducing the topic and outlining my positionality and motivation as a researcher and designer, but also as an Azerbaijani woman myself in Section 1.1. I reflect on how my personal connection to the subject shaped my approach and the sensitivity with which I engaged with it. Section 1.2 explains the project approach and structure, which is based on the Double Diamond method (Design Council, 2005).

1.1. Topic and Positionality

Figure 2. 16 year old me (on the left) gossiping with my Best Friend. This image captures how we learned about most things. Here we discussed something funny, in other cases it could be sad or even scary.



As a young Azerbaijani woman I grew up in a society where discussions around sexuality, reproductive health, and bodily autonomy were often surrounded by silence, discomfort, or shame. These experiences deeply shaped my curiosity and the motivation behind this project. Now also as a design student based in the Netherlands, I approach this project from both an insider and an outsider perspective.

Like many others in Azerbaijan, I did not receive much sexual education, neither from school nor at home. While my parents are open minded in many ways, they never felt fully comfortable discussing topics like sex, menstruation, or bodily changes while we were kids. I learned most of what I knew from my older sister, cousins, and friends, piecing together fragments of information from conversations, books, and movies, building a kind of mental puzzle. There were some questions I felt safe asking my mother, but others I somehow felt off-limits. Because topics like crushes, desire, or bodily changes were whispered or silenced entirely, I grew up feeling shame for having those

feelings in the first place.

In the cultural context I grew up in, narratives surrounding sexuality always felt highly gendered and moralized. There were social consequences for girls for (sometimes hypothetical) sexual behaviour, who were judged, bullied or even expelled from school while boys typically did not face many consequences. The default expectation for girls is that she should remain abstinent until marriage, with sexual purity tied to family honour and social respectability. While for boys this is not a standard. There is also a narrative that they should gain sexual experience in advance, so they could later guide their future partners. Through my own peers I have also heard non-vaginal sex described as a “perfect loophole” that preserved the appearance of virginity.

In high school I selected ‘Identity’ as the theme for my art project. That’s when I began exploring what it meant to be a woman in Azerbaijani culture and realized how closely that identity was tied to sex, specifically to purity. I positioned myself as open-minded and began to challenge



Figure 3. Some of the painting that I made for my high school Art Project

these narratives more vocally. However, once I began dating, I noticed that this was often misinterpreted as sexual availability. In those conversations, I saw how little we both knew to make informed and responsible decisions. Around that time, I began to actively seek out information and take ownership of my own sexual education. This process allowed me to better understand my body, clarify my values, and establish personal boundaries, ultimately helping me to avoid situations where I might otherwise have felt pressured or manipulated.

While I was fortunate in being able to access information and assert my boundaries, many of my peers had different experiences. Several shared accounts of feeling pressured by partners into situations they were not fully comfortable with, and even perceived it as a normal part of romantic relationships. Due to stigmas and fear of social judgement they felt unable to speak openly about these experiences or seek support.

These reflections have shaped the purpose of this project. While existing efforts to implement

sex education in Azerbaijani schools have largely remained at the pilot stage, I choose to focus on young adults between ages of 18 to 30 who are often navigating romantic relationships, marriage and new parenthood. They have more autonomy and ability to take responsibility for their sexual health. Well informed individual also can help support education of next generation. Although initial aim was to design an educational resource for both men and women, the scope of the project required more focused approach. Therefore, this project focuses on only young women.

My intention is not to push people to go against their cultural or religious beliefs, but to create a resource that supports informed, autonomous decision-making. I aim to approach this topic with empathy, respect and cultural sensitivity.

I am passionate about this topic and sometimes find myself too critical of my own country. However, I also think these emotions are the sign of love and care for the people and future of Azerbaijan.

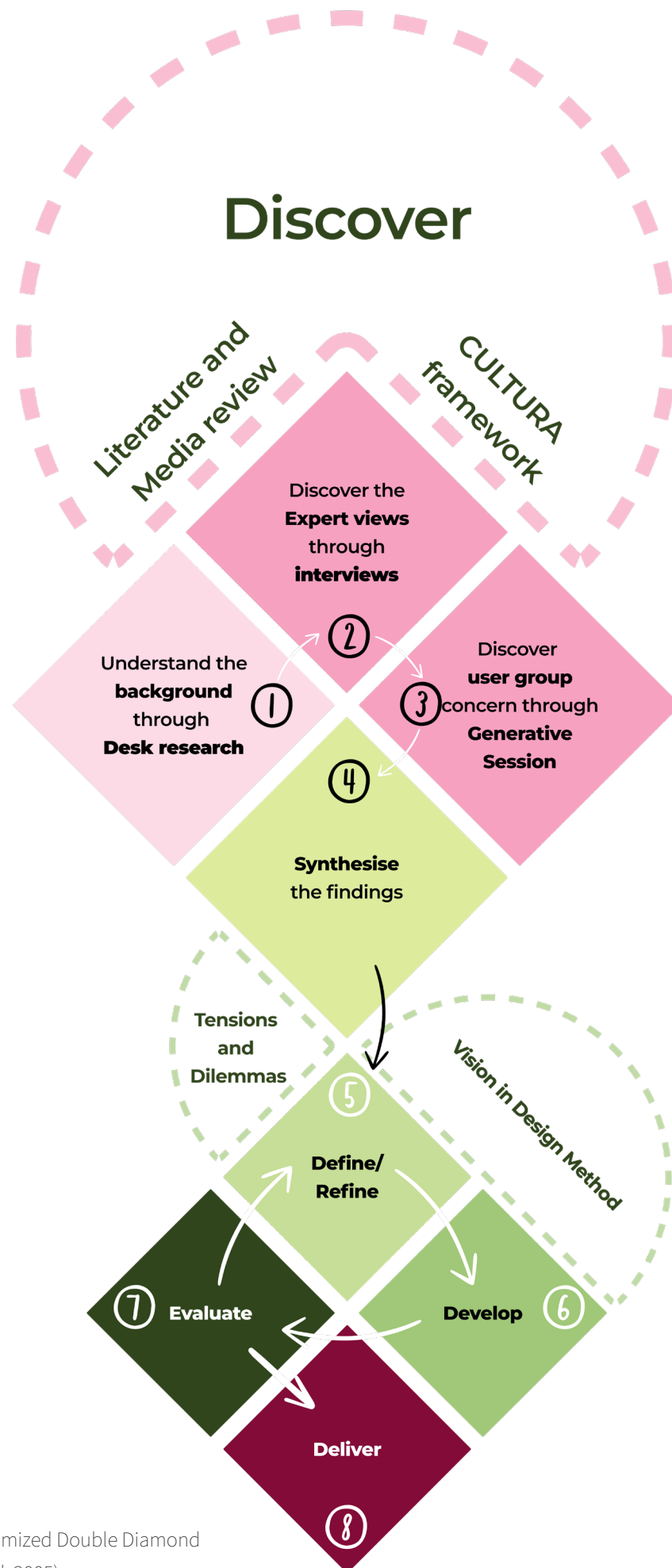


Figure 4. Customized Double Diamond
(Design Council, 2005)

1.2. Project Approach

As the goal of this graduation project is to design a culturally sensitive and engaging sexual education resource for young Azerbaijani women, the project is rooted in a context where conversations about sexuality, intimacy, and bodily autonomy are often considered taboo. These conversations are not just avoided, they are surrounded by layers of shame, insecurity, and myth. Drawing from personal experience and cultural familiarity, this project explores

Is it possible to talk about sexual health in Azerbaijan in a way that is not seen as an act of rebellion against the culture, but as essential knowledge for making informed decisions about one's health, relationships, and wellbeing?

Cultural sensitivity

To navigate this complex landscape, the approach is grounded in Culture Sensitive Design (Van Boeijen & Zijlstra, 2020). This method takes into account the cultural values, practices, and social norms of the target group to ensure solutions are respectful, appropriate, and relevant. In line with an emic perspective, the project approaches culture from within, recognising both its wisdom and its challenges. As Boeijen and Zijlstra state, “although we can now identify numerous undesirable situations, a great deal of wisdom often remains at the root of people’s cultural values and practices.” In this spirit, the project does not aim to go against cultural norms but to prevent them from becoming sources of harm, creating something that feels non-threatening and culturally aligned while still enabling access to empowering and accurate knowledge.

CULTURA Method

This thesis follows an adapted **Double Diamond process** (Design Council, 2005) (Figure 4), customized to address the emotional sensitivity, cultural complexity, and educational gaps inherent to the topic. In the Discovery phase, both desk and field research were conducted. Desk research provided

a foundation through an exploration of sex education frameworks, the historical trajectory of gender norms and view on sexuality in Azerbaijan, and contemporary attitudes toward sexual health. Field research was structured using the **Cultura method**, a contextual user research framework developed to achieve intercultural empathy in design (Hao, 2019). **Cultura** supports researchers in collecting rich, culturally grounded user insights and helps designers build an understanding of user needs and experiences that may otherwise remain tacit or hidden. It guided both expert interviews and generative sessions with young Azerbaijani women and supported the analysis of qualitative data by identifying key cultural narratives and tensions.

Vision in Product Design

Insights from both research streams were synthesized to define a clear design goal. In the Define and Develop phase, the **Vision in Product Design (ViP)** method was used to guide the creative process. ViP is a future-oriented design approach that begins not from current user needs, but from a desired vision of the role a product should play in people’s lives (Hekkert & Van Dijk, 2011). It helps designers translate abstract values and intentions, such as emotional safety, confidence, or cultural resonance, into concrete design directions. This ensured that the emerging concept stayed closely aligned with the emotional qualities it aims to evoke: safety, accessibility, and cultural alignment.

Feasibility and desirability were prioritized throughout the process to ensure that the outcome could realistically be adopted by young Azerbaijani women. Strategic choices were made to create a resource that feels approachable, emotionally safe, and attuned to the specific needs of a generation navigating intimacy, relationships, and reproductive choices, often with very little reliable guidance.

Figure 5. Preparation for the exam (1958) Vajiha Samadova



Chapter 2: Discover

Chapter 2 lays the foundation for an informed and culturally sensitive design direction by presenting the research conducted during the Discover phase. The chapter is divided into two parts. Section 2.1 focuses on desk research, explaining the methodology and summarizing key findings on core concepts in sexual education, as well as the historical, contemporary, and cultural narratives surrounding the topic in Azerbaijan. Section 2.2 presents the field research setup, describing how research was carried out with experts and members of the target group, guided by the Cultural framework. Together, these insights form a critical basis for the design work that follows.

2.1. Desk Research

Before engaging with users or designing a culturally sensitive educational resource, it was necessary to first understand how sex education is framed globally and how it is perceived locally in Azerbaijan. By mapping both internationally recognized frameworks and the specific cultural, historical, and political dynamics at play, this desk research phase helped identify knowledge gaps, barriers to open conversation, and contextual sensitivities. These insights guided the field research and laid the groundwork for a design approach rooted in empathy, relevance, and respect.

2.1.1. Methodology

The desk research phase explored two key areas: (1) global frameworks and definitions of sex education, and (2) the cultural and historical context shaping attitudes toward sexuality in Azerbaijan.

This research helped identify existing knowledge gaps, cultural sensitivities, and informed the direction of the fieldwork phase.

Guiding questions included:

- *What are the key models and definitions of sex education?*
- *What factors complicate the implementation of sexuality education, and how can cultural sensitivity be meaningfully applied?*
- *How have historical, political, and religious forces shaped current norms and silences around sexuality in Azerbaijan?*

To address these questions, I consulted a wide range of sources, including academic literature, NGO and governmental reports (e.g., UNESCO, WHO), as well as news media and feature articles. Social media content was also looked into to understand contemporary discourse, though it was referenced more as illustrative material and included in the form of images and comments in the captions within the report.

Research was conducted using platforms such as Google Scholar, Consensus, and the online archives of international organizations. Search terms included: sex education, cultural sensitivity in sex education, resistance to sexual education, stigmas and silence around sexual or reproductive health, marriage traditions, and gender roles in post-Soviet societies. Comparative perspectives from other countries with similar cultural and historical backgrounds were also included to contextualize the Azerbaijani case. Due to the limited availability of academic research focused specifically on Azerbaijan, particularly regarding sexuality education and gender dynamics during the Soviet and pre-Soviet periods, the search was not restricted by publication date. This allowed for a more inclusive and exploratory approach to identify relevant historical and sociocultural materials. This review highlighted key tensions between internationally promoted models of sexuality education and local sociocultural expectations. These insights directly shaped the framing of expert interviews and generative activities during the field research phase.

2.1.2. Sex Education: Concepts and Frameworks

Definition and major models

Sex education refers to educational programs that provide young people with knowledge and skills to make informed decisions about sexuality, reproductive health and relationships. There are two most common and widely researched sexual education models, comprehensive and abstinence based (Lameiras-Fernández et al., 2021).

Comprehensive Sexuality Education (CSE) is a program for young people endorsed by United Nation Agencies. It has a holistic approach that covers cognitive, emotional, physical and social aspects of sexuality which is critical for young people's health and survival taught in an age appropriate from. (UNESCO, 2024; WHO, 2023). With CSE program students develop necessary skills to make safe and informed decisions for themselves such as, protection against Sexually Transmitted Infections (STIs), prevent unintended pregnancies, avoid coercion, recognise abuse and develop critical thinking. The program is based on values such as equality, compassion and kindness (UNESCO, 2024). Evidence shows that comprehensive approaches to sexual education lead to measurable improvements in sexual health outcomes, such as delayed sexual debut, increased practice of safe sex, reduced number of sexual partners, STIs and unplanned pregnancies (Poobalan et al., 2009, Goldfarb & Lieberman, 2020).

Abstinence based Sexual Education (ASE) emphasizes abstinence as the main method for preventing pregnancies and STIs. Abstinence based programs are not standardized and does not always include topics of contraception, STIs, communication, and decision-making skills (Thomas, 2000). Federally funded evaluations in the United States found no long-term effects on delaying sex or improving condom use (Ott & Santelli, 2007). The Abstinence-based education is often chosen

where religious leaders and communities often view abstinence as the only morally acceptable option to be taught in schools, influencing education policy and curriculum choices (Achigibah et al., 2024; Shea et al., 2025).

Understanding the strengths and limitations of these two models provides a foundation for adapting sexual education to culturally specific contexts. This project builds upon the principles of Comprehensive Sexuality Education due to its measurable outcomes, and adapting them to better reflect the realities, challenges, and aspirations of young women in Azerbaijan.

Resistance and Cultural Sensitivity

In many societies, cultural perspectives, sentiments, and emotions block the open discussion of sex and sexual behaviour (UNESCO, 2009). In contexts where pre-marital sexual relationships are considered immoral, any discussion of sexual issues before marriage is often seen as unethical (Ogheneakoke et al., 2018). Sexual education may also be perceived as the imposition of foreign values that conflict with local cultural norms (Coultas et al., 2020). Similar to Azerbaijan, in the Middle East and North Africa region, many opponents of sexuality education argue that Islam

Figure 6. Still from marionette adaptation of “Arşın Mal Alan” (The Cloth Peddler) Classic Azerbaijani musical comedy by Uzeyir Hacıbəyli in 1913. Though stylized, it centers around arranged marriage, love at first sight, and a woman's right to choose.



prohibits premarital sex and expects youth to abstain from sexual activity and remain somewhat naïve until marriage. However, looking at Islamic teachings, the religion recognizes the power of sexual need and supports age-appropriate education on matters related to sexuality, provided it aligns with Islamic values and principles (Oraby, 2024; Tabatabaie, 2015).

In Comprehensive Sexuality Education (CSE), it is emphasized that individuals should be supported in forming their own values, beliefs, and attitudes, and in adopting behaviours that are consistent with them (UNESCO Education Sector, 2009/2018). Cultural sensitivity and contextual adjustments can facilitate the adoption of such programs by ensuring that the content resonates with the lived experiences of students (Shibuya et al., 2023). However, this requires a critical approach. For example, in Ethiopia, a culturally sensitive sex education program failed to address the root causes of gender-based violence because it focused on replacing “bad” traditions with “good” modern values, without addressing the patriarchal power structures and social norms underlying gender inequality. By emphasizing scientific facts over the social meanings and treating culture as fixed rather than dynamic, the program

ultimately reinforced harmful norms and left women more vulnerable (Mat et al., 2018).

In many cases, the silence surrounding sexuality stems more from deeply rooted cultural taboos than from religious doctrine. To promote both effectiveness and acceptance, sexual education programs must not only address the factual information but also discuss place of culture and religious beliefs in relation to them. It should clearly communicate that gaining knowledge about sexual health does not contradict religious and cultural values but rather help to understand and navigate them. Doing so creates space for culturally grounded learning that empowers individuals rather than alienates them.

Adult-Focused Approaches to Sexual Education

While it is generally recommended that programs are most effective during adolescence, in the context of this project it was important to explore how sexual education can support adults as well. Many women in conservative communities, including Azerbaijan, grow up without formal education on these topics. Looking into adult-focused CSE helped to understand how knowledge gaps, stigma, and misconceptions can be addressed later in life (Da Cruz Ilivinski et al., 2023). Key components of such programs can be broken down into the following four parts:

Body and Health: Education should cover basic anatomy, sexual and reproductive health, safe sex practices and STIs prevention emphasizing the importance of understanding one’s body and maintaining health. (Pierpaoli-Parker, 2020; Da Cruz Ilivinski et al., 2023; Dodson et al., 2025).

Consent and Communication: Teaching about consent, healthy communication, and relationship dynamics is crucial. This includes understanding boundaries and fostering respectful interactions (Scull et al., 2025; Da Cruz Ilivinski et al., 2023).

Sexual Pleasure and Well-being: Discussions should include sexual pleasure, addressing myths and promoting a positive view of sexuality as part of overall well-being (Pierpaoli-Parker, 2020; Da Cruz Ilivinski et al., 2023; Scull et al., 2025).

Critical Thinking and Reflection: Encourage critical thinking and reflection to foster transformative learning experiences, helping individuals to challenge stereotypes and societal norms (Da Cruz Ilivinski et al., 2023; Goldfarb & Lieberman, 2020).

While these categories can be expanded further, Retaining these four core components at this stage allows for flexibility in exploring how they resonate with the lived experiences and needs of young adults in the Azerbaijani context.

Figure 7. Photo from sewing class at Tagiyev’s School for girls (1911)



Figure 8. “Muslim intellectual and his wife: In his village in the Caucasus and in Paris” (No. 4, January 25, 1909). Artist: Iosif Rotter



Figure 9. “With regard to women’s veiling — may God be with you, gracious Muslim ladies. Make an effort to help free your wretched, unfortunate sister too.” Molla Nasreddin, (No. 28, December 21, 1913)



2.1.3. Historical Framing: Gender, Sexuality and State Power

Azerbaijan’s geopolitical location, its position along historic trade and migration routes, and its history of colonization have all contributed to the development of a unique and hybrid cultural identity. Gender norms and views on sexuality in Azerbaijan has been influenced by Turkic, Persian, Islamic and Soviet views and policies (Tohidi, 1998). To understand contemporary cultural attitudes towards gender, sexuality and health, it is important to first consider a general historical overview of the region over the past hundred years.

Early 20th century: Reforms, Emancipation and Independence

Early 20th century saw rapid social changes, including urbanisation, educational reforms, Russian imperial policies and short-lived independence. During this period Baku became major oil hub attracting to European entrepreneurs, skilled labourers, and a diverse international population. Exposure to European ideas and diverse lifestyles lead to social reforms among educated urban classes (Heyat, 2006). Establishment of Haci Zeynalabdin Taghiyev’s Girls’ school in Baku marked a significant shift for Muslim women, increasing their visibility and participation in public life (Figure 13) (Rice, 2024; Zweerde, 2015). While educational projects were initiated as a part of traditionalist project of having educated mothers, teachers and students who entered schools often pursued varied agendas. Most reformers saw the emancipation of women as the key factor in Revival of Muslim civilization and economic, social and cultural development (Rice, 2024; Heyat, 2006) (Figure 9). Azerbaijani women played a significant role in the reforms, modernization, and nation-building of Azerbaijan and with demands for maternity leave, nursing time, and medical care for workers being raised as early as 1904-1905 (Tohidi, 2000). Upon the Collapse of Russian empire Azerbaijan became first democratic

republic (1918-1920) in the Muslim world that provided universal suffrage guaranteeing all citizens full civil and political rights regardless of their nationality, religion, social position and sex (Tohidi, 1998; Gasimov, 2018). Despite the rapid changes traditional family power structures and religion still had strong influence on gendered expectations (Heyat, 2006).

Soviet Era: Contradictions in Policy and Practice

The Soviet regime had a significant impact on changing and reshaping attitudes towards gender roles, sexuality (Figure 11), and reproductive health. However, its stance on these topics evolved over time in response to shifting political and demographic priorities. The Bolshevik revolution legally abolished gender inequality and promoted sexual emancipation (Darbaidze & Niparishvili, 2023). During this period, the state encouraged women's participation in social and productive labour, leading to their massive entrance into the workforce, accompanied by universal access to healthcare and education (Tohidi, 2006).

In the Stalinist era (1930s–1950s), this initial liberalisation sharply reversed, as the government began promoting conservative family values to stimulate demographic growth. Abortion was banned from 1936 to 1955, and state discourse advocated for “pure,” sexless love aligned with collective ideals (Edgar, 2006; Healey, 2014). Sexuality was redefined as a reproductive duty (Figure 10), with minimal representation in media or education. This culture of silence contributed to persistent taboos (Figure 12), particularly around women's bodies and sexual agency.

In Muslim-majority republics like Azerbaijan, Soviet reforms directly targeted Islamic practices: the veil was banned, and polygamy and child marriage were outlawed. While often presented as emancipation, scholars continue to debate whether this constituted genuine liberation or colonial-style social engineering (Figure 13) (Kandiyoti, 2007). Although these reforms

improved the status of women in the public sphere, the patriarchal structure of the family largely persisted. A gender-based division of household responsibilities led to the well-documented “double burden” on women, who were expected to fulfil both professional and domestic roles (Darbaidze & Niparishvili, 2023; Tohidi, 2006)

Despite universal healthcare, the Soviet Union lacked sex education and had limited access to modern contraceptives. Medical professionals often lacked training in family planning and were reluctant to provide modern methods (Popov et al., 1993; Harper, 1990). Negative attitudes and lack of knowledge among both providers and the public further restricted contraceptive access (Popov et al., 1993; Harper, 1990). During periods of demographic concern, the government implemented pronatalist policies that promoted child-birth as a civic duty and reduced reproductive autonomy by restricting access to reliable contraception (Isaev & Savchuk, 2022; Haper, 1990; Nakachi, 2016). As a result, after abortion was re-legalised in 1955, it became the primary form of family planning for many Soviet women (Tohidi, 1998; Popov, 1991). These contradictions between progressive policy and conservative enforcement continue to shape post-Soviet attitudes toward gender, sexuality, and reproductive health in Azerbaijan which are still visible today.

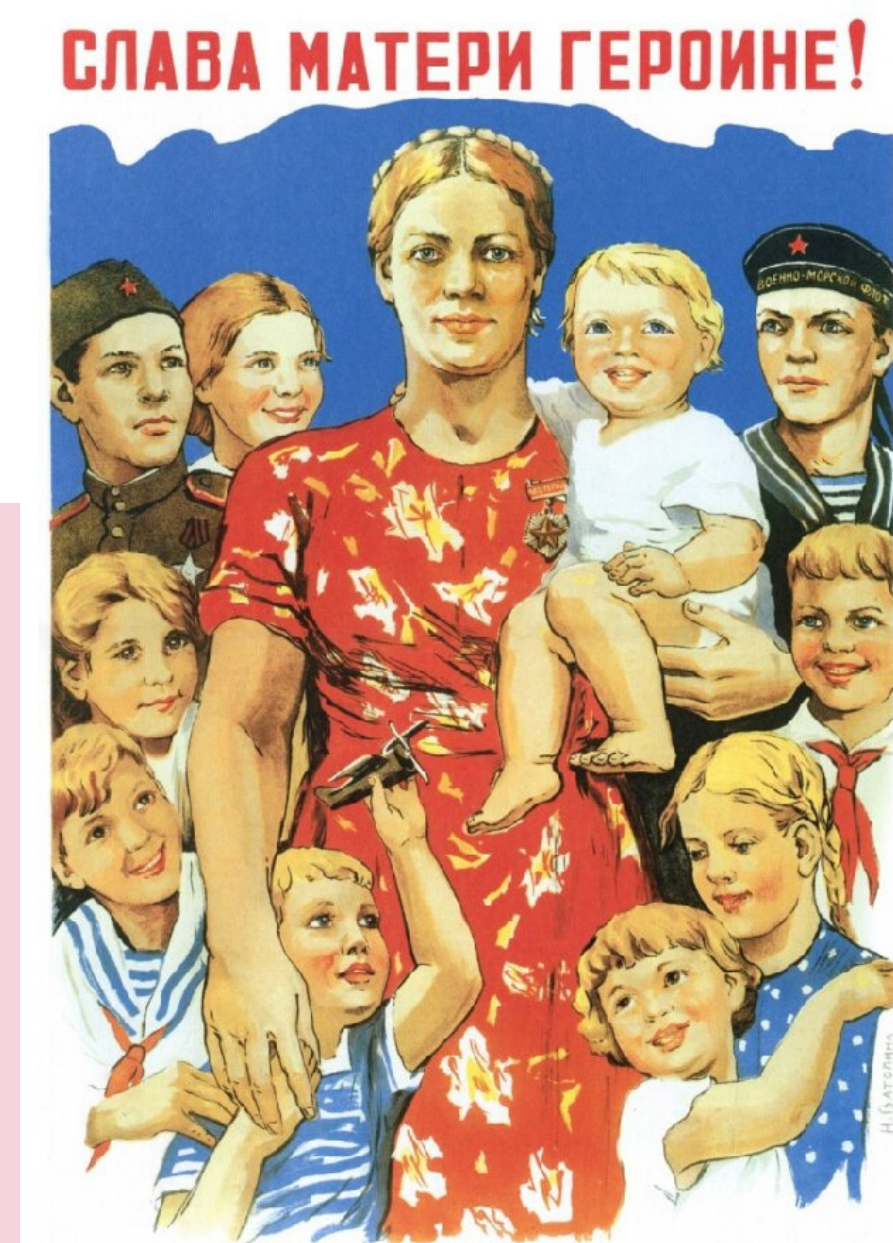


Figure 10. “Glory to the Mother Heroine!” 1944 Soviet poster by Nina Nikolaevna Vatolina celebrating motherhood as a patriotic duty during wartime.

Figure 11. “The Sex Question” — A striking 1920s Soviet poster illustrating contradictory sexual norms within the Komsomol. The sign on the left reads: “Every Komsomol member can and must satisfy his sexual urges,” while the sign on the right reads: “Every Komsomol girl is obliged to go along with him, otherwise she is a bourgeois prude.” Whether intended as propaganda or satire, the poster reveals deep gendered tensions and the moral pressure placed on young women in the name of revolutionary ideals.

Figure 12. “There is no sex in the USSR!!!” a famous misquote from a 1986 US-USSR TV bridge, reflecting cultural taboos and censorship around sexuality in Soviet society.

Figure 13. “Statue of the Free Woman” by Fuad Abdurahmanov (1960) — A powerful symbol of Soviet-era emancipation, capturing the state's anti-veil stance and its vision of the ‘liberated’ Azerbaijani woman.



Anam bacım qız gəlin Əl ayağı düz gəlin Yeddi oğul istərəm Bircə dənə qız gəlin!

Azerbaijani wedding chant that's recited while the bride's waist is tied with a red ribbon as a sign of honor and purity

Mother, sister,
maiden bride,
May she be honorable,
with grace as her guide.
I wish for seven sons,
And only one
daughter, bride!

2.1.4. Post Soviet and Modern Day Azerbaijan

Cultural Belief and Gender Expectation

Modern day Azerbaijan is a secular country with the majority of the population identifying as Muslim. While the Soviet era promoted a more uniform gender ideology, religious and traditional influences have re-emerged since independence. These religious practices, intertwined with local customs, continue to shape gender roles and attitudes toward sexuality (Heyat, 2006).

The traditional Azerbaijani family model emphasizes collectivism, modesty, and strong respect for traditional gender roles. The family remains the central unit of Azerbaijani society and is associated with stability, moral instruction, and protection. Concepts such as *namus* (often meaning sexual honour), modesty, and gender-based behavioural expectations remain culturally salient (Jabbarova,

2023). Female chastity, virginity, and modest behaviour are strongly tied to family honour and cultural identity. Women are often viewed as bearers of ethnic and moral integrity, which results in heightened scrutiny and social control over their sexuality (Mahmudova, 2017).

These traditional beliefs not only stigmatize open discussions of sexual and reproductive health for both genders, but also contribute to social problems (Figure 14) such as honour-based violence, sex selective abortions and child marriages. In rural areas especially, concern over women's virginity can lead to gender-based violence, making young women more vulnerable due to inexperience, dependence, and isolation (Isgandarova, 2017).

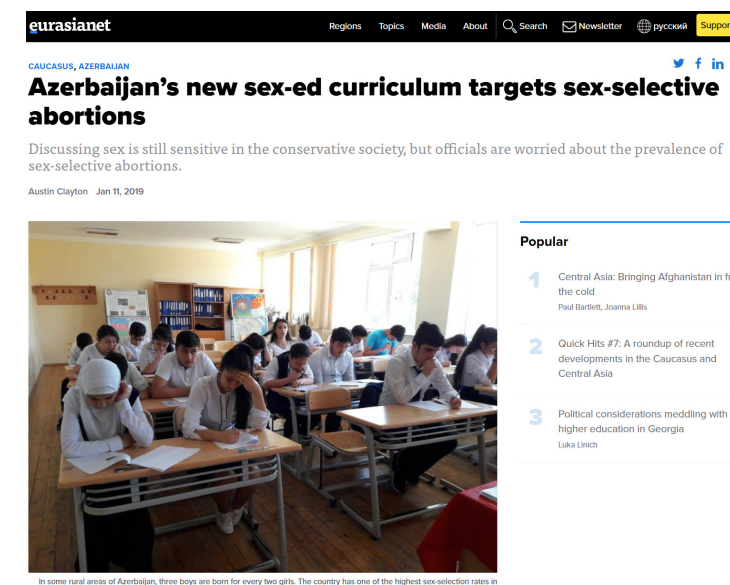


Figure 14. Sex Selective Abortions: This is a clear example of why it's important to stay sharp and critical of culture and tradition. Blindly following inherited norms over generations can lead to serious harm. What once led to large families in pursuit of a son has, with the introduction of ultrasound technology, turned into sex-selective abortion. Sex education can help build the critical thinking skills needed to recognize when tradition carries wisdom, and when it's time to form new ones.



Figure 15. "Girl is mine, I can do what ever I want! Vagina is mine, I can give it to whoever I want!" This 2020 protest photo became one of the main reasons the word "feminist" triggered fear and stigma in Azerbaijan. Instead of being understood as a call for bodily autonomy, the message was widely seen as a rejection of dignity and tradition. While the woman's claim to her own body is valid, the backlash shows how, in deeply stigmatized contexts, change often requires softer, more culturally attuned steps to be sustainable.

Contemporary Attitudes Toward Sexual Education

Sex education remains a contested topic in Azerbaijan. A commonly held belief is that it is a private family matter, and that parents should be responsible for educating their children. However, there is currently no formal, comprehensive sex education policy in place. While most healthcare providers agree on the importance of parental involvement, they also acknowledge that many parents themselves lack the knowledge and confidence to educate their children on these topics (Patsika et al., 2009).

Sexuality is typically framed through the narrow lens of reproductive health. Official documents, government websites, hospital leaflets, and educational materials such as school anatomy books generally refer to “reproductive organs,” avoiding broader and more holistic terminology (Mahmudova, 2017). Educational content rarely includes the emotional, psychological, or relational dimensions of sexuality.

Although there have been repeated efforts and public discussions, comprehensive sexuality education still has not made its way into schools in Azerbaijan. Most programs have remained limited to pilot stages, and even basic lessons on reproductive health are often skipped because teachers feel unprepared or uncomfortable and lack proper materials and training (Ismailbeyli, 2022; Abbasova et al., 2022; Əliyev, 2022).

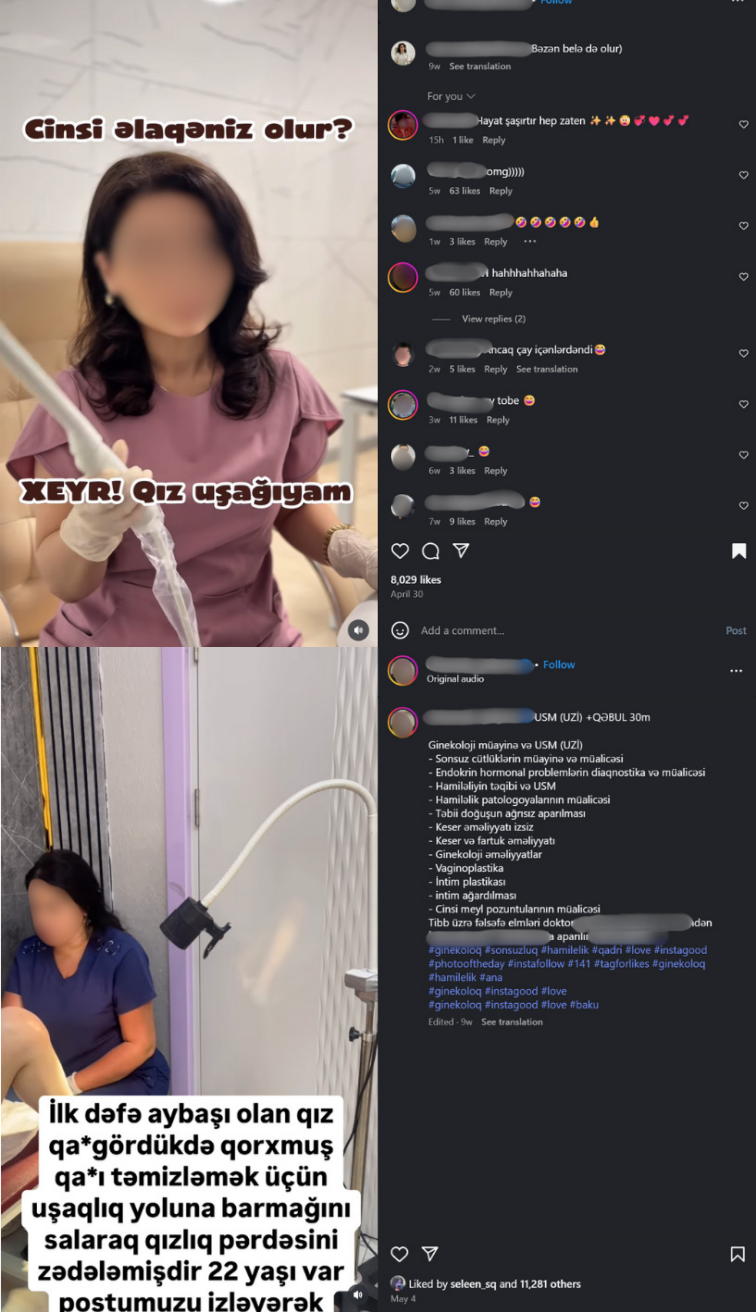
The deeply rooted cultural beliefs and gender expectations shaped by cultural practices, religion, history, and politics continue to influence how sexuality is understood and taught in Azerbaijan. While there have been some attempts to initiate conversation around sexual health framed through a reproductive lens, the absence of formal and holistic sex education, combined

with myths and harmful beliefs, leaves many young women vulnerable. Without intervention, misconceptions and stigma will likely persist, highlighting the need for accessible and culturally sensitive approaches to sexual education.

Figure 16. A comedic skit by a sonographer shows her asking a patient, “Are you sexually active?” and getting the response, “No!! I’m still a girl” — only to discover the patient is pregnant, followed by the playful audio: “Ahh, you liar!” While meant as a joke, the video highlights two things: first, how healthcare professionals are increasingly using humour on social media to attract patients; and second, how deeply rooted shame and taboo around premarital sex can lead women to hide their sexual history — even from doctors. Whether this makes conversations easier or reinforces fear of judgment is still a question.

Figure 17. In a video posted by the gynaecologist herself, she examines a 22-year-old woman and reacts with visible disapproval: “Have you touched yourself? Why is your hymen like this?! ... Hasn’t anyone told you not to put your finger inside?!” The patient, shares a non-sexual explanation tied to confusion and panic during her first period. The video exposes several issues: the doctor’s unprofessional and shaming tone, the reinforcement of harmful myths about virginity and the hymen, and the young woman’s lack of menstrual education. Rather than offering care, the doctor’s reaction highlights how medical spaces can mirror the very stigma they should help dismantle.

Figure 18. Screenshot from a comedic skit by blogger “Ayaprima_,” where we hear her internal monologue on being in her 30s, not really wanting a partner, and questioning social expectations around marriage and motherhood. In a bold moment, she openly considers her physical needs — glancing at a vibrator — while the caption reads “Your sis won’t recommend a bad thing.” The skit sparked a wave of reactions: many women praised her honesty and found it relatable, while others, (mostly men) responded with insults towards her and other commenters, calling them “Trashy” or “whore.” Her unapologetic humour around sexuality challenges deep-rooted taboos and exposes the double standards in how female desire is often perceived.



2.1.5. What’s on my feed

Throughout the duration of this project, I kept an eye on my own social media feed, saving posts that caught my attention in relation to sex, sexuality, and reproductive health. As a young Azerbaijani woman, part of the very demographic this project is aimed at, I found it important to observe what kinds of messages, narratives, and conversations were being presented to people like me online.

Some of these posts gave me hope, making me think, “We are talking about this. Things are slowly changing.” Others were discouraging, reminders that stigma, misinformation, and moral panic are still very present.

Articles, images and screenshots that I found interesting, each accompanied by a short caption explaining its tone, message, and my personal reflections are included throughout the report (Figure 16, 17, 18). Together, they offer a glimpse into the digital environment that many young Azerbaijani women navigate daily, an unfiltered layer of informal sex education, emotional responses, and cultural contradictions.



2.2. Field Research

Field research was essential to complement the findings from desk research with deeper, more context-specific insights. While literature helped map global frameworks and historical factors, it could not fully capture the cultural attitudes, emotional realities, and lived experiences of Azerbaijani women today. The goal of this phase was to explore these nuances through direct engagement with people embedded in the context.

2.2.1 Methodology

To structure the field research, I used the **Cultura method**, developed by Chen Hao (2019). Cultura is designed to help researchers map specific cultural contexts and generate culture-specific questions that reveal people’s relationships to others, to their surroundings, and to the broader material and social world (Van Boeijen & Zijlstra, 2020).

The framework consists of nine themes, with socio-cultural values at the center, surrounded by seven key practices, and framed by macro developments. Each theme come with guiding questions which were used o create sub-questions for the field research which can be found in (Figure 19).

For the expert interviews, I used Cultura to develop a set of structured yet adaptable questions. For each of the nine themes, I prepared two to four guiding questions, which were then slightly adjusted to match the specific expertise of each interviewee.

For the target group, I conducted a generative session with five Azerbaijani women in their 20s. Here, Cultura not only shaped the discussion top

questions but also inspired the design of the creative exercises, helping participants reflect on their own experiences, social influences, and cultural environment. This combination of expert insights and personal narratives allowed the research to capture both professional and lived perspectives on sexuality, relationships, sexual and reproductive health in Azerbaijan.

2.2.2. Expert Interviews

To explore how cultural norms and values in Azerbaijan shape individuals’ understanding, communication, and behaviors around sexual health, I had the opportunity to interview five Azerbaijani experts from diverse backgrounds, whose professional experiences offered critical insights into the cultural, medical, psychological, and legal dimensions of sexual and reproductive health.

Research Question:

How do cultural norms and values in Azerbaijan shape young women’s understanding, communication, and behaviours around sexual health and intimacy? And how do professionals working in this field navigate these influences in their practice?



Figure 19. CULTURA Framework — Guiding questions from Chen Hao (2019) were adapted into sub-research questions tailored to the project's context and target group.



Figure 20. Photos from Generative sessions: The session took place in my home. Participants were provided with three worksheets and had access to creative materials, including stickers, magazines, colored markers, pens, scissors, glue, and sticky notes.

The conversations provided practical insights into common behavioral patterns, knowledge gaps, communication challenges, and recommendations for designing culturally sensitive sexual education resources. These expert inputs helped set the foundation for the next phase of the research and design process.

In total, five experts were interviewed:

Two gynaecologists:

One a gynaecologist-obstetrician with 30 years of experience in both public and private sectors, and the other with 7 years of experience in private practice, representing the newer generation of doctors who studied abroad and actively advocate for sexual education for youth.

A menstrual cycle educator:

Founder of a platform focused on menstrual education, with four years of experience organizing events and promoting a holistic approach to women's health.

A psychiatrist:

With over 20 years of experience, including 12 years in the public sector, she has worked with patients facing vaginismus, sexual trauma, and sexual dysfunctions.

A Gender Equality Consultant/Lawyer:

Advocating for reproductive rights legislation and organizing gender equality trainings across Azerbaijan, she provided insights into systemic barriers, legal gaps, and available official resources.

Experts were recruited through a combination of personal networks (referrals from contacts from medical field), outreach via social media, and NGOs. All participants provided signed consent forms prior to the interviews.

Interview Format and Duration:

The interviews were semi-structured, designed around the Cultura method, and lasted approximately 45–60 minutes. All interviews, except for one (second gynaecologist), were held online. Audio recordings were made for notetaking purposes and were deleted once the data was anonymized. In the synthesis chapter, interviewees are referred to by their professional role to protect anonymity. (See Appendix A: Expert Interview Procedure)

2.2.3. Generative Session with Target Group

To explore how young Azerbaijani women understand, learn about, and navigate topics related to sexual and reproductive health within their cultural context, I conducted a generative session as part of the field research. This session was designed using the Context Mapping and Cultura methods to surface personal narratives and map cultural values, tensions, and expectations.

Research Question:

How do cultural norms and values in Azerbaijan shape young women's understanding, communication, and behaviours around sexual health and intimacy?

Participants and Recruitment

The session included 5 Azerbaijani women in their 20s, recruited through personal channels, although I had not met them prior to the session. This ensured that participants were aware of the sensitive nature of the topic and voluntarily joined the session while also benefiting from an initial layer of trust through shared social networks. Information about the project and consent forms were sent in advance, and all questions were answered before the session began. The participants were excited and open to engaging in the conversation.

Setting and Duration

The session took place in my home, chosen for its privacy, quietness, and informal atmosphere. I intentionally created a relaxed setting, offering tea and snacks to make the experience feel like a casual gathering, more like a tea party with friends than a formal research session (Figure 20). Throughout, I was mindful of creating a safe space where participants could share as much or as little as they wished, with no pressure. Breaks were offered when conversation became emotionally heavy or when participants needed to pause and reset (See Appendix B: Generative Session Procedure).

Session Design and Facilitation

Participants were provided with three worksheets and had access to creative materials, including stickers, magazines, coloured markers, pens, scissors, glue, and sticky notes, all spread out on the table for easy, playful use. Each participant was assigned a colour to anonymise them in the study:

Purple (28): Blogger, married, young mom, university degree

Blue (22): Bachelor's student in IT, creative hobbies, eager to share

Pink (21): University student, interested in astrology and fashion

Yellow (20): BA student abroad, values freedom and responsibility

Green (21): Finance worker, extroverted, loves Pilates and sweets

The activities were:

Persona Creation: Participants created fictional characters blending their own experiences with societal observations, enabling indirect sharing of sensitive topics (Figure 21).

Influence Mapping: Participants mapped who and what shapes their understanding of sexual health, intimacy, and gender roles, reflecting on trusted voices, pressures, and sources of empowerment (Figure 22).

Personal Time-line: Participants charted key moments in their journey of learning about their bodies, relationships, and sexuality, reflecting on changing roles over time (Figure 23).

Concluding Brainstorm: Participants identified “must-haves” and “avoid this” features for an educational resource, imagining what tone or messages would make them feel safe, seen, and supported.

I observed varying sharing styles: some participants (like Blue) were very open, believing that sharing personal stories could help others feel seen and encouraged to seek help, while others (like Purple) chose to focus more on general cultural observations, keeping personal details private—both of which were fully respected. Overall, the session highlighted a diversity of perspectives, even though all participants came from similar backgrounds (urban, highly educated, multilingual). This was noted as a limitation, but still offered valuable insights for the project's early-stage exploration.

The session was audio recorded to support later note-taking, and quotes and the recordings were deleted once the notes were completed and anonymised. With participants' consent, some photos were taken during the session; these were used solely for documentation purposes, and participants' faces were blurred to ensure privacy. Additionally, the completed worksheets, with participants' written notes, drawings, and annotations, were collected as part of the dataset for analysis.

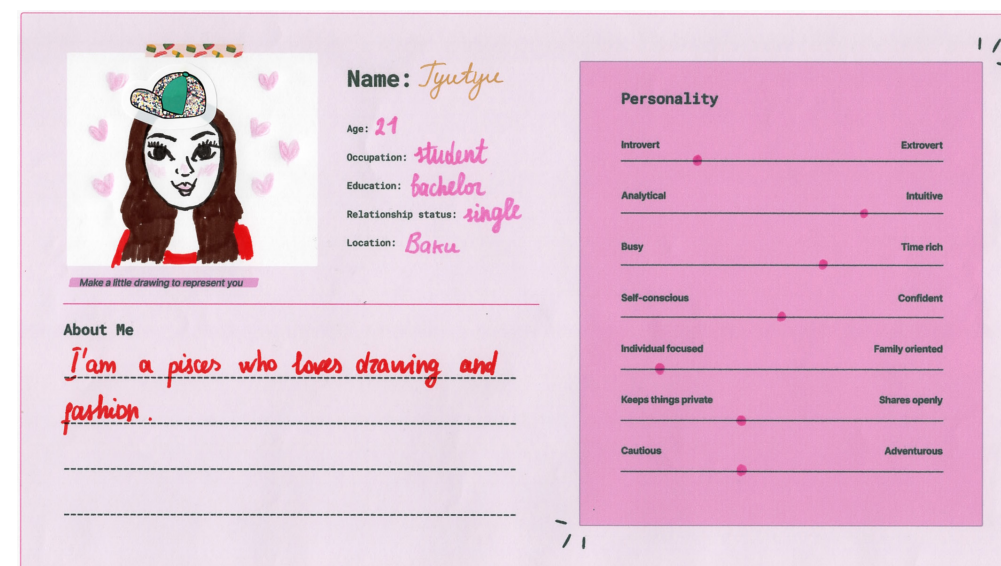


Figure 21. Persona Card by participant Pink

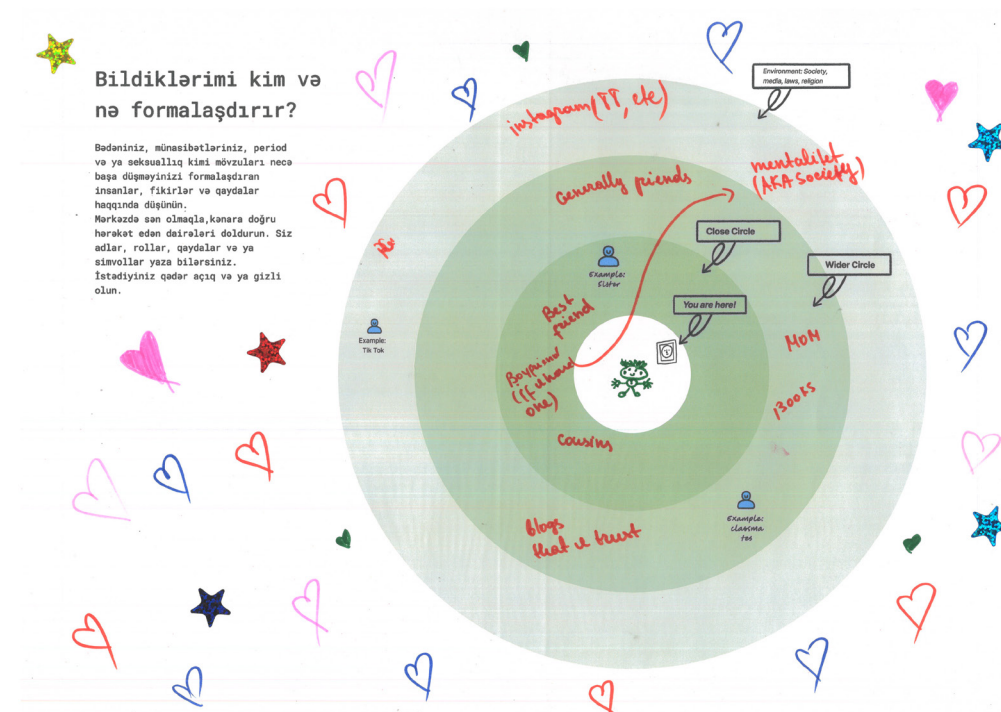


Figure 22. Influence Map of participant Green

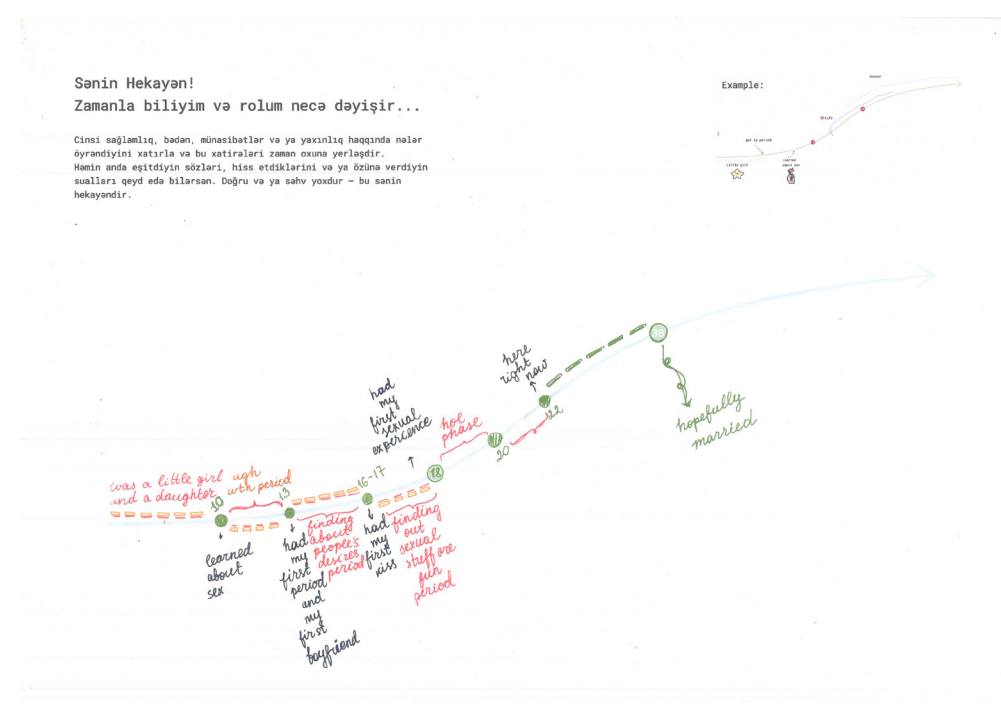


Figure 23. Personal Timeline by participant blue

2.2.4. Data Analysis Approach

The audio recordings from both the expert interviews and the generative session were partially transcribed, focusing on pulling out key quotes and insights. These were then analyzed using the statement card method, where each statement card included a quote, its interpretation, and a category aligned with one of the nine Cultura themes (Figure 24). Through this process, I looked for tensions, recurring patterns, contradictions, and culturally specific dynamics. The analysis combined insights from both expert and target group data to create a more

complete picture. While experts primarily highlighted the need for factual knowledge—such as accurate information on sexual health, reproductive health, and contraception—the target group emphasized the need for emotional support, guidance on consent, and help navigating the relational and psychological aspects of sexual health. This contrast helped shape a balanced understanding of the educational gaps and needs to address in the design phase.

The detailed findings from this analysis will be discussed in the next chapter, Synthesize.

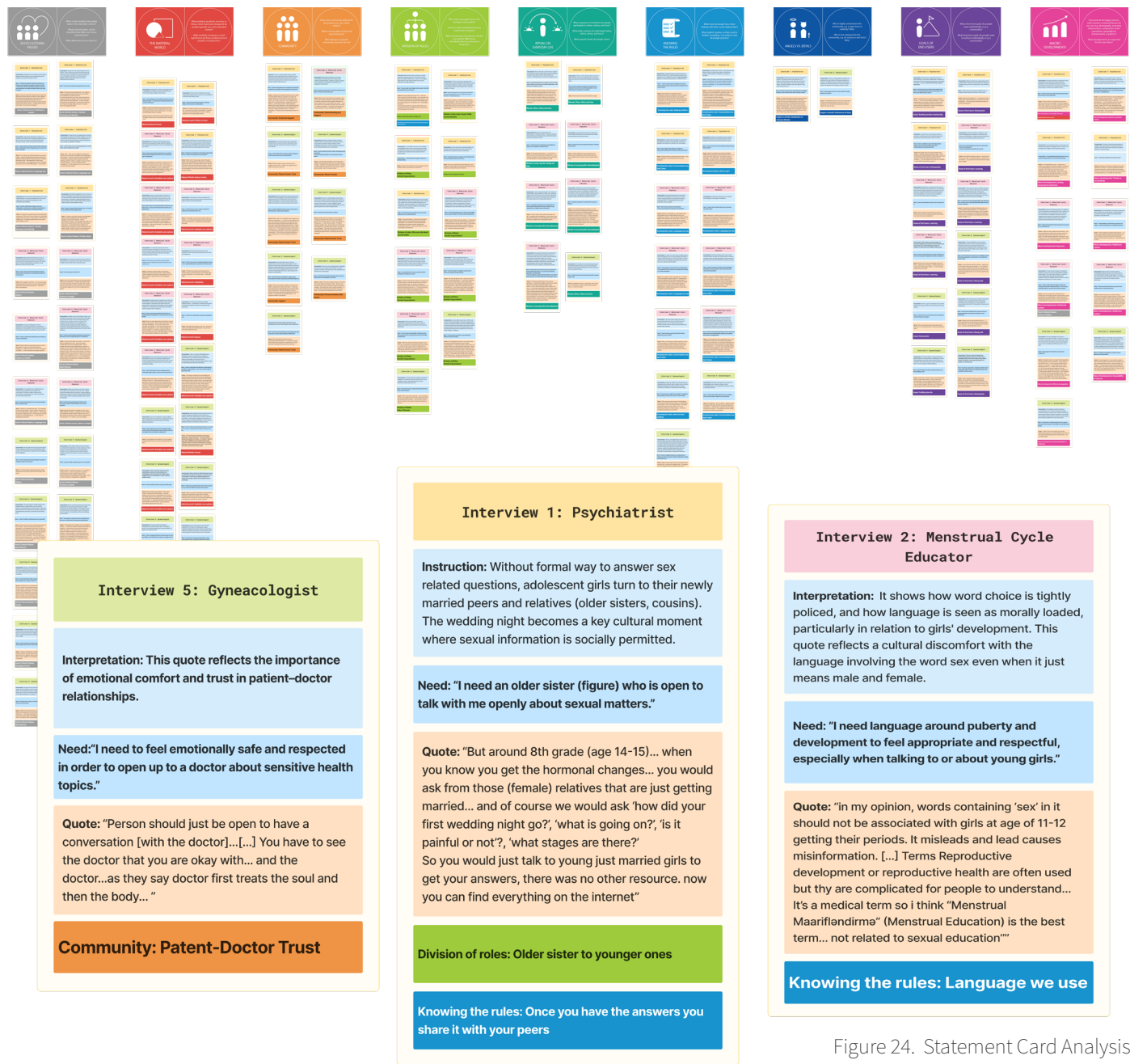


Figure 24. Statement Card Analysis



Figure 25. "Favorite Patterns" (1967) Nadir Abdurrahmanov

Chapter 3: Synthesize

In Chapter 3, the findings from both the literature and field research are brought together to paint a picture of the context and tensions that Azerbaijani women face as they navigate their sexual health. Through this synthesis, five key themes were identified that capture the underlying dynamics and contradictions shaping their experiences.

These themes provide critical insight into the cultural, emotional, and structural factors at play and serve as the foundation for the design opportunities explored in the next phase.

3.1. The Ideal Woman vs. Perfectly Human

In Azerbaijani society, there is a character, the “*yaxşı qız*” (good girl) or “*yaxşı qadın*” (good woman), a narrative that defines how an ideal woman should be. Based on the interviews, media, literature, and my own observations, this character is deeply entrenched in notions of modesty, virginity, and maternal identity. *She is expected to be sexually naïve before marriage, yet sexually fulfilling for her husband the moment they are married; obedient, family-oriented, and above all, reproductive.*

Experts interviewed for this study highlighted the internal conflicts many women face trying to meet these expectations while being perfectly imperfect humans. These ideals shape how women form relationships, seek medical help, and simply try to navigate life.

Virginity is often equated with hymenal integrity. Even the word “hymen” in Azerbaijani, “*bakirəlik pərdəsi*,” meaning “veil of virginity,” remains a strong cultural marker of purity and worth (Figure 30). The psychiatrist highlighted how, once married, a woman is expected to seamlessly transition into an active sexual partner and mother, often without any emotional or physical preparation. This abrupt shift, culturally scripted as the wedding night, can lead to distress, confusion, and in some cases, conditions such as vaginismus. The pressure to conform continues even within

marriage, where expressions of sexuality are often restrained by internalized modesty and shame. Participant Purple mentioned the importance of having a caring, patient partner, and how, for her, this transition was smooth thanks to her husband.

“I think the most negative one of all is that sexual relations are only acceptable after building a family... and the problem is that, for instance vaginism problems, impotence problems, having a different sexual orientation [...] are discovered only after marriage. I have had several cases when my patients got married and never entered sexual relationship, because they discovered that their spouse is gay and they married only formally. Of course, this could have been avoidable if you could talk about and have sexual relationships beforehand.”
– Psychiatrist

Emotional and sexual expectations remain deeply gendered. Women are expected to be passive and self-sacrificing in relationships, while men are permitted, and even encouraged, to express sexual desire. Male sexual dysfunction is often addressed more quickly, whereas female pleasure is frequently ignored or framed solely in relation to male satisfaction. Both the educator and gynaecologists mentioned how the burden of contraception, abortion, and physical discomfort

largely falls on women, who are expected to adapt quietly.

Beyond silence, there is also hyper-visibility. Women are simultaneously discouraged from discussing sexuality and yet are held to unattainable standards of beauty and desirability. While I was saving various posts about sexual health, I suddenly started to get bombarded with advertisements for cosmetic genital procedures. It also came up during a conversation with Gynaecologist 1; she mentioned how she often sees, in her practice, women fueled by anxiety and insecurity about their sexuality and a rising demand for cosmetic genital procedures—not out of medical necessity, but to meet perceived ideals of sexual appeal (Figure 26).

“Our [Azerbaijani] women are very insecure, and they think just being small down there will make everything great. [...] there are women to whom when you explain it [why not to intervene] they understand... others just think smaller will feel better for my husband and just go and find another doctor who will do it. Then they come to me and ask me to look if the surgery was done correctly. [...] Only 1 in 100 people might actually need a surgery, while 50 get it done...”
- Gynaecologist 1

Quote: “I think the ‘ideal woman’ character is created to fit into man’s world [...] and this character does not fit into menstrual health needs... for instance, she needs to always look pretty, workout every week, should work and take care of the house and so on... [...] and our women who try to fit this mould usually have problems with their menstrual cycle... they see it as a burden, because it prevents them from multitasking and juggling everything”
- Educator

A woman’s sexuality is also tied to her fertility. According to the educator, there appear to be two categories of women: those who see menstruation as a sign of femininity, and those who see it as a burden—again framing it primarily in terms of fertility rather than as a normal biological process. Gynaecologists mentioned how the absence of menstruation due to contraception or procedures like hysterectomy may lead some to feel “less of a woman.” At the same time, discussing menstruation openly is still considered shameful. The widespread belief that male family members should not hear or see anything related to periods or female health further reinforces this silence and limits access to learning tools, even within one’s own home.

Even within the healthcare system, cultural taboos shape how women seek and receive care. According to the interviews, some women

delay or avoid gynaecological visits and need to be convinced by a partner, family, or friends. Healthcare providers may also tactfully withhold or reframe information to help patients navigate sexual conversations and avoid potential social consequences. For instance, one gynaecologist recalled how she had to explain to a husband that certain sexual positions were recommended for his wife’s comfort, framing it as a medical necessity to protect the woman from being perceived as indecent or overly assertive. These subtle acts reflect the provider’s role in mediating between medical care and cultural sensitivities.

“When women ask me ‘Don’t tell my husband that I no longer have a uterus, or he will see me as damaged’... There are some men who will stop sleeping with their wife after it believing there is now something wrong with them. We often just don’t tell their husbands.”
-Gynaecologist 1

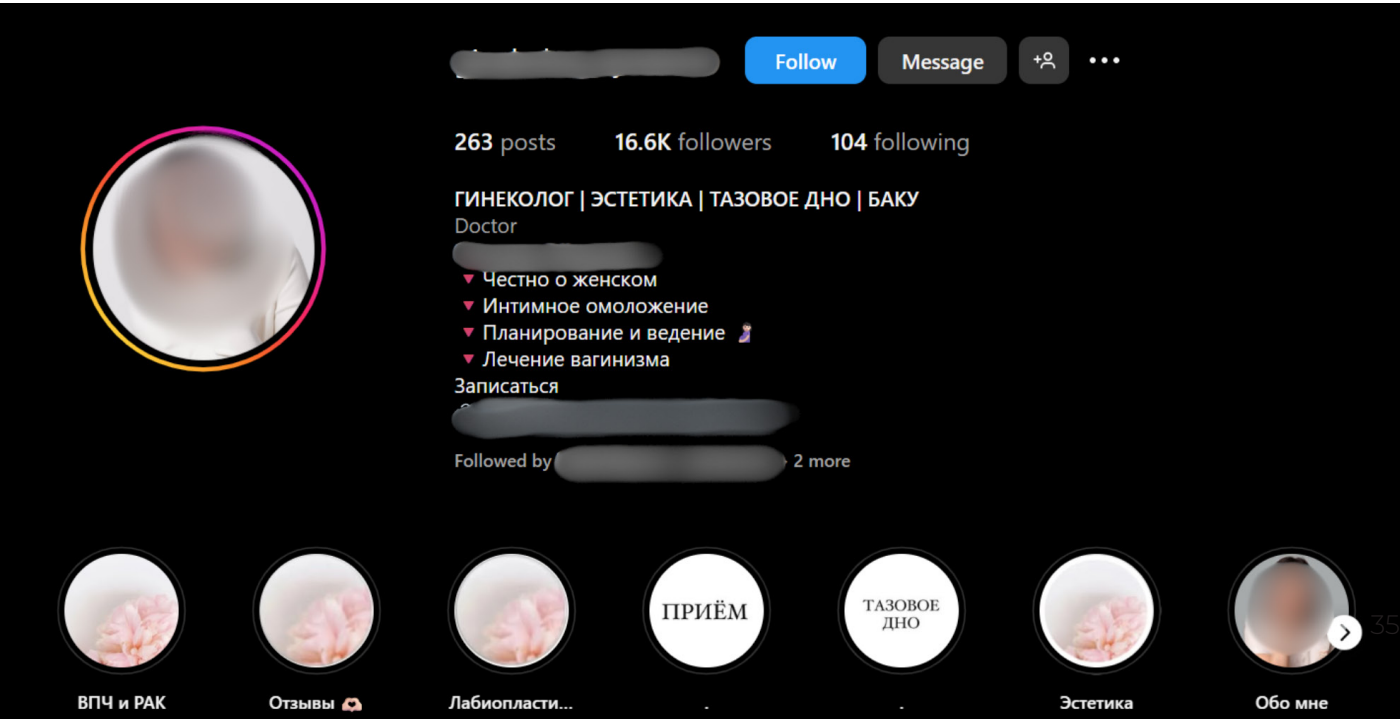
The rigid model of the “ideal woman” not only sets unrealistic expectations for those who try to live up to it but also actively excludes and marginalizes those who fall outside of it. According to the psychiatrist, the people most affected by this are women engaged in sex work, who are often excluded from family, legal, and social safety nets and face persistent stigma that limits their ability to access healthcare or emotional support. The cultural image of the respectable woman leaves

little room for redemption or reintegration for women who do not meet the expected moral and sexual standards.

Queer and trans individuals are similarly erased by this model. The psychiatrist shared a few stories that showed deep-seated beliefs, carried over from outdated Soviet-era psychiatry, that continue to frame non-heteronormative identities as deviant or in need of correction. These perceptions not only harm LGBTQ+ individuals directly but also reinforce narrow, rigid norms for heterosexual women. This duality complicates how women understand and express intimacy, identity, and bodily autonomy. To challenge these norms, there is a need for the strategic reframing of sexual and reproductive health narratives. All of the experts saw using culturally resonant values, like family wellbeing and strength, as good entry points to start the discussion. At the same time, the consistent use of accurate, neutral language is essential to normalize bodily processes and reduce shame.

A shift toward more open, balanced, and empathetic discourse is critical for helping women move beyond restrictive ideals and toward a more human, self-defined experience of health, relationships, and sexuality.

Figure 26. Example Instagram page of a gynaecologist from Azerbaijan. She runs a blog sharing educational content in Russian. One of the first things noticeable is the highlights and the bio which reads: “Honestly about womanhood, Intimate rejuvenation, Planning and care of pregnancy, Vaginismus treatment.” This mix of medical and cosmetic topics highlights the most common concerns women seek help for.



regulated, and many social media posts exploit the “controversy” around sexual health to gain visibility and sell services. For many — especially those who don’t speak English, Russian, or Turkish (common second languages in Baku) — access to trustworthy, balanced content is limited. As a result, young people often turn to the internet with no real guidance on what sources to trust.

“On medical YouTube its very formal and on TikTok... those [uses air quotes] “Psychologists” sometimes talk about sexual development but its not a scientific approach, it’s not a good quality content.
- Psychiatrist

While some find educational videos and posts that empower them, others are exposed to distorted depictions of sexuality, reinforcing stereotypes, hypersexualization, confusion, and fear. Based on the generative session, participants said that social media exposure also fosters curiosity and can act as a conversation starter with peers and partners around topics that were previously difficult or unacceptable to discuss.

“When I was growing up, I didn’t have TikTok yet...[laughs], very first things I learned from mom... My classmates... No in my class we didn’t really have these conversations. In my social circle, when I was hearing from relatives that were 4-5 years older than me this and that I started building everything in my mind... But my mom was there first of all, she always explained everything step by step before it happened...”
- Participant Purple, 27 years old

The limited access to open dialogue means that many young women receive vague or fear-based messaging. Having to navigate the information search alone often leaves women feeling ashamed of their own bodies. Instead of being guided through the complexities of desire, consent, and boundaries, they are left to interpret silence, warnings, or moral panic. Some only begin to question what they have been taught after encountering

difficulties, such as painful intercourse, coercive relationships, or unexplained emotional distress. There are also those who accept such pain and discomfort as a normal part of womanhood, never realizing it could be questioned, addressed, or treated.

Most woman of that age [18-30] know some things about their body... but there are some grown woman to whom I tell ‘one day just take a mirror and just look’ and they say ‘Oh no doctor, I can’t, it’s too embarrassing!’... So for some woman even when they are alone it’s embarrassing to touch or to look just to understand what they have down there... [...] Even when it’s medically necessary [to see if there is irritation, or abnormal growth] It’s even morally difficult for them.
- Gynaecologist 2

This fragmented learning can have diverse effects depending on where the pieces come from. Based on conversations with experts, many women are unaware of how their bodies work. This can lead to risky behavior, delayed medical care, and decisions based on what worked for a friend or what a partner prefers, rather than their own needs. However, doctors also noted a slow but steady change: more women now ask questions about pleasure, get tested regularly for STIs, or take preventative steps like getting the HPV vaccine.

Despite these challenges, education continues to emerge as a form of quiet resistance. Women seek knowledge not just to protect themselves, but to pass it on — to sisters, friends, and future daughters. This informal, relational style of learning highlights a powerful opportunity: by supporting and expanding these peer-driven networks with culturally sensitive, accurate resources, it is possible to plant seeds of change in a system where formal structures still fall short.

3.3. The More We Hide It, The Louder It Gets

There is a duality and paradox in the cultural silence around sexuality in Azerbaijan: avoidance, instead of preventing problems, often intensifies fascination, confusion, and even risk-taking behaviours related to sexual health.

Silence is often seen as a way to protect, preserve morality, or avoid discomfort, but it is not neutral. It leaves behind a vacuum, one that is quickly filled with anxiety, fantasy, or misinformation.

Interviews with gynaecologists revealed how patients, especially teenagers, can fall at two extremes: some become hypersexual and engage in risky behaviours, seek “loopholes”, often as acts of rebellion; others become fearful and avoid sexual relationships altogether, even when later in life it is “formally allowed” (such as after marriage).

The absence of open conversations within families creates a generation unsure of how to discuss these topics, whom they can trust, or even how to recognize and address their own pain or suffering. The “good woman” ideal reinforces this silence, teaching women that bringing up discomfort is shameful or improper. However, healthcare providers highlighted the importance of these conversations, emphasizing that enduring pain and mistreatment from family or partners should be seen as a matter of self-respect, not simply the preservation of family honour.

Talking about virginity, modesty, and “honour” implicitly introduces the very sexuality it tries to suppress. A paradox emerges: while sexuality is taboo, discussions about women’s virginity are common, it becomes a fixation. All the experts and target group members reported encountering these conversations. It appears in the stories they hear, the people they see in their practice, and the

expectations placed upon them.

One striking example is the July 2020 viral interview where, in the middle of discussing unrelated topic, a woman was interrupted with the question, “Are you a virgin?” While this moment became a joke online, similar questions and speculations continue to appear today, especially in the comment sections of female content creators. The very effort to suppress sexuality keeps it constantly, if indirectly, present. Although less common in Baku, virginity checks are still happening. Some doctors refuse to conduct them, while others openly advertise the service. Sometimes, this leads to family tragedies where a bride is sent back to her family, or even killed, for not bleeding on her wedding night (Figure 30).

“...and im just talking about anatomy without even going into cultural practices. Like period, why is it needed, when does it start... like preparation for that is even treated with taboo... they exaggerate it and use terms like ‘you got sick’ as if it is something negative... it is a problem”
- Psychiatrist

Language plays a key role in maintaining silence. Scientific terms like “menstruation” are often avoided and replaced with euphemisms such as “being sick,” giving them a negative or shameful tone. One participant, for example, recalled a visit to the gynaecologist where the doctor asked, “Are you a ‘girl’?” followed by, “Are you married?” indirectly trying to ask whether she was sexually active. This cultural discomfort has become deeply embedded in everyday language. In conversation with the gender equality consultant, she described how words like “cins” (sex) and “gender” are often seen as morally charged, even

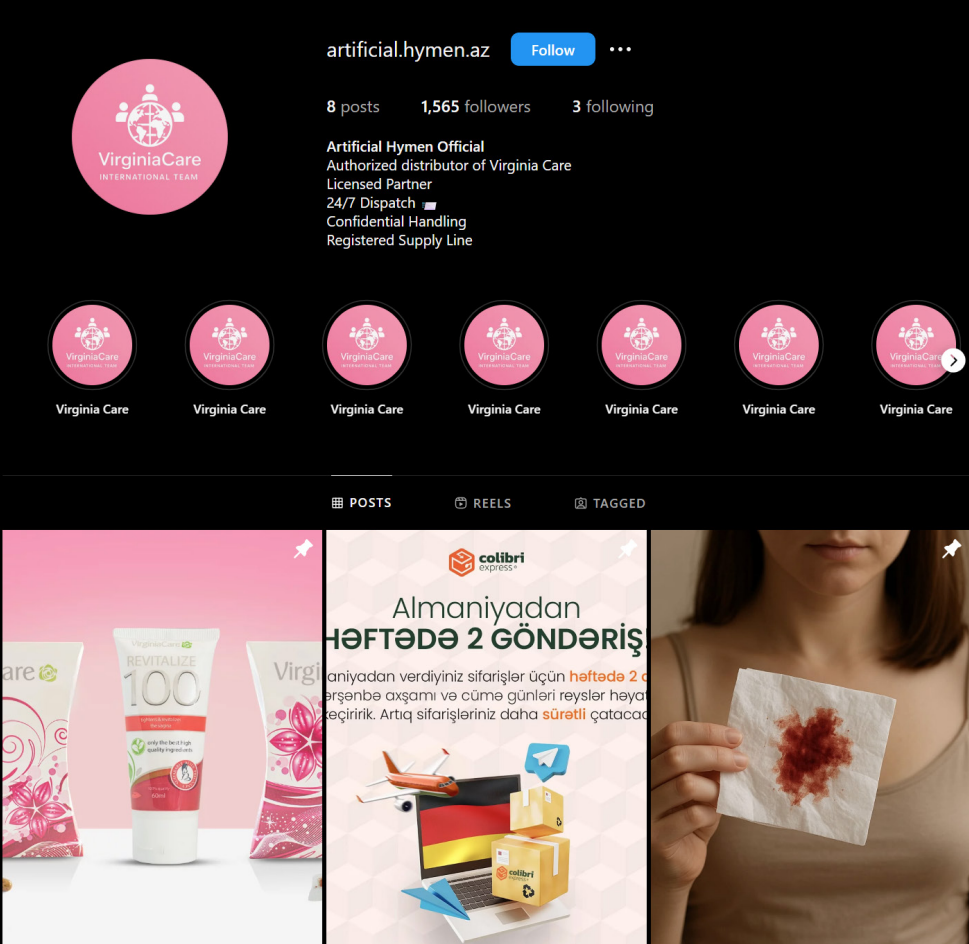
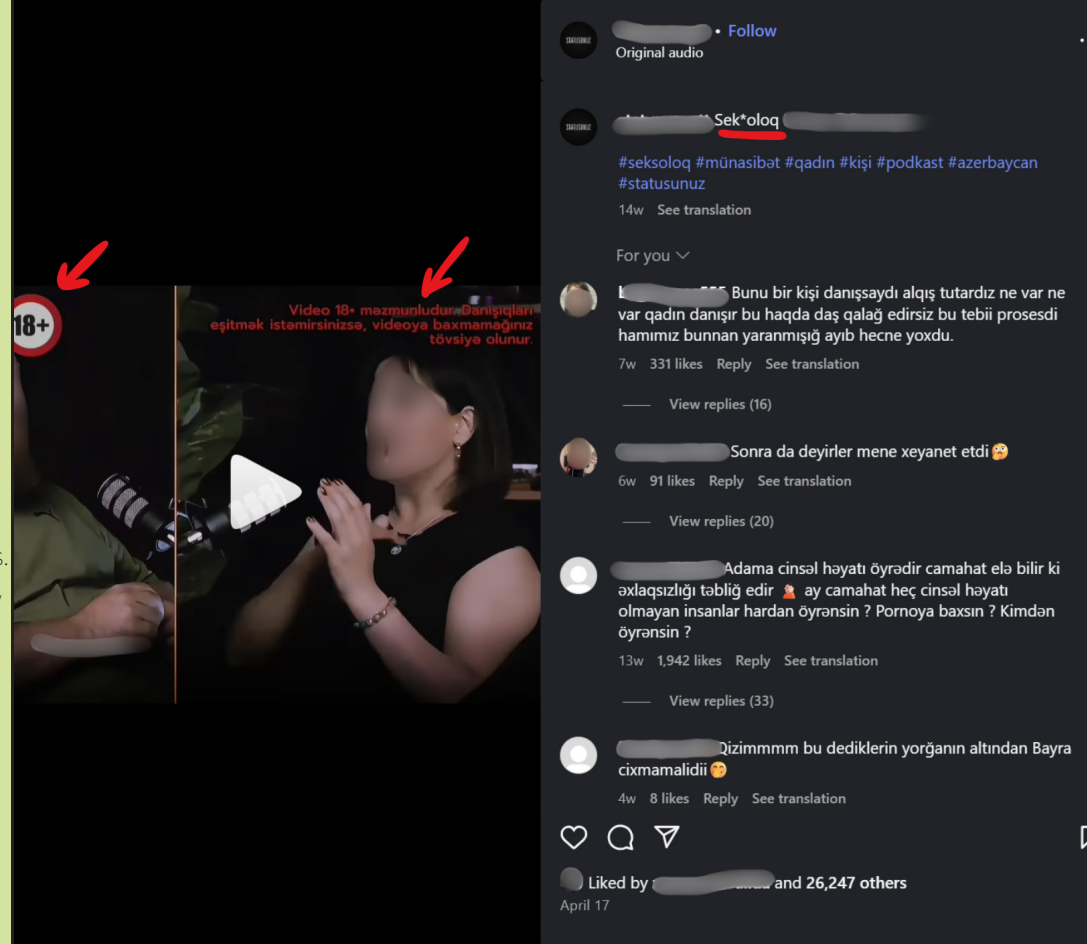


Figure 30. One of many pages selling “artificial hymens.” The myth that blood equals virginity, along with pressure to prove sexual “purity,” fuels demand. Some women use these products out of fear for their safety; others feel the need to hide past sexual activity from partners.

Figure 31. Clip from a podcast featuring a censored “sex therapist” label, dramatic music, and “18+” disclaimers. In the video, the therapist discusses how women’s arousal typically takes longer than men’s — a simple fact, yet the clip went viral with 26.2k views, far surpassing other topics. While some praised her honesty, many comments claimed the topic was “too obvious” or “too private” to discuss. In contrast, other clips show her criticizing men for lacking experience, revealing how double standards around sex and shame continue to harm both women and men.



when used in neutral or scientific contexts not related to sexuality. She shared that when they try to conduct workshops on gender equality and stereotypes, they often avoid using any “triggering” words. Similarly, the educator reported having to carefully navigate language when planning workshops to avoid backlash or losing permission to hold sessions.

“in my opinion, words containing ‘sex’ [sexual education] in it should not be associated with girls at age of 11-12 getting their periods. It misleads and lead causes misinformation. [...] Terms Reproductive development or reproductive health are often used but they are complicated for people to understand... It’s a medical term so i think “Menstrual Maarifləndirmə” (Menstrual Education) is the best term... not related to sexual education”
- Educator

Despite the silence, the surrounding environment is highly sexualized, from media and advertising to beauty standards and gender roles. People are discouraged from discussing sexual health,

yet they are constantly bombarded with ideals of unattainable beauty and desirability. This contradiction increases anxiety, insecurity, and obsession with appearance.

“it’s important to explain that [sexual] relationships are just part of life, that it has an influence on relationships between man and woman... that you have to build these in healthy way [...] that these relationships are not only for baby making so to say”
- Psychiatrist

Silence creates a vacuum, and vacuums demand to be filled. In the case of sexual health, the absence of open conversation leaves a void where any mention of sex, intimacy, or health becomes amplified — echoing through the cultural space and turning even small references into something hypervisible. Introducing consistent, neutral conversations can help normalise the language around sexual health, making it possible for people to question, explore, and learn without it being framed as controversial.

3.4. Navigating a Healthcare (Marketplace)

Azerbaijan’s healthcare system sits at the intersection of accessibility and commercialization, where profit motives, social media influence, and systemic constraints shape how sexual health is delivered, perceived, and experienced.

In urban areas like Baku, healthcare is generally accessible, with the option to choose between public and private providers. However, the quality of care — including preventative care, clear explanations, and emotional support — depends heavily on the provider. The public sector is often overstretched; doctors face high patient volumes, short consultation times, and lower pay. Several healthcare providers I interviewed, including gynaecologists and a psychiatrist, shared that they moved from the public to the private sector in order to provide higher quality care and receive fairer compensation.

“I am from the older generation. I don’t have social media, and my patients are the ones I’ve gathered over 30 years... They find me through word of mouth. I worked in a public hospital for a long time but left because I didn’t like the system. Now I’m in the private sector.”
- Gynaecologist 1

Basic resources like menstrual products (including newer reusable options like menstrual cups and period underwear) and contraceptives such as pills and condoms are available over the counter. More long term options like IUDs (only available to women who have already given birth) and hormonal implants are available through gynaecologist and are gaining popularity. However, many women still use these products without fully understanding their side effects or alternatives due to the lack of accessible, high-quality

consultation often causing mistrust in these methods.

As a result, holistic care is often limited to those who can afford private services. According to Gyneacologist 1 although seeking medical help is generally socially accepted, psychological support is less accessible. It is only occasionally covered by insurance and often heavily stigmatized within families. This creates serious barriers in cases where both physical and mental care are necessary, such as with vaginismus, where the best outcomes sometimes rely on collaboration between gynaecologists and mental health professionals.

The rise of the private sector has turned healthcare into a competitive marketplace. Doctors increasingly use social media and television to promote their services. Gynaecologist 2 shared that while she briefly experimented with social media, she eventually stepped back, preferring referrals through word of mouth. She also pointed out that the lack of regulation online allows for the spread of misinformation. While some doctors genuinely use their platforms for education, others exploit myths, fears, and aesthetic insecurities to attract patients, resulting in skepticism or mistrust toward modern medicine.

“I want to express my opinion about doctors... I do not accept the healthcare system much because it follows a strict protocol and lacks individual approach. It’s even looked at as a business... which reduces my trust in them.”
- Educator

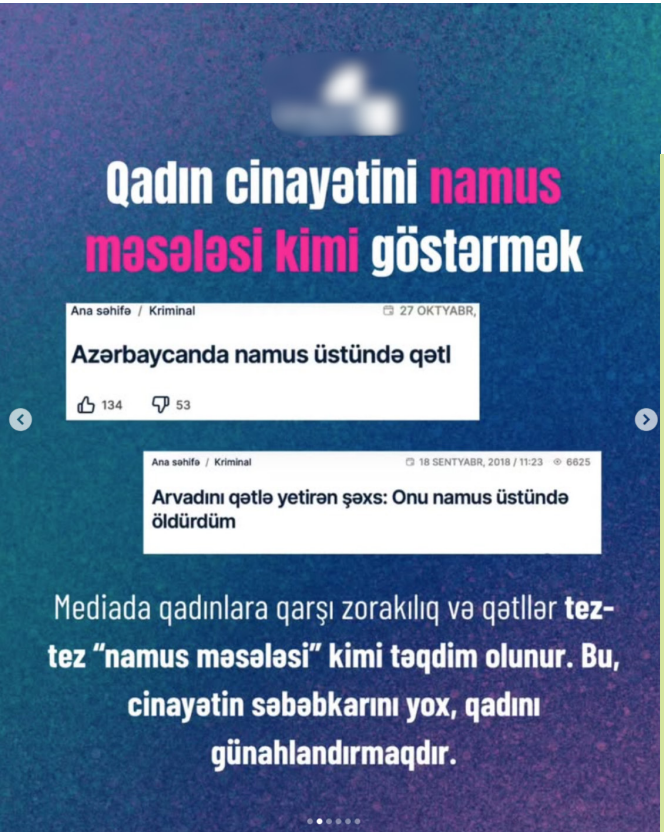
Conversations about sexual health often gain traction because they are trendy, not because of a consistent effort to provide neutral, evidence-based information. Social media is flooded with contradictory messaging—from conservative fear tactics to overly simplistic empowerment slogans. Clinics promote cosmetic or “trendy” procedures like labioplasty, vaginal tightening, and hymenoplasty

(marketed as the “restoration of virginity”), because they are highly profitable.

“I might not be in the majority, but I feel like... healthcare has become so commercialized that they do not consider anything except how to make money... I do not think it’s right.”
- Gynaecologist 1

When asked about the most important topics young women should know, healthcare professionals emphasized both medical facts, such as sexually transmitted infections (STIs) and the importance of HPV (Human papillomavirus) vaccination and also emotional well-being. They stressed that painful sex and discomfort are not normal, and that being able to talk to a doctor or sex therapist is a matter of confidence and self-respect. Some also raised concerns about medical ethics, urging patients to remain critical and aware, as not all doctors uphold ethical standards. In some cases, unnecessary procedures are promoted in ways that exploit insecurity rather than provide care.

In Azerbaijan’s evolving healthcare landscape, young women are left to navigate a space shaped by both access and ambiguity. Without trusted, consistent, and empathetic guidance, their ability to make informed decisions about their sexual health is often left to chance and to the market.



3.5. Tradition vs. Quiet Resistance

While traditional norms around sexuality remain dominant, the past decade has brought both visible and invisible shifts in how young people, especially in Baku, engage with sexual health. This shift includes both careful, responsible action and risky experimentation, unfolding in a cultural space still shaped by silence.

Cultural expectations continue to be conservative, but they no longer fully reflect the lived experiences of many young people. At least in Baku, more and more young women are becoming sexually active before marriage, exploring relationships and bodily autonomy on their own terms (Musavi, 2018). In conversations with gynaecologists and with participants, it became clear that many young women approach sex with caution, getting tested, using protection, researching safe practices. Yet, the data still points to gaps. According to the State Statistical Committee of Azerbaijan (2023), the number of abortions per 1000 women aged 20–24 nearly doubled, going from 22.6 in 2020 to 40.6 in 2023.

“People come and get checked [for STIs]... there are people who say ‘first let’s get checked and then start having sex’... but of course it depends on the social circle... some are responsible, others are not.”
— Gynaecologist 1

Access to the internet and social media has played a critical role in opening up these conversations. Gynaecologist 1, with over 30 years of experience, noted a sharp cultural shift beginning around 7–10 years ago. She explained that today, patients she never expected to speak openly about pleasure now come with questions—and even their partners encourage it. What was once for her unthinkable, like recommending a vibrator, has slowly become part of her practice.

“It has changed a lot... now sometimes a patient I wouldn’t expect to ask about it [sex, pleasure, etc.], I’m shocked they know... they’ve woken up [laughs]... 7–8 years ago that wouldn’t have happened. Some couples even come where the husband says ‘go ask why you’re not enjoying these things.’ So I guess movies and social media have influenced it a lot.”
— Gynaecologist 1

While this shift signals progress, both gynaecologists also raised concerns. They see a rise in underage girls engaging in risky alternatives to “preserve virginity” (like unprotected non-vaginal sex), contributing to STI transmission. These behaviours often only come to light when something goes wrong. Silence and lack of education leave many girls unprepared.

Figure 32. A social media post by an NGO (name blurred by request), calling out how headlines about femicide in Azerbaijan often shift blame onto the victim. Titles like “Murder over Honour” or “He killed his wife for honour” frame the crime as a reaction to her supposed dishonor, reinforcing harmful narratives that excuse violence instead of holding perpetrators accountable.

“Most girls think protection is only about pregnancy, but you can get STIs from oral sex too!”
— Participant Blue

At a broader level, government and mainstream media rarely address topics like sex, pleasure, or protection in open or relatable ways. Current efforts tend to focus on, Sex-selective abortion, Gender-based violence, and Early marriages. These are extremely important issues, and they are also deeply connected to cultural beliefs around sexuality and honour and could be addressed more effectively through holistic approach to sexual education too.

The target group discussions revealed a sharp gender divide in how sexuality is navigated. Conversations about sex and health tend to occur only in gendered spaces, if at all. While young women often internalize concerns about morality, safety, and reputation, men are socially permitted, even encouraged, to explore, often without any consequences. This results in unequal pressures and, at times, harmful behaviors.

“The girls are fine... We actually need to raise boys right!”
— Participant Yellow (followed by group laughter and agreement)

Sadly, most participants shared a story of feeling unsafe at some point, some only realizing much later that what they experienced was sexual harassment or even assault. Many said they wish they had learned about boundaries and consent earlier.

“A guy in my course groped me when I was 12... It took me a while till I understood it was sexual abuse... Until I was like 19–20, whenever anyone touched me without asking, I would get startled... I just wish I understood and told someone—maybe they would have kicked him out and I would’ve been in a safer environment.”
— Participant Green

Many participants also mentioned feeling confused or unprepared in their first experiences, not because they didn’t want intimacy, but because no one had ever explained it in a way that made sense.

Blue: “I wish someone would have explained why people want to have it [sex]. I didn’t understand why my boyfriend wanted to hug and to touch.”
Green [laughs]: Yes, nobody talks about how sex can be enjoyable for girls too... Like only boys need it to enjoy, and women just do it just like an incubator to give birth.”

As people begin to explore their sexuality and relationships, they need support, not silence. Safe tools, non-judgmental services, and relatable education can help bridge the gap between tradition and lived experience. Instead of making people choose between culture and autonomy, resources should help them navigate both.

There is a quiet resistance growing, through questions, conversations, and careful choices. But without guidance, even that resistance can feel isolating. What’s needed is not louder rules, but better support.



Figure 33. A brochure by the Public Health and Reforms Center aimed at raising awareness about the harms of child marriage. It emphasizes the legal age of marriage (18, with no exceptions) and highlights the physical and emotional risks of early pregnancy, as well as the challenges of raising a child at a young age. However, the brochure focuses solely on health and child welfare, without addressing the realities of coercion, abuse, or rape that often accompany child marriages.

Figure 34. This short film tackles the painful reality of son preference and selective abortion in Azerbaijan. In a gender reveal scene, a daughter-in-law is shamed for carrying a girl, with relatives declaring, “She can’t even make a boy!” and demanding an abortion. The family’s adult daughter interrupts with a bold speech, confronting the toxic mindset that she, and many other women, experienced growing up, being undervalued simply for being girls. The film ends with a reminder of long-term consequences of selective abortions: gender inequality, human trafficking, child marriage, and abuse. It was part of the #QizimOlsun (“#IWantADaughter”) campaign against selective abortions.



Figure 35. Photo titled "Azerbaijani wedding" by Lev Borodulin in 1959 of game "Qizqov" meaning chasing the girl. In this horseback contest, a young man and woman race: if the man wins, he earns the right to kiss her; if he loses, she chases him in the second round and can playfully whip him.

Chapter 4: Define

Chapter 4 focuses on narrowing down the design direction based on the insights gathered in the previous phase. Section 4.1, Designing Within the Tensions, identifies and prioritizes the key focus area using an impact-feasibility map. Section 4.2 defines the design goal, clarifying what the intervention aims to achieve. Finally, Section 4.3 applies the Vision in Product Design (ViP) method to articulate the vision, desired interaction, and design qualities of the product. Together, these elements establish a clear and purposeful foundation for the Develop phase.

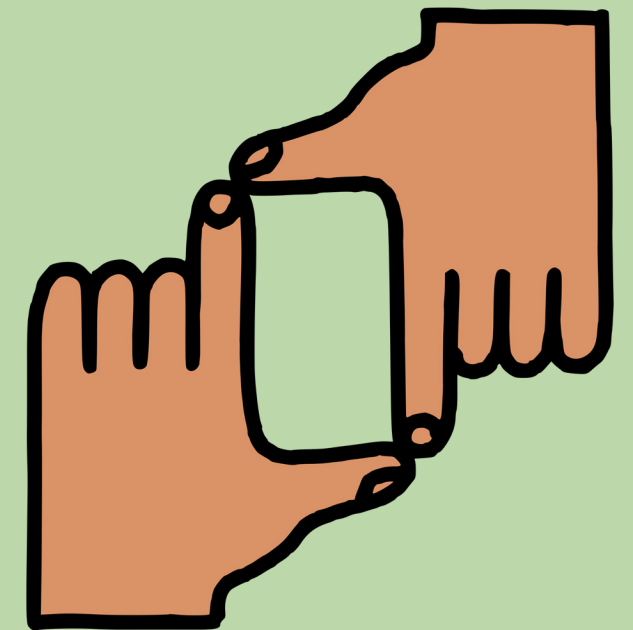
4.1. Designing Within The Tensions

The research has uncovered a complex web of cultural, systemic, and interpersonal tensions that shape how young women in Azerbaijan navigate sex, intimacy, relationships, and health discussed in Chapter 3. While it would be ideal to address all of these issues, that is not the goal of this project. Some of the challenges identified, such as limited access to personalized healthcare or the dominance of profit-driven systems, require systemic change that is beyond the scope of a design intervention. Others, like shame-based knowledge or male centric sexuality, call for deeper cultural shifts that take time and cannot be rushed.

To decide which of the problem spaces to focus on, an impact-effort matrix (Gibbons, 2023) was created (Figure 36). 15 themes that were identified in research and synthesis phase were clustered on the matrix based on impact against implementation complexity. This helped narrow down the direction to challenges that can be addressed through design in a realistic and respectful way.

The aim of this project is not to push against established cultural norms, but to support individuals in navigating them more confidently. Cultural change is already happening, slowly and organically. Trying to accelerate this process forcefully could lead to resistance or backlash. Instead, this project focuses on what can be done on an individual or couple level, small but meaningful steps that can have a real impact.

The approach this project will take is centered on the individual. I believe social change starts from the individual. As a designer, I cannot change the history that has led to purity culture and male-centric sexuality, and a different approach would be needed to impact systemic issues like access to personalized healthcare. But to shift people's views on sexuality and sexual health, I can start with one person.

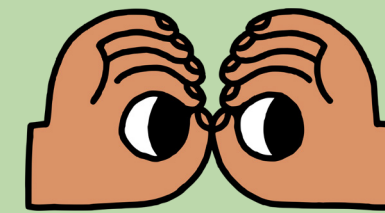


If someone is informed about their sexual health and aware of the narratives that influence their experience, they can shape their own values. They can begin to make decisions not just because they have been told “this is how it should be,” but because they understand their own needs and how to advocate for them. In the case of young women, many are told what they should (or shouldn’t) know, want, or demand. The conversation is full of gaps, fearmongering, and myths (Figure 36).

If a resource answers their personal questions, they are more likely to seek medical help when needed, express their boundaries with partners, and share what they’ve learned with others. This helps them build healthier relationships and, over time, healthier families. That, in turn, can lead to broader social change. In the short term, however, we can start by making a difference in one person’s life.

4.2. Design Goal

*To empower young Azerbaijani women **to navigate cultural narratives** about Female Sexuality and Health with **confidence, self-respect, and emotional safety** — through a learning resource that supports self-awareness, communication, and boundary-setting.*



4.3. Vision in Product Design

To further define the project scope and identify the desired qualities of the product and interaction, the Vision in Product Design (ViP) method was applied (Hekkert & Van Dijk, 2011). This method was chosen as it is a future-oriented method and encourages designers to look beyond existing needs and solutions, focusing instead on the deeper human values and experiences they want the product to enable.

4.2.1. Vision

What long-term change or impact am I aiming for?

Vision describes a deliberate, future-oriented stance about what you want to offer people, independent of current constraints (Hekkert & Van Dijk, 2011). Through an iterative process, a vision was developed on both the societal and individual levels, with the understanding that individual-level change can gradually contribute to broader societal change (see Vision 1 & 2 in (Figure 37).

4.2.2. Interaction Vision

How do I want people to interact with and experience the product?

interaction vision describes the qualitative relationship between the product and the user, essentially defining how the product will be experienced and what kind of feelings, attitudes, or behaviours it should evoke (Figure 37).

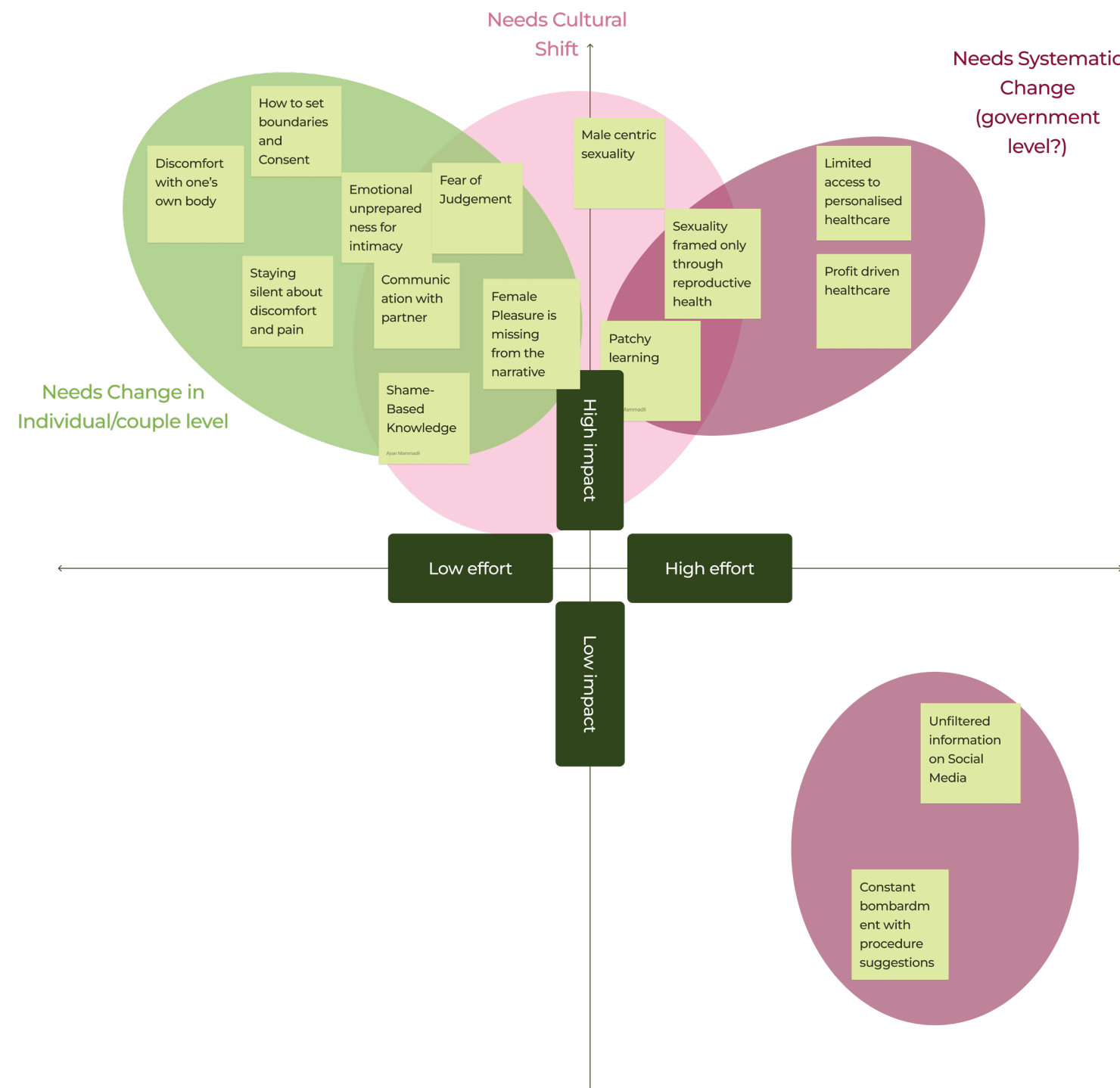
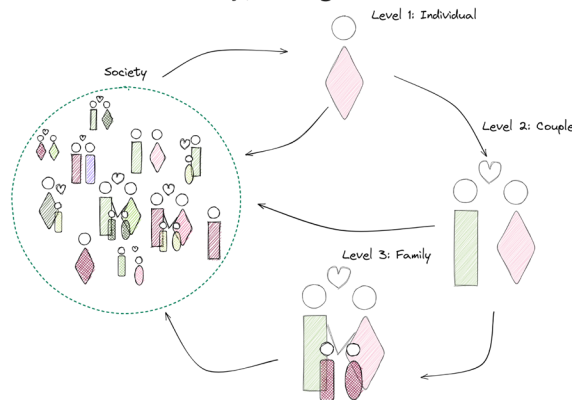


Figure 36. Impact-Effort Matrix (Gibbons, 2023)

Vision 1: Societal Level

I envision a future where conversations about sexuality are no longer silenced by fear or shame, but **embraced as part of a healthy life**. In Azerbaijan, where family and cultural values hold deep meaning, this change begins not with confrontation, but with **gentle reframing**, helping women **learn about their bodies, share experiences** with peers, and **communicate openly** with partners. **By building confidence in small, everyday moments**, we foster healthier individuals, relationships, and ultimately, stronger families.



1. Social Change starts from Individual level

Interaction Vision 1: “Sleepover Conversation”

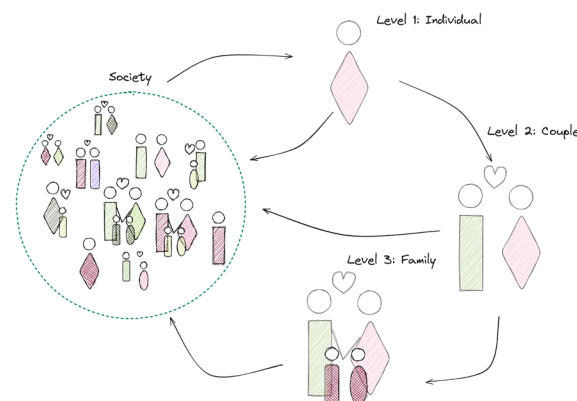
Interacting with the product should feel like **having a late-night sleepover conversation with your older sister or wise friend**. Someone you **trust completely**, someone who **listens without judgement**. Your friend asks questions and shares stories, creating an **atmosphere of connection and trust**.



3. So focus was shifted to individual activities that can be shared with others when individual wants to

Vision 2: Individual focused

I want young Azerbaijani women to know their worth beyond their purity, naivety, and reproductive role, and **to build confidence to take care** of their health, **communicate** their desires, and **make informed decisions** about their sexuality.



2. While conversations about sexual health are important, the target group might not be ready or have trouble to find someone to talk with

Interaction vision 2: “Careful creation in a private studio”

Interaction with the product should feel like **an artist exploring and crafting something personal** with care and then exhibiting it when they are ready.



Figure 37. Vision and interaction vision iteration

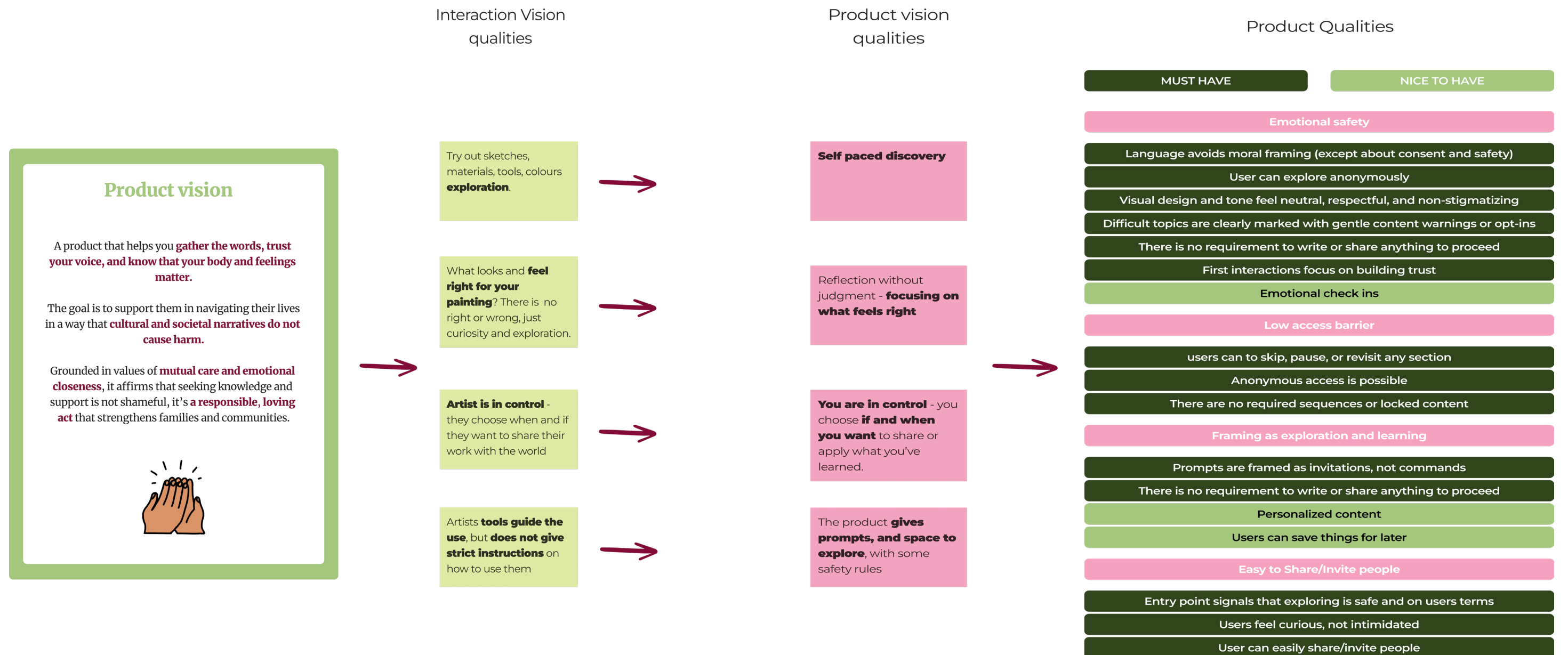


Figure 38. Product vision translated to product qualities

Before defining the product vision one important question remained:

How can you build confidence?

Confidence can be built in many ways; for instance, through support from mentors, constructive feedback, and recognition, individuals start to feel seen and capable (Westover, 2024; Forlenza et al., 2018; Stiggins, 2025). Shared experiences and a sense of belonging can also play a key role (De Caux, 2019; Plummer, 2022). On a more personal level, practices like positive self-talk, visualizing success, and reframing failure as growth help

individuals feel more in control of their own journey (Westover, 2024; Halilsoy, 2024). Translating these insights into this project raised a question: will confidence be best supported through social connection, or through a private, self-paced experience? Exploring this question helped define the product vision.

4.2.3. Product Vision

Product vision translates the envisioned interaction into specific product qualities and features, setting the foundation for the ideation and development phase (Figure 38) that will be discussed in the next chapter.

It's important to note that these phases did not unfold in a strictly linear way. Early ideation and vision development often happened in parallel; as initial ideas emerged, some aspects of the vision and design goal needed to be refined, leading to a back-and-forth process between framing and exploring.



Figure 39. "On the Shore of the Kura River" (1961) Vajiha Samadova

Chapter 5: Develop

This chapter describes how the final concept, Yanimda, was developed—building on research insights through ideation, evaluation, and refinement.

Section 5.1 outlines the ideation strategies used, while 5.2 explores how metaphor shaped the concept's tone and structure. Section 5.3 presents three early concepts, and 5.4 explains how Yanimda was selected through evaluation.

Section 5.5 covers refinements made to improve coherence and usability. Finally, 5.6 introduces the complete concept: a culturally sensitive resource combining a physical invitation and a digital platform.

5.1. Ideation Approach

The development phase began with generating initial ideas through quick sketches of products, interaction scenarios, note-taking, and brainstorming exercises. To explore meaningful directions, different metaphors were tested as inspiration, with the main one drawn from *Come As You Are* by Emily Nagoski, Ph.D. This book also served as a key reference for shaping the content, valued for its comprehensive and culturally sensitive approach to sexuality and sexual wellbeing.

One of the main areas of exploration was how young women would encounter and access the product. Because topics of sexuality can feel intimidating, particular attention was paid to the invitation moment ensuring that users would feel

welcome, curious, and confident when engaging with the resource for the first time, while minimizing the awkwardness that can naturally arise.

Three low-fidelity prototypes were created using paper to explore content structure, visual format, and interaction models. These concepts were then discussed with peers and analyzed using the Harris Profile method (Harris, 1961) to assess how well they aligned with the design goals and to help choose a direction for further development. Finally, a mid-fidelity prototype was created using Uizard, serving as the basis for final evaluation sessions with the target group and experts. The outcomes of this evaluation will be discussed in Chapter 6.

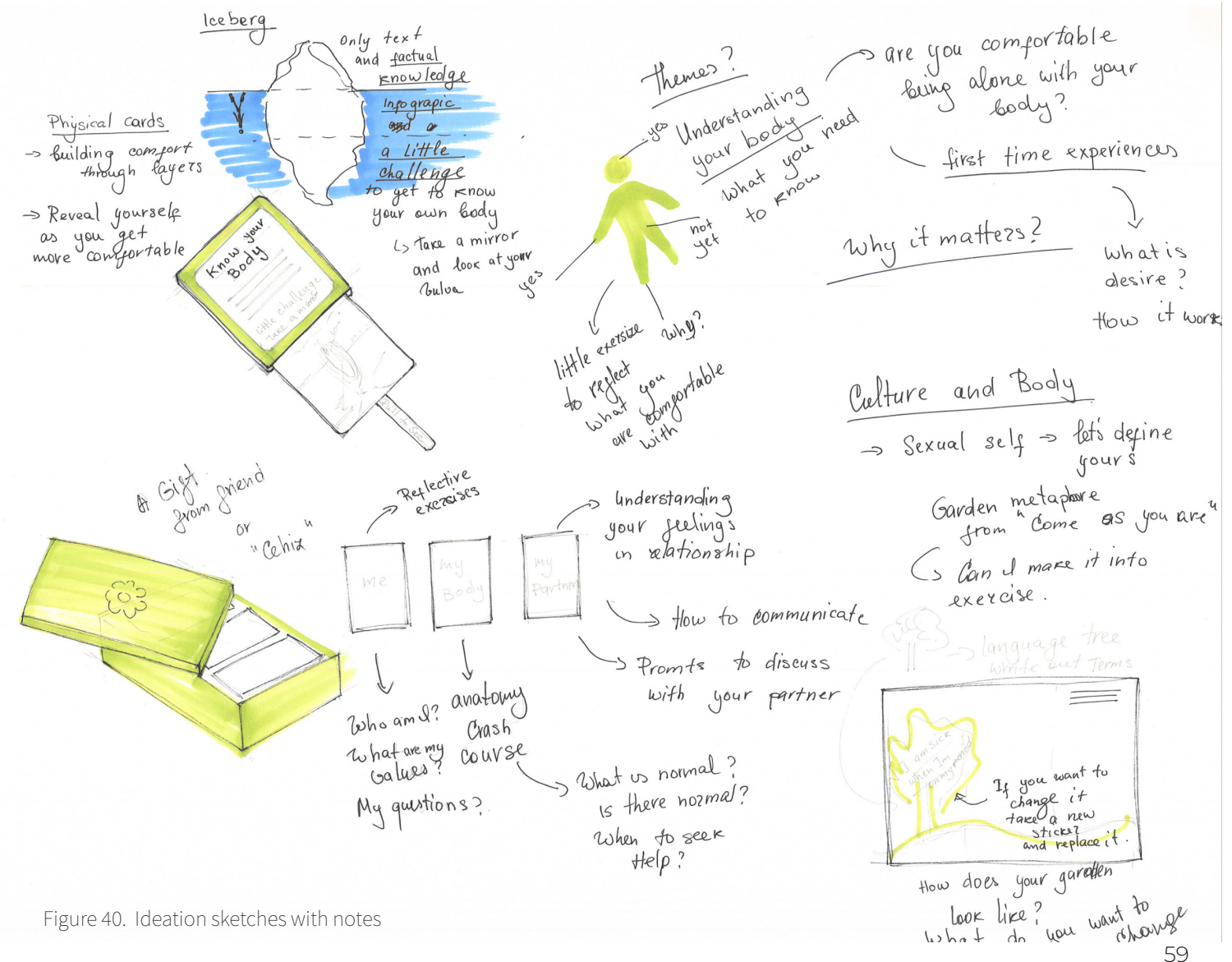


Figure 40. Ideation sketches with notes

5.2. Working with the metaphors

Aside from the interaction vision, several additional metaphors were explored as sources of inspiration during the development phase. These metaphors helped frame both the emotional tone and core ideas of the product, offering alternative ways to think about how users might engage with it.

One example was the **iceberg metaphor** - the idea that, like an iceberg, only a small part of sexual knowledge is visible at the surface (formal, factual or vague information), while much more lies beneath, encompassing emotional, relational, and reflective layers. This metaphor inspired thinking about how to structure the experience so users could gradually “dive deeper” over time.

Another culturally specific reference was drawn from dowry traditions, known in Azerbaijan as **cehiz**, - the gifts a woman brings to her new home, meant to help her feel settled and prepared for married life. These often include items for daily use, jewelry, clothing, and sometimes lingerie. This raised the question: What if the product

functioned like a *cehiz*? A gift offered by family or friends, not only to prepare a woman for marriage but to support her comfort, communication, and readiness for intimacy, - something a couple could use together to build trust and emotional connection.

The main and most enduring metaphor, however, came from the book *Come As You Are* by Emily Nagoski, Ph.D. (2021): **the garden metaphor**. This metaphor explains how sexuality develops over time, you are born with unique “soil” (your body and brain), but family, culture, and life experiences plant seeds, shaping what grows in this garden. It invites us to approach sexuality not as something fixed, “normal,” or “broken,” but as something organic, requiring care, choice, adaptation, and ongoing attention.

“Garden” idea became a key inspiration for how the product would position itself: not as a quick fix or a rigid curriculum, but as a supportive, evolving resource that respects personal and cultural complexity.

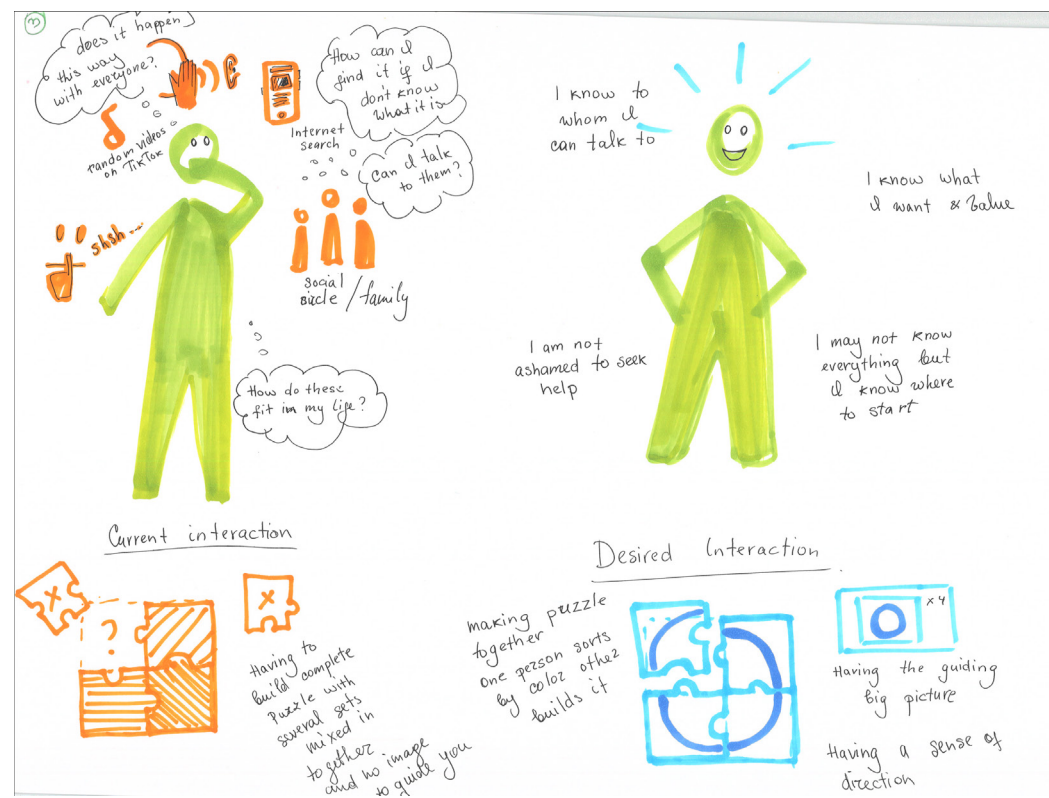


Figure 41. Ideation sketch: Current and desired interaction

“Ağaclar çiçək açıb... Əgər sən o çiçəkləri görməyəcəksənsə, o çiçəklərin nə faydası var?!”

From the film “O Dünyadan Salam” (“Hello, from the Other World”, 1991), this line is spoken by a man to his sister. It critiques how young women are confined to passive roles and societal expectations, urging her to step outside, learn, and live beyond the script written for her.

“The trees have blossomed... But if you won't see the flowers, what's the point of them blooming?”

5.3. Concept Development

Through ideation sketching, note-taking, and metaphor exploration, a range of diverse ideas was generated. From this broader exploration, three promising directions were selected for initial prototyping and evaluation. These were developed as low-fidelity prototypes to explore content structure, interaction models, and overall user experience.

A key focus during this phase was understanding how to invite people to explore the product in a way that feels welcoming and emotionally safe.

Because sexuality is a sensitive and often stigmatized topic in the Azerbaijani context, the first impression matters significantly. If users perceive the resource as inappropriate, intimidating, or irrelevant at first glance, they are less likely to stay, engage, or benefit from what it offers. The early concept development phase thus centered not only on what content to provide, but on how to approach users with sensitivity, care, and cultural awareness.

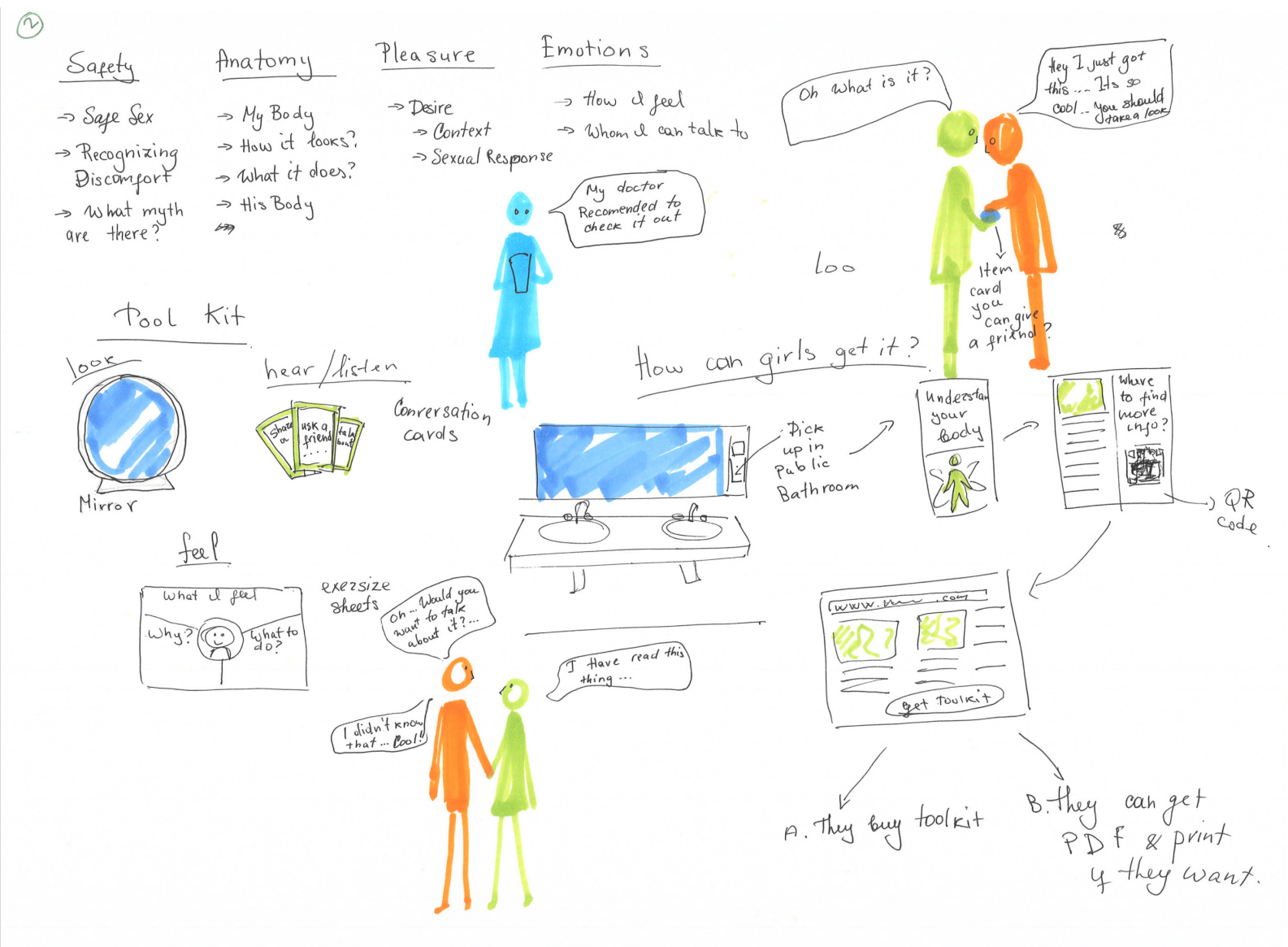


Figure 42. Ideation sketches: Themes, Content, Conversations and delivery

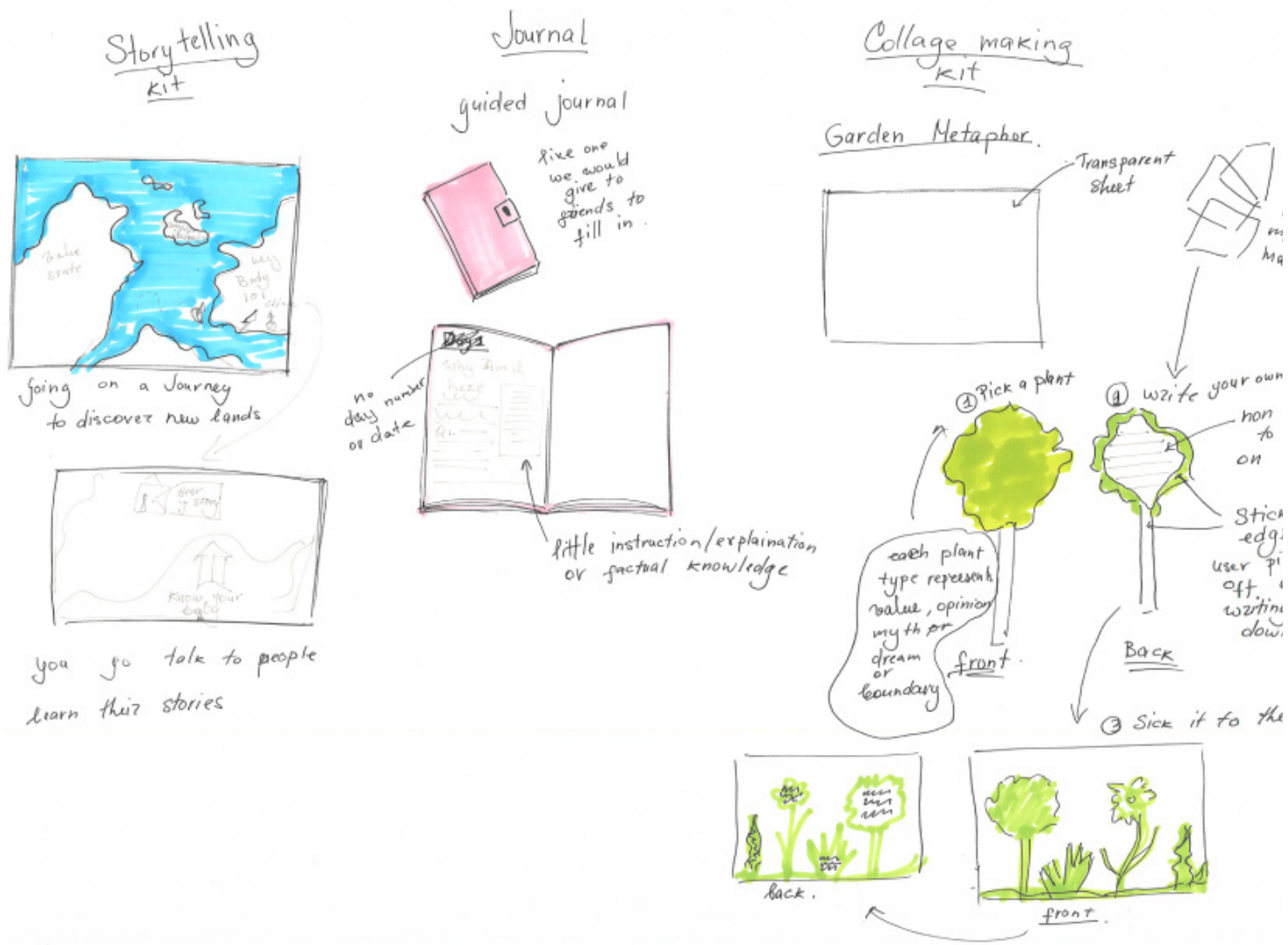


Figure 43. Ideation sketches: Reflective exercises, information structure

YANIMDA

A Safe Space to
Explore what
feels Right
for you at your own pace

Type here



It's OKAY To ASK

What even is Normal?

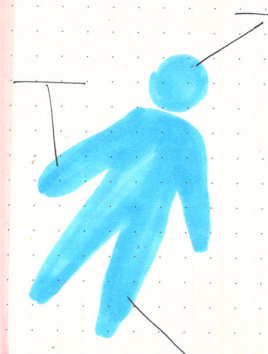
Menstrual
Cycle

How to listen
to my body?

How Desire
works

When? Where?
How? Why?

My Body
In & Out



What to do if...

I'm scared they
will think differ-
ently of me

My family keeps
asking when
I'll get
married?

I am too scared
to go to a
gynaecologist

I feel pressured
to do things
I'm not ready
for

I feel pain
during intimacy

Love, Sex & Everything in between

"Everyone does
it"



Falling in
Love...?



maybe?
no



What do we
want?



5.3.1. Yanimda: Educational Website

Yanimda is envisioned as an educational website where young Azerbaijani women can find answers to their questions, from basic information about anatomy and menstrual health to advice on "what to do if..." scenarios. The name Yanimda, meaning "by my side" in Azerbaijani, was chosen to evoke a sense of trust, support, and companionship, positioning the resource as a non-judgmental tool that users can turn to for guidance (Figure 44).

The inspiration for this concept came from the Dutch sex education website Sense.info, which offers comprehensive, playful, and open information about sexuality. However, recognizing that this level of openness might feel intimidating or culturally inappropriate for Azerbaijani audiences, special care was taken in imagining how the first encounter with Yanimda would feel.

The opening message and landing page focus on themes of safety, curiosity, and asking questions,

intentionally avoiding explicit terms like sex in the first layer. Early articles cover general sexual and reproductive health topics such as anatomy, the menstrual cycle, and desire. As users scroll further, they encounter relatable statements and scenarios touching on friendship, romantic and family relationships, doctor visits, consent, and intimacy to show that they are not alone in their experiences. Deeper layers of the site gradually introduce more direct content about relationships, sex, and sexuality, allowing users to dive deeper and explore at their own pace and comfort level.

The main advantage of the website format is its privacy and low entry barrier. Users can explore it anonymously, even in incognito mode, without needing an account or downloading an app. If they want to share something with a partner or a friend, they can simply copy and send a link to an article, making it easy to connect learning with personal conversations.

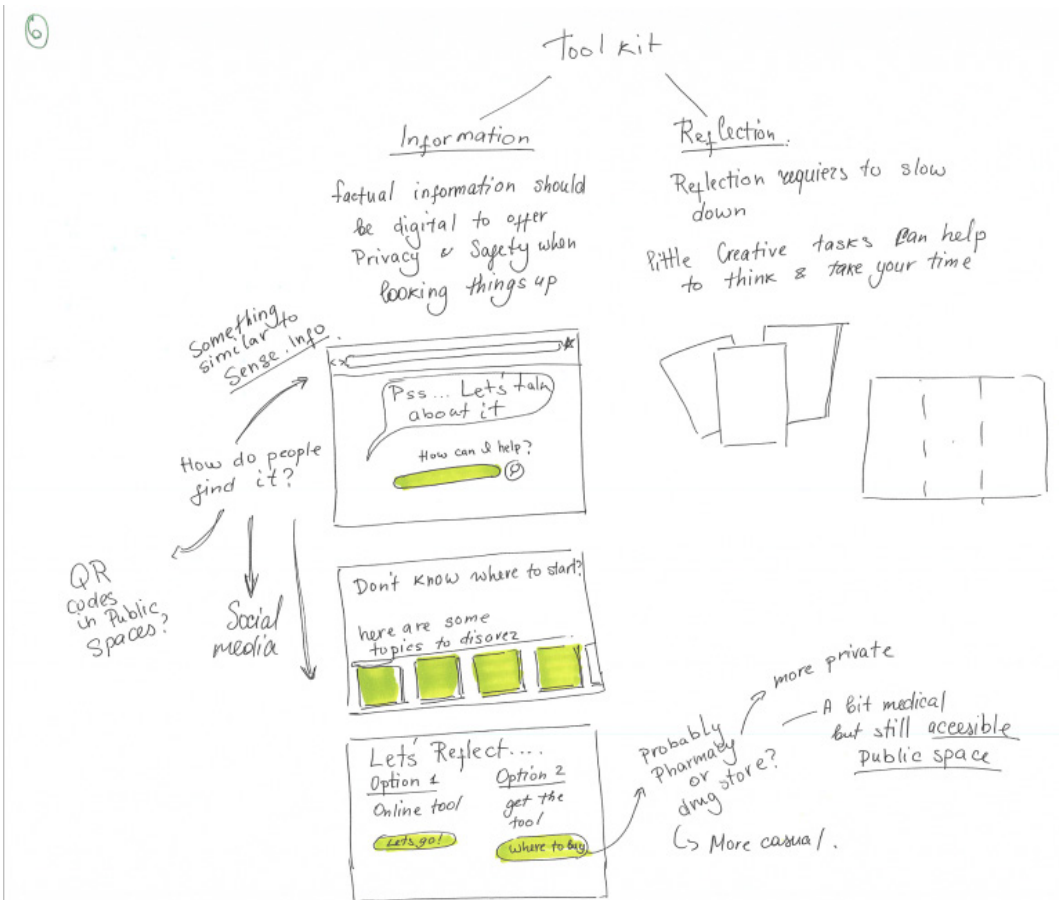


Figure 45. Initial sketches of the website

5.3.2. SƏDA: A digital friend to answer to your questions

SƏDA is envisioned as a supportive digital companion, a kind of “know-it-all” friend you can turn to with questions and curiosities. The name SƏDA is a female name in Azerbaijani and also means “voice” or “echo”, reflecting the idea of having a familiar, approachable voice guiding you through sensitive topics (Figure 46).

From the moment the user opens the app, SƏDA greets them and helps set up a personalized experience. To build trust and ensure the information is delivered in a sensitive, culturally aware manner,

the app lets users select the topics they are interested in, choose which topics they would prefer to avoid (at least for now), and set a personal learning goal for themselves.

Based on these choices, the app customizes a content feed, delivering information in bite-sized, easy-to-digest formats.

A key feature is the chat function, where users can type in questions and SƏDA will help them find the most relevant articles or resources in the app.

While AI could potentially be used to optimize the search process, it is important to note that the app is not envisioned as a replacement for human connection, it is not designed to act as a chatbot companion or therapist, due to the risk of misinformation or emotional misguidance.

The main advantage of this concept is the customization and flexibility it offers, including the possibility of setting notifications to remind users to check out new articles. There is also future potential to introduce anonymous chat rooms where women can share experiences with each other or live Q&A sessions with experts on specific topics, creating opportunities for both peer learning and professional input.

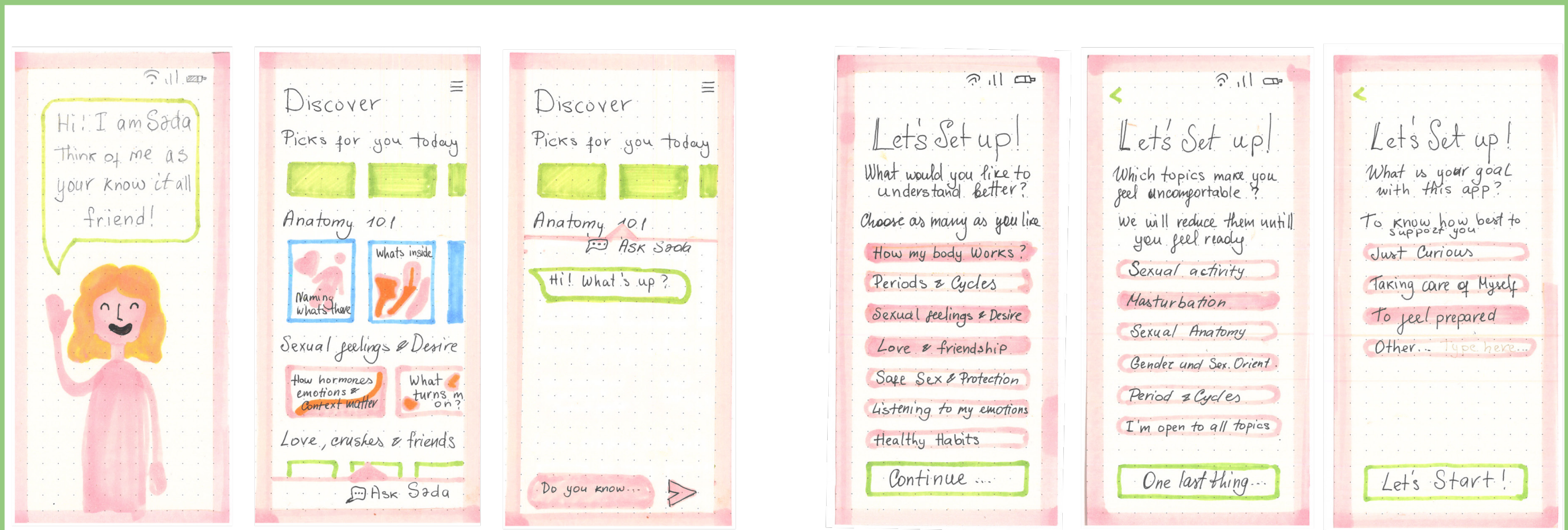


Figure 46. Paper prototype of Səda Learning app

5.3.3. The Invitation

The Invitation is a layered, interactive card designed to spark curiosity and create an intentional, low-pressure way for users to engage with sensitive topics. The card features an intriguing message on the cover, brief information inside, and a pull-out mechanism that reveals more explicit content or a reflective exercise (Figure 47).

The goal of this concept is easy distribution: these cards could be placed in public bathrooms, pharmacies, or doctor’s waiting rooms, places where women might encounter them in everyday life. Importantly, the experience of picking up the card feels intentional and private. The cover reveals very little about the specific topic, allowing the user to engage only if they feel ready.

Upon opening, the user finds a small “fun fact” or a thoughtful message, offering them the choice to dive deeper by pulling out the tab for more detailed content or exercises.

Unlike brochures, which someone might feel uncomfortable picking up, for example, a brochure explicitly about STIs in a public setting, these invitation cards offer a mix of topics presented with vague, non-intimidating titles that hint at the subject without fully exposing it (Figure 48). The concept introduces a range of topics, from general to more explicit, allowing the user to choose what interests them most.

The invitations can be picked up, passed along to friends, collected, or easily disposed of after reading if privacy is a concern. Each invitation can also include a QR code, linking the user to a more comprehensive resource such as a website or app, expanding their learning journey beyond the card.



Figure 47. Invitation prototype



Figure 48. Invitation Mockup

5.4. Concept Evaluation

The three low-fidelity concepts were shared with fellow 4 design students (1 male and 3 female) from diverse cultural backgrounds, to gather initial impressions. A recurring theme in the feedback was the need to narrow the scope. Suggestions included focusing on a clear goal, such as building trust, explaining a specific topic like consent or anatomy, or improving the search or chat-bot functions.

Several comments emphasized how important tone and first impressions are, especially in making *the concept feel safe and approachable*. The idea of combining a physical element (like a card or letter) with a digital component (such as a website or an application) was seen as promising. This approach offered both a friendly starting point and a scalable way to provide information.

There was support for offering users choice in how they engage. It was advised to include both a guided path and open exploration options. **Privacy** was also mentioned as key, with suggestions to allow browsing in incognito mode and using the resource from either a laptop or mobile phone.

To decide which direction to take, I used the Harris Profile method (Harris, 1961) to compare how well each concept aligned with the design qualities defined in Chapter 4. The Harris Profile is a tool to visualize the strengths and weaknesses of each option (Van Boeijen et al., 2014). The results showed that the website and invitation card scored similarly and clearly outperformed the app. Based on this, I chose to continue with the combination of website and invitation.

This direction stood out for its *low entry barrier, privacy benefits, and flexibility*. While ideas for customization (like setting preferences through an account) are valuable, they were placed outside the scope of this phase and will be noted for future development.

The focus now is on refining these two parts into one coherent concept. The goal is to build a clear story that shows how someone might come across the invitation in daily life and choose to visit the website on their own terms. This version will be used in the final evaluation with the target group and experts, as outlined in Chapter 6.

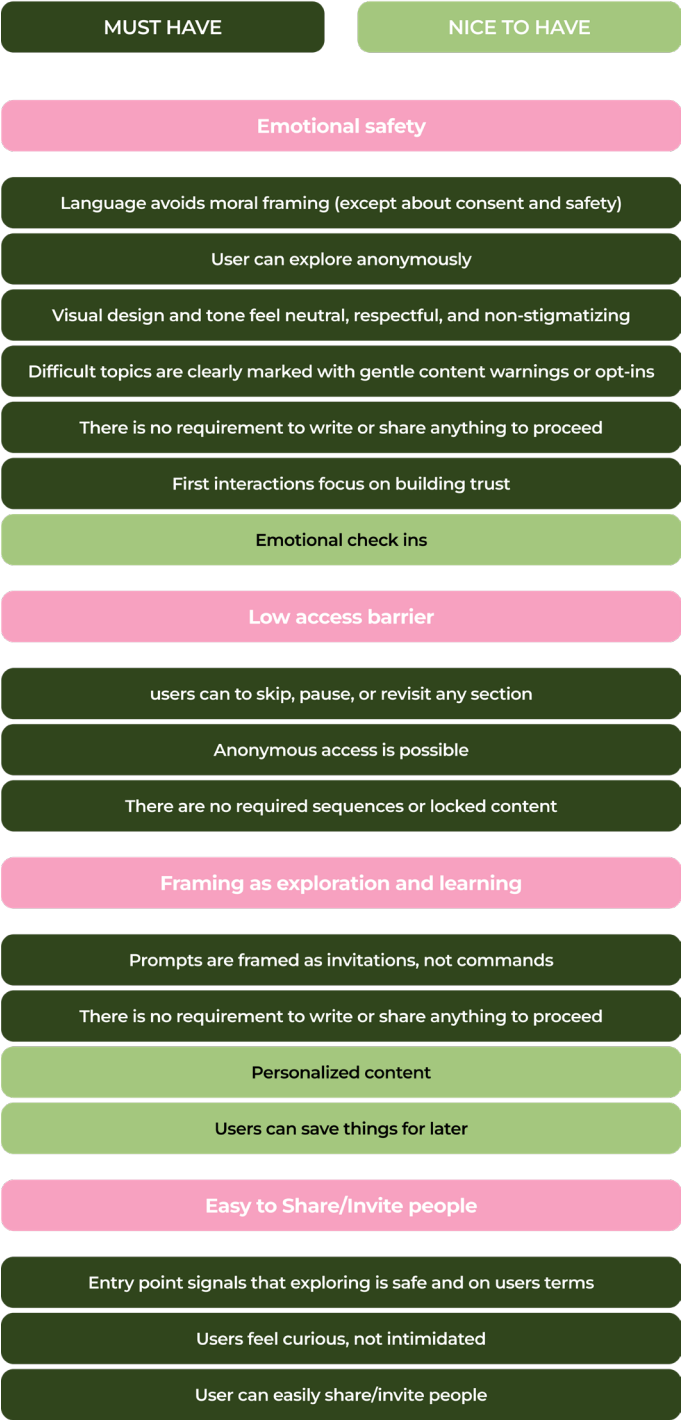
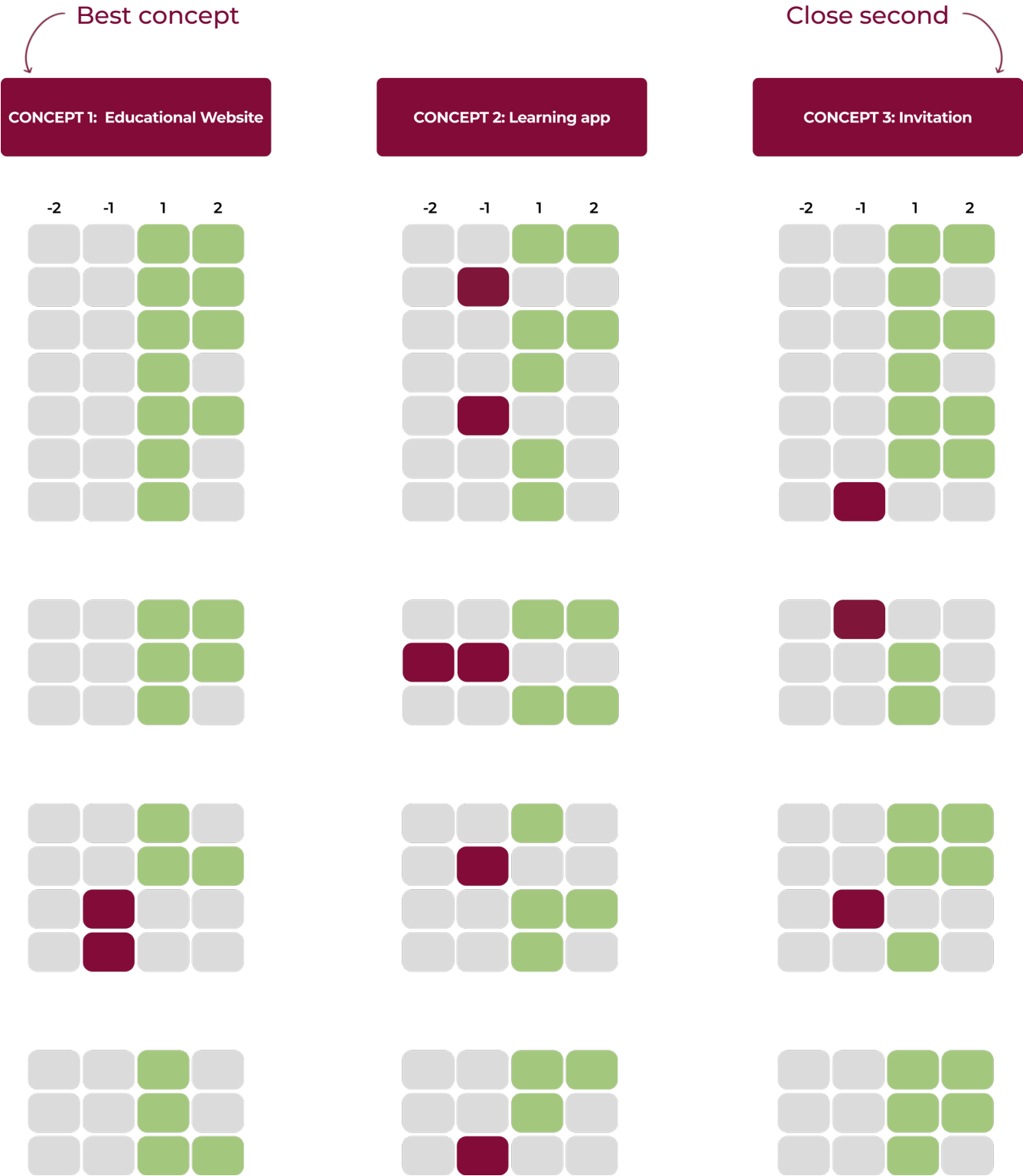


Figure 49. Harris Profile (Harris, 1961) to compare the Concepts



5.5. Refinement

To refine the concept, three main activities were carried out. First, a wireframe of the website was built to simulate how it would look and feel on both laptop and mobile screens, including example topic titles to reflect its tone and structure. Second, the invitation card was reworked to simplify its structure, reducing the number of parts while keeping the pull-out mechanism, making it easier to assemble, box was also made to make it more practical for distribution. Third, a scenario storyboard and short video were developed to demonstrate the combined user journey across physical and digital components.

Since the project remains at a conceptual stage, the decision was made to focus on visualizing and communicating the user experience as clearly as possible. The goal is to evaluate whether the two components form a coherent whole, whether users and experts see the idea as realistic and adoptable, where potential problems might emerge, and how the concept makes them feel.

5.5.1. Yanımda Website

Using Uizard, a UI design tool, a mock-up of the website was created for both laptop and mobile formats (Figure 50). The visual design was inspired by the garden metaphor, incorporating soft greens, pinks, and wine red accents, along with botanical illustrations. The goal was to create a look and feel that is neutral, feminine, and not overtly tied to the topic of sexuality.

While the website contains articles on sexuality and sexual health, the overall visual language was designed to feel subtle and non-confrontational. If someone were to glance at the screen without reading the article titles, it would not be immediately clear what the website is about. As the user scrolls further, the topics gradually become more open and direct, aiming to slowly build comfort and curiosity through gentle exposure.

5.5.2. The Invitation

Assembly

The invitation consists of three parts: the cover, the pocket, and the slide-out card. The content and message remained the same as in the first iteration, as they already matched the tone and metaphor of the website. However, the pocket felt bulky, and the slide-out card was fragile due to the thin paper belt holding it in place in the first iteration. The refinement focused on improving both the structure and interaction experience (Figure 51).

The pocket was simplified to reduce thickness, and hidden information was moved to the inside of the cover. This removed the need for the belt and made the invitation more durable. The updated version is also easier to assemble, and the slide-out card moves more smoothly. These changes made the invitation simpler, sturdier, and more practical, without losing its welcoming tone or function.

Invitation Box

To make the invitation easy to place in public spaces, a dedicated box was created. While the invitation itself only mentions Yanımda on the inside, the box includes the name of the website and follows the same visual language. It remains simple and discreet, avoiding any direct or explicit references.

The box can be pinned to a wall, placed on a shelf, or removed entirely if the invitations are to be displayed alongside other brochures. Since first impressions matter, it was important that the box look approachable and non-intimidating. The organisations or individuals placing these in public settings should feel comfortable doing so, without worrying that it might seem inappropriate or make others uncomfortable. You can see the box in section 5.6.4. The Interaction.

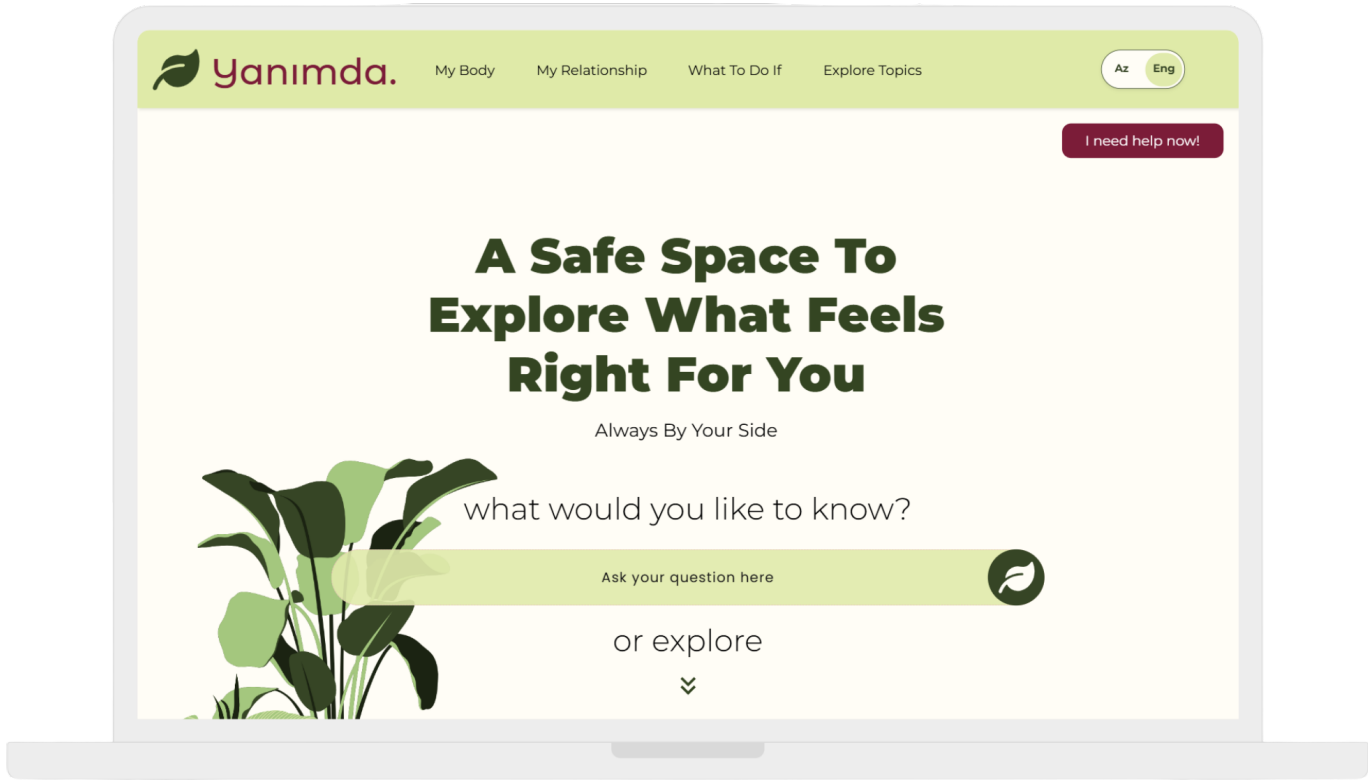


Figure 50. Mid Fidelity Prototype of Yanımda website, desktop view. Welcome Message

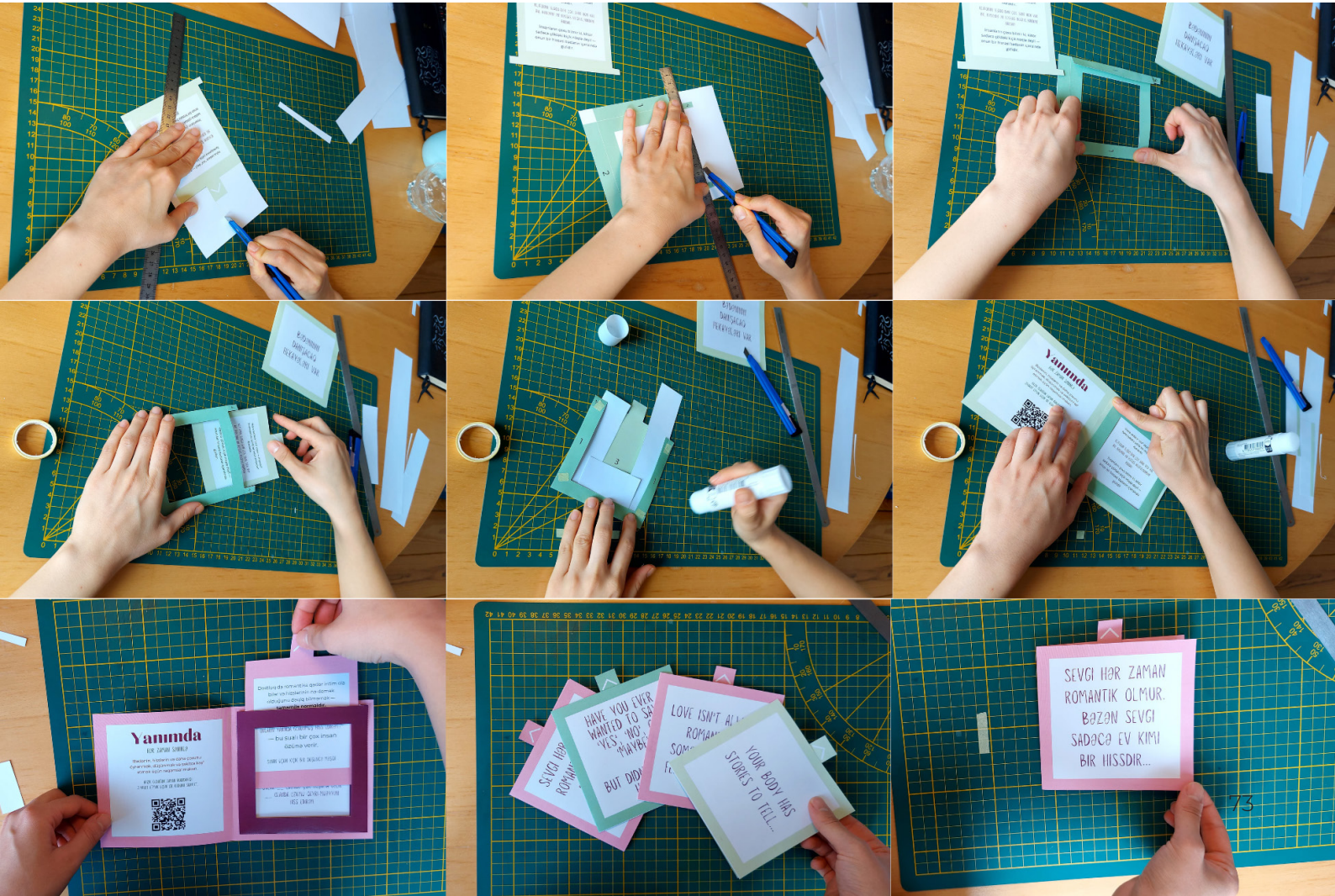


Figure 51. The assembly of The Invitation prototype with the QR code to mobile prototype of Yanımda website

5.6. Yanımda: A Safe Space to Explore What Feels Right for You

This section introduces the final concept and explains its elements in detail. It describes the structure of the resource, the current themes presented on the platform, and how users are guided through the experience. The physical invitation, visual language, and digital platform will be discussed together with the overall use scenario. Together, these elements illustrate how Yanımda offers a private, culturally sensitive, and approachable way for young women to explore topics around sexual health and intimacy.

5.6.1. Concept Overview

Yanımda - pronounced /ja'nuɱda/ (sounds roughly like: “yah-nuhm-dah”) means “by my side” in Azerbaijani. It is an online, culturally sensitive sexual education resource designed for young women in Azerbaijan. In a context where conversations about sexuality are often silenced or wrapped in layers of myth, shame, and taboo, especially for unmarried women aged 18 to 30, Yanımda offers a private, approachable space to explore these topics without fear or judgment. Rather than framing this exploration as rebellion against culture, the resource presents it as an act of self-care, something that supports women in making responsible, informed decisions that feel right for them.

At this stage of the project, **the focus was placed on how users first encounter the resource**, how it’s introduced, and what their first impressions might be. This is crucial in the Azerbaijani context, where many past efforts in sexual education have failed before users even reached the core content. People often reject such resources immediately, seeing them as inappropriate or threatening to traditional values around purity, family, and honour.

With Yanımda, the aim is **to spark curiosity** and

give users agency. The resource does not moralize culture as good or bad; instead, it takes an empathetic stance, offering tools and information to help users answer their questions and navigate their concerns with confidence. It encourages young women to see their worth beyond purity, naivety, or reproductive roles, and to build the confidence to care for their health, communicate their desires, and define their own boundaries.



Figure 52. The Invitation examples

5.6.2. The Invitation

During expert interviews, brochures, leaflets, and printed information sheets were often mentioned as helpful tools in medical and educational contexts. Inspired by this, the invitation element of Yanımda was created. It is designed as **a layered, interactive card**, drawing inspiration from greeting cards with pop-up or sliding mechanisms, to serve as a gentle, low-pressure entry point to the digital resource.

The invitation is 12x12cm card that consists of three parts: **the cover, the pocket, and the slide-out card**. The cover features a short message that hints at the topic inside, vague enough to protect privacy, but intriguing enough to spark curiosity. Once opened, the left side reveals a **QR code** inviting users to explore the website, alongside a mix of short, **engaging content like**, a fun fact (e.g., about anatomy), a key message (e.g. the importance of trust and consent), or a relatable concern (e.g. questions around relationships or emotions) (Figure 52).



Slide out mechanisms of the card reveals a **deeper layer**, this could be an infographic, a small reflective exercise, or a practical tool. The layered interaction mirrors the experience of the website itself: starting softly and gradually unfolding into deeper, more open discussions. The invitation is meant to make the first step feel easy, safe, and on the user’s own terms.

These invitations can be placed in various public and semi-private settings, such as healthcare waiting rooms, pharmacies, university women’s bathrooms or gym changing rooms, and other women-only spaces. It gives users multiple options for engagement: take it home to explore later, scan the QR code and leave the card behind, discard it after reading, or pass it on to a friend.

Given the cultural context in Azerbaijan, it was important to offer women the choice of how open or discreet they want to be when engaging with the resource. The invitation respects that choice, making space for both quiet curiosity and private reflection.

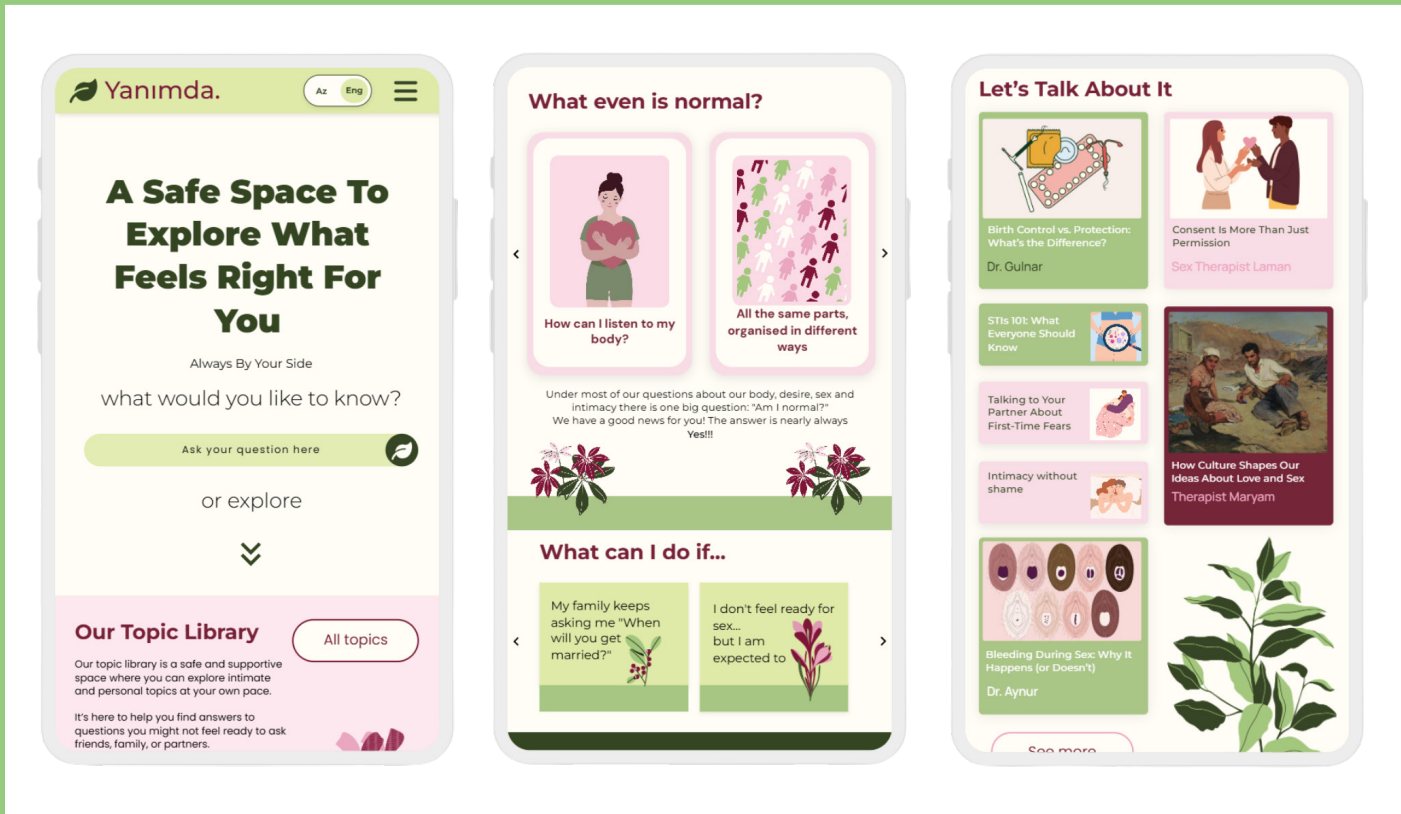


Figure 53. Mid Fidelity Prototype of Yanimda website, Mobile view

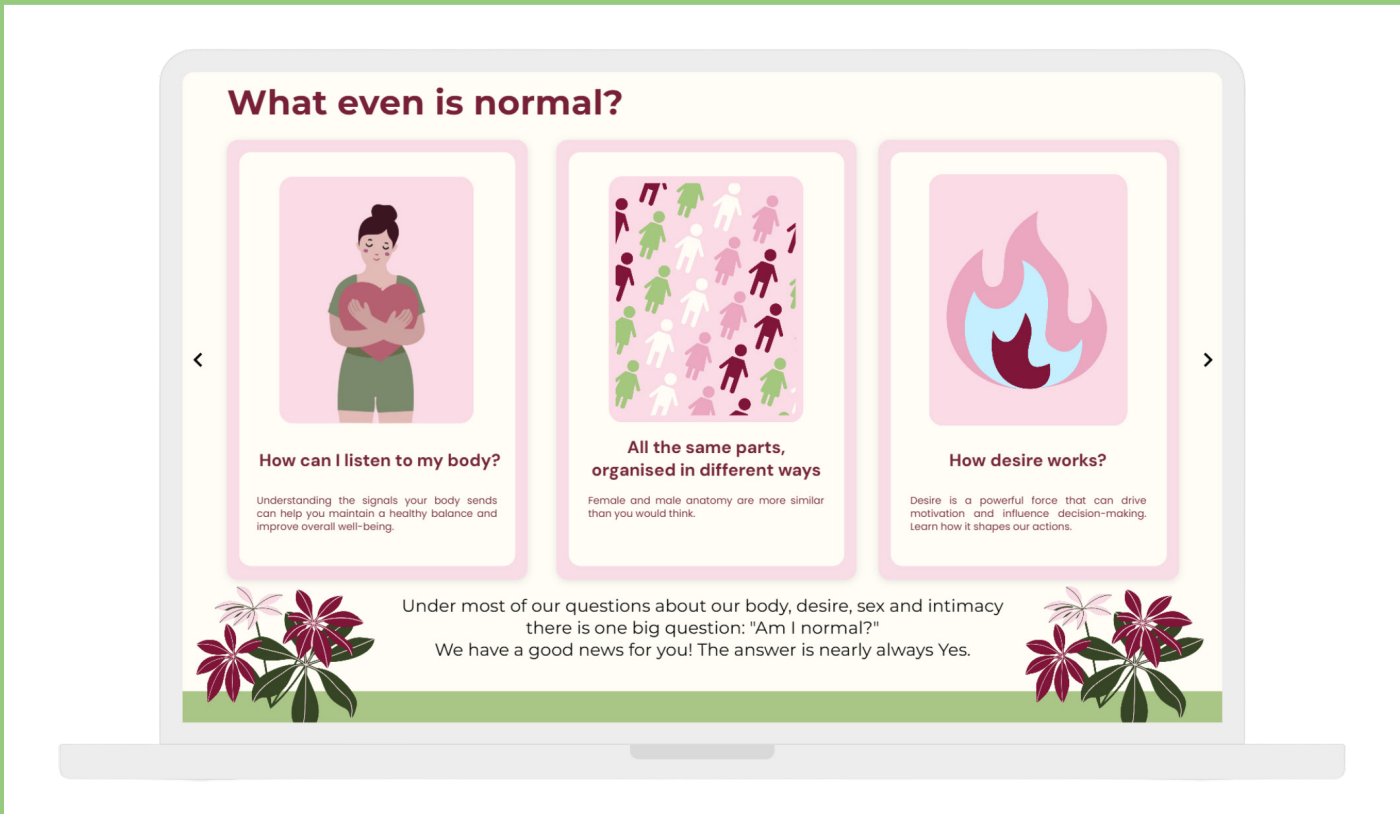


Figure 54. Mid Fidelity Prototype of Yanimda website, desktop view

5.6.3. The Website: Structure and Themes

The website is the core component of Yanimda, where users can explore questions related to sexual health, relationships, and emotional well-being. The content is organized around four overarching themes identified during **the discovery phase** (page 16):

Body and Health: Covering topics such as basic anatomy, sexual and reproductive health, and safe sex practices.

Consent and Communication: Exploring consent, relationship dynamics, and healthy communication with partners, family, and friends.

Sexual Pleasure and Well-being: Addressing myths, sharing accurate information, and promoting a positive, non-judgemental view of sexuality.

Reflection: Encouraging users to reflect on how the knowledge fits into their personal lives, values, and cultural context.

The homepage greets users with a message focused on what feels right for you, emphasizing that there is no single right way, and that each person's needs and boundaries can look different. This sets the tone for a non-prescriptive experience where users are invited to explore at their own pace.

The structure of the website mirrors the layered approach introduced in the physical invitation (Figure 53). It begins with a soft, **welcoming entry**: a search bar paired with gentle prompts that reassure users it's okay to be curious. This is followed by:

“What even is normal?” – Basics of anatomy and common questions, breaking down stigma and misinformation.

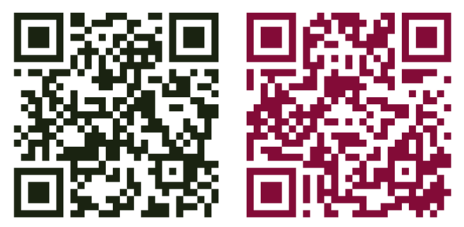
“What to do if...” – Practical, relatable advice for everyday dilemmas or confusing moments.

“Let's talk about it” – A deeper dive into more complex or more explicit topics, offering space for open reflection.

The visual design is inspired by the garden metaphor described in Chapter 5. Soft greens, pinks, and wine reds are paired with botanical illustrations to create a calm, feminine atmosphere (Figure 55). The goal was to design a space that feels neutral and emotionally safe—visually inviting without drawing direct attention to the topic of sexuality.

Although the website includes articles on sexual and reproductive health, its overall visual language was intentionally subtle and non-confrontational. Rather than overwhelming users with bold imagery or explicit cues, the design aims to create a quiet, safe space where confidence can grow gradually through gentle exploration.

SCAN TO SEE THE PROTOTYPE



Mobile

Laptop

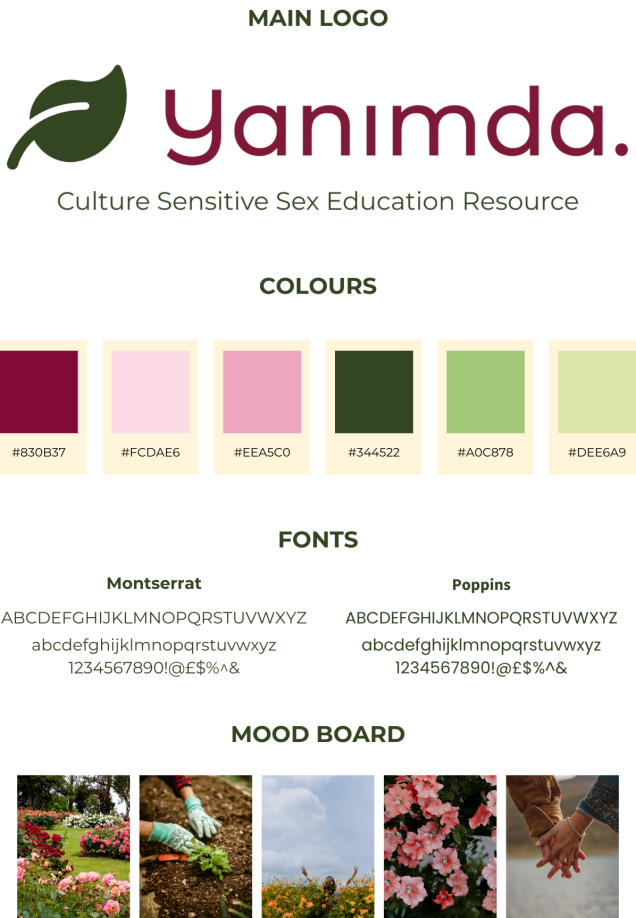


Figure 55. Yanimda Brand Board

5.6.4. The Interaction

1. Young woman walks into the café bathroom. While washing her hands, something on the shelf beside the soap dispenser catches her eye. **“Hmm... what’s this? I’ve never seen these here before.”**



2. Curious, she picks one up. The cover has a soft color and a short message that doesn’t say too much. **“Is it a Mental health campain?...Let’s see what it is... looks cute!”**



3. She opens the invitation and sees a QR code alongside small bits of information. The topic inside is anatomy, specifically, the clitoris. **“Haha, how is this the first time I’m hearing this?”**



4. She notices a small tab and slides it out, revealing a compact infographic. **“Wait... They never taught us this in school... this is actually interesting.”**



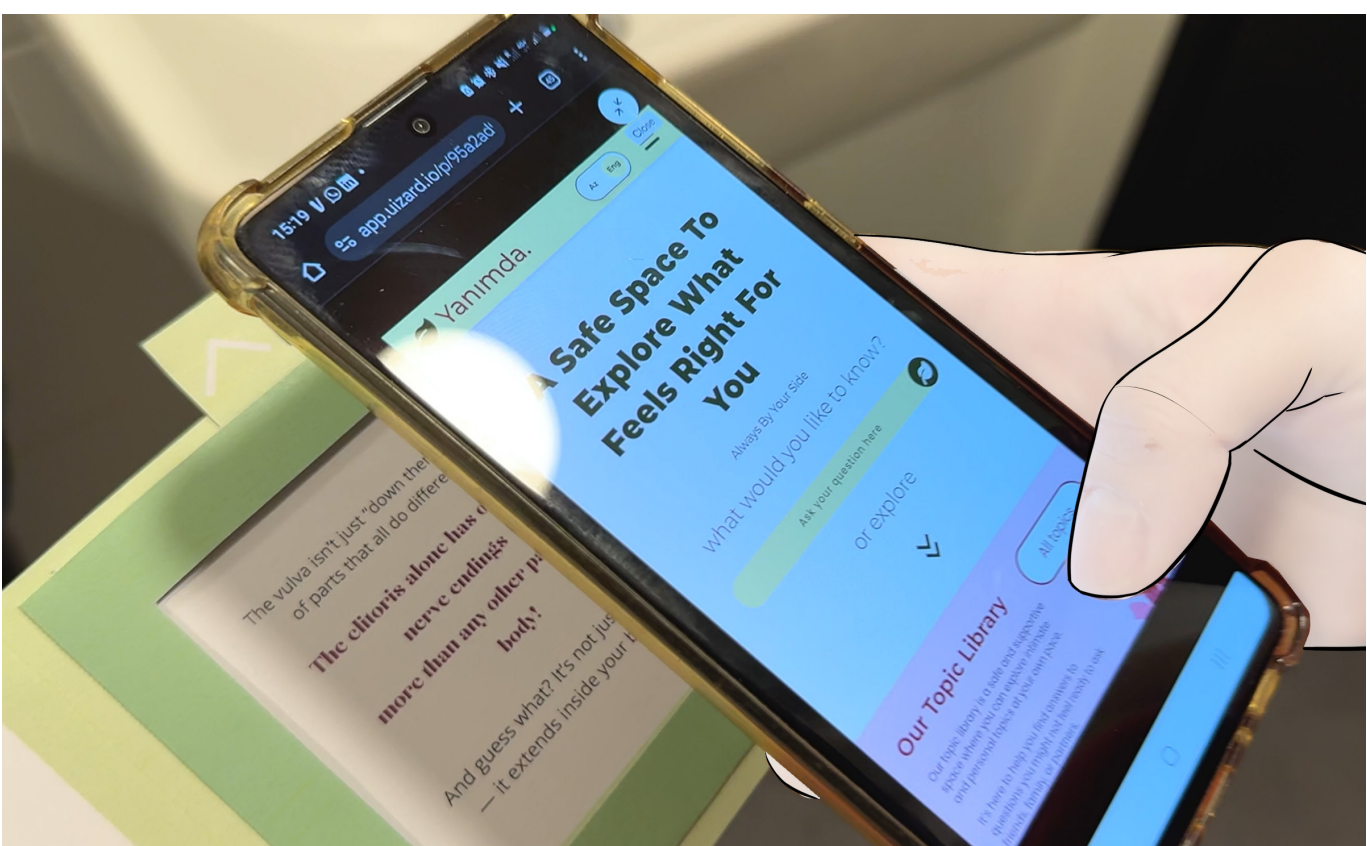
5. Still curious, she scans the QR code on the card with her phone. “Let’s just see what it is... no harm in looking.”



7. She carefully folds the invitation and puts it in her bag, deciding to look at it again when she’s alone. “I’ll read it properly later... when I have time. And a bit more privacy.”



6. The website loads. She scrolls through the homepage—soft visuals, gentle wording, topics she’s been too shy to ask about. “What does feel right for me?”



Use Scenario goal

To bring Yanimda to life, a use scenario was developed following a young women’s interaction with the concept. This scenario highlights how the physical invitation and website work together to create a safe, low-pressure entry into topics around sexual health and relationships.

The main requirements this scenario aimed to address include:

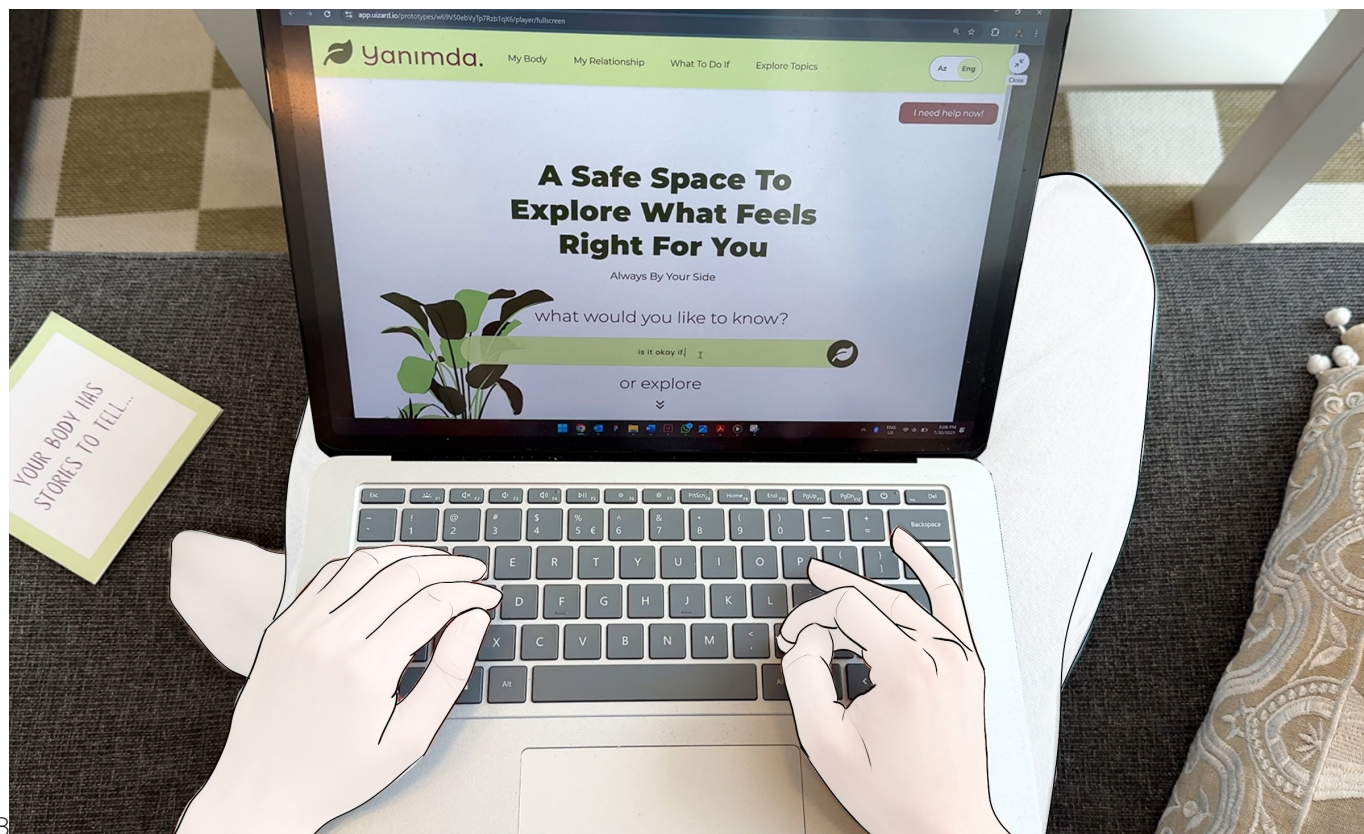
- Yanimda feeling approachable and non-confrontational in public settings
- Respecting the user’s need for privacy and choice
- Encouraging curiosity without pressure
- The concept supporting gradual exploration

The storyboard follows a young woman who comes across the invitation in a familiar public space, and later explores the website in the comfort of her own home. Her story reflects common tensions expressed by participants, between curiosity and caution, and self-discovery. The scenario shows how Yanimda gently guides users from first encounter to meaningful engagement, while allowing them to set the pace and depth of their experience.

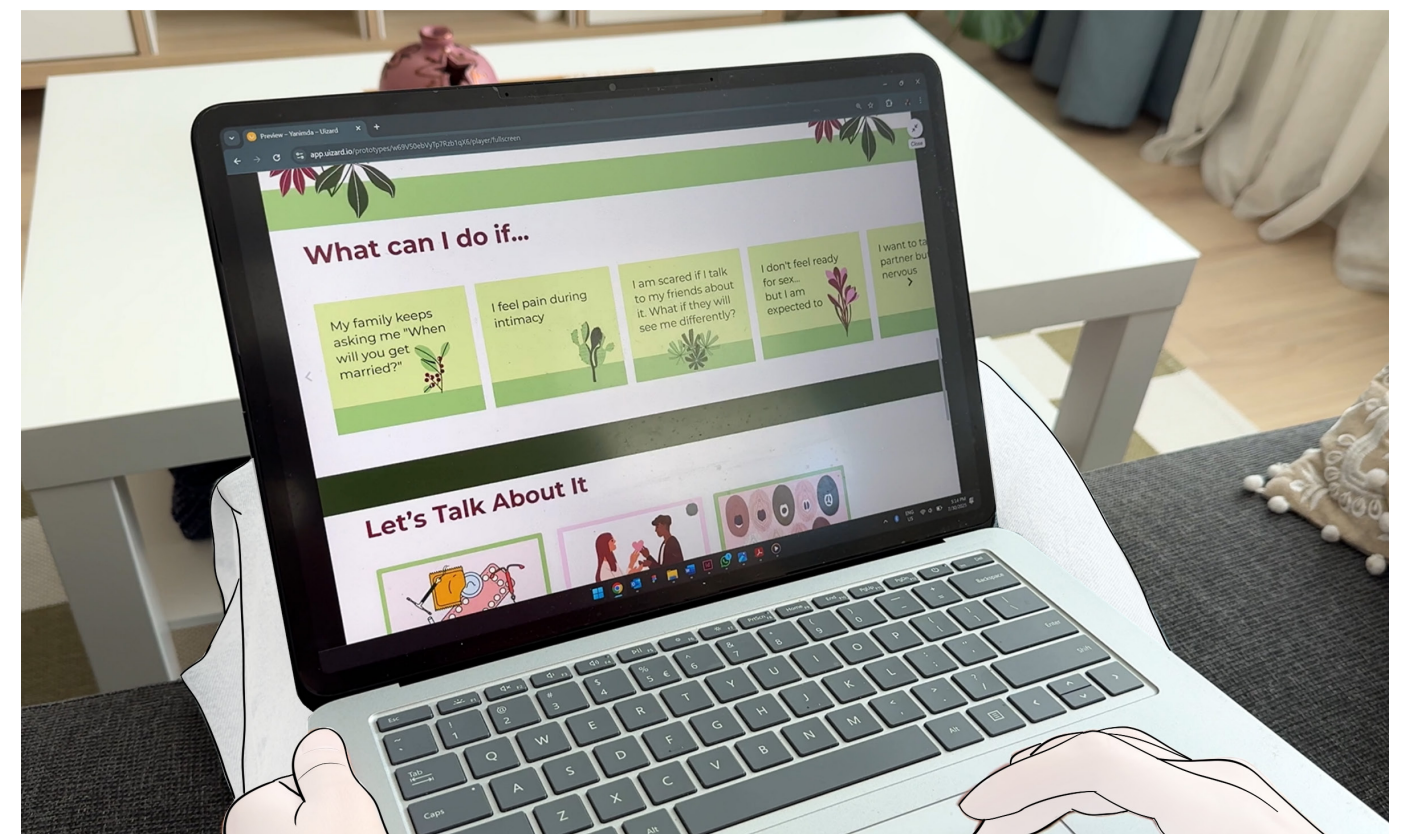
8. Later that day, Banu makes herself a cup of tea, opens her laptop, and sits down to explore Yanimda without rush. **“Okay... let’s give this a chance.”**



10. Feeling more at ease, Banu clicks on the search bar. She types in a question she’s never had the courage to ask anyone else. **“I’ve wanted to ask this for so long... maybe now I finally can.”**



9. She scrolls through the homepage. The article titles are soft, some are very relatable about feelings, boundaries, and quiet doubts she’s had for a long time. **“So it’s not just me...”**



5.6.5. Reflection on the Design Goal

The design goal of Yanimda was to empower young Azerbaijani women to navigate cultural narratives around sexuality and health with confidence, self-respect, and emotional safety, through a resource that supports self-awareness, communication, and boundary-setting.

The final concept combines a physical invitation and a digital platform, designed to meet women where they are, quietly, respectfully, and on their own terms. It acknowledges that sexual health is not just medical topic, but also shaped by culture, silence, and personal experience.

Rather than confronting cultural norms directly, Yanimda opens space within them. It doesn’t tell users what to think or how to act, but offers tools for exploring their bodies, values, and boundaries, without fear or shame.

Unlike previous efforts in Azerbaijan, Yanimda avoids a reproductive-only focus and offers a softer, more flexible approach. Users can engage openly or privately, take their time, or ask the questions they might have never voiced before. It invites curiosity and tries builds trust, without pressure.

This approach is grounded in empathy and respect, trusting that, when given the right tools and emotional safety, young women will shape their own values and paths forward. In the next chapter, the concept is evaluated through a user journey video and follow-up sessions with both the target group and experts, to assess whether the intended tone and qualities are perceived, and to explore how the concept can be further developed.



Figure 56. "Evening" (1947) by Mikayil Abdullayev

Chapter 6: Evaluate

This chapter presents the evaluation of the Yanımnda concept. Section 6.1 describes the setup, methodology, Section 6.2 summarises responses from the target group, highlighting perceptions of tone, visual design, usability, and cultural fit, as well as noted concerns and suggestions. Section 6.3 presents expert feedback on cultural appropriateness, credibility, feasibility, and areas for refinement. Section 6.4 discusses the implications of these findings for the current design and identifies opportunities for further development.

6.1. Setup and Methodology

To begin bringing this project to a close, the Yanımnda concept needed to be evaluated to understand how it is perceived by both its intended users and relevant experts. The goal of the evaluation was to assess whether the concept feels desirable, feasible, and useful within the Azerbaijani cultural context (See Appendix F: Evaluation Procedure).

The key objectives:

- *To understand how inviting, trustworthy, and appropriate the concept feels*
- *Identify any discomforts, barriers, or points of hesitation in the user journey*
- *Gather suggestions to improve emotional, cultural, and practical alignment*

The evaluation tries to answer the following research question:

To what extent does Yanımnda (invitation + website) feel welcoming, useful, and feasible to young Azerbaijani women and healthcare experts, and what improvements are needed for real-world use?

To gather these insights, the evaluation was conducted in **two parts**:

1. *An online group discussion with 5 members of the target group (young Azerbaijani women), using a product interaction video and digital prototypes to guide the conversation*
2. *An expert feedback form shared with relevant professionals, also using the product interaction video and visual materials to collect structured input.*

6.1.1 Product Interaction Video

Due to the remote nature of this phase of the project, it was not possible to test the concept in person. To assess how the different elements of Yanımnda come together and how the concept is perceived by users, an interaction video was created. This video followed the scenario outlined in Section 5.6 and was used as the central tool in both the target group discussion and expert evaluation.

The video format was chosen for its flexibility and its ability to communicate the user journey in a more relatable and dynamic way than a static storyboard. It allowed participants to observe a real person interacting with the product in realistic settings: first encountering the invitation in a public bathroom, and later exploring the website in the comfort of her home. This helped participants better imagine themselves in the situation and respond more naturally to the experience.

6.1.2 Target Group Session

An online evaluation session was conducted via Microsoft Teams and FigJam with five young Azerbaijani women in their early 20s. Most of the participants had previously taken part in the generative session, while two were new to the project. This mix allowed for both continuity and fresh perspectives in the feedback.

The session began with a short presentation introducing the project and explaining the goal of the evaluation. This was followed by a group viewing of the product interaction video, which illustrated the user journey from encountering the invitation in a public space to exploring the website at home.

To guide the discussion, a FigJam board was prepared with still frames from each scene in the video. Under each scene, 2–4 guiding questions were provided to prompt reflection and discussion. Participants were invited to share their thoughts by adding sticky notes directly onto the board, allowing for both individual input and open conversation (Figure 57).

The session lasted approximately 60 minutes, and created space for participants to express impressions, emotional responses, points of hesitation, and ideas for improvement in a relaxed and collaborative setting.

6.1.3 Expert Feedback Form

Experts who were previously interviewed during the Discovery phase were contacted to take part in the evaluation through a structured questionnaire, created using Microsoft Forms. Given their busy schedules, a self-paced format was chosen to allow them to respond at their own convenience.

The form included the product interaction video, prototypes of the website, and images of the physical invitation cards, giving experts a comprehensive view of the final concept. All questions were open-ended, designed to gather qualitative feedback on the concept’s tone, clarity, cultural appropriateness, and overall usefulness. The estimated completion time for the survey was 5–10 minutes.

The professionals who responded to the form were a gynaecologist, a public health doctor, a psychiatrist and an educator. Their input provided valuable perspectives on the concept’s feasibility, sensitivity, and potential impact within healthcare and educational settings.

6.2. Target Group Responses

6.2.1. Perception of Yanımda

Overall First Impressions

The overall first impressions of the Yanımda concept, based on the product interaction video, were positive. Most participants found the concept visually appealing, especially noting the color palette and design elements. The website was frequently described as “safe” and “welcoming.”

“The caption made me feel safe, cause more than 90% of my discussions with my friends and family are not related to ‘feeling right,’ and it is hard to find health-based reliable information.”

Visual and Interaction Design

The invitation card was also perceived as visually appealing, with participants responding positively to its soft design. Some suggested that the card could be made more eye-catching by enhancing

visuals or experimenting with placement, for instance, placing it directly on the mirror.

“It’s so cute! I absolutely love the visuals, colours are perfect.”

The layered structure of the invitation and the soft messaging (e.g., “ready when you are”) were appreciated for being respectful and non-pushy. Participants felt that it gave them control and privacy in how they engaged with the resource.

“I really liked the ‘ready when you are’ slogan—it feels less pushy, and I like the interactive pull-up element of the booklet.”

“It makes it more interesting by being like a secret.”

“I think the ‘hiding’ element is very smart—people might put something down immediately if they see a diagram right away.”

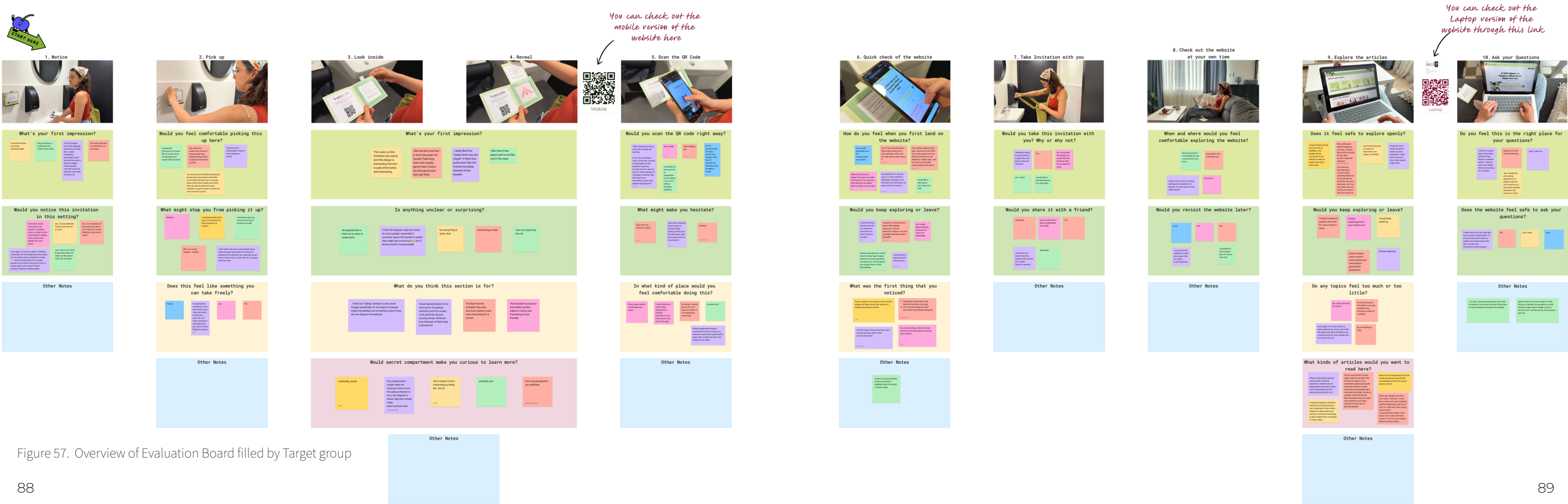


Figure 57. Overview of Evaluation Board filled by Target group

Encountering the Card

When asked where they would feel comfortable encountering the invitation, responses varied. Some felt fine picking it up in any women-only space (e.g., public bathrooms), while others expressed they would trust it more in a healthcare context, such as hospital bathrooms or clinics.

“I would feel more comfortable seeing this in hospital bathrooms—to feel more secure and sure of the website.”

“Yes, I would pick it up. Because the invitation’s placing is private and more people would feel comfortable picking it up in a private place rather than a public one. I think they can also be placed in some hospitals or gyms so that it would feel more secure to scan it.”

Language and Accessibility

Participants also reflected on the language of the prototypes, noting that the video was in English while both English and Azerbaijani versions of the website and cards were shown. Multiple language options were seen as important for accessibility and engagement.

“My first thought was what language would they actually be in, cause realistically Azerbaijani would be better—but also it being in English would actually catch my personal attention and make me pick it up.”

Trustworthiness Compared to Other Sources
The concept was seen as a welcome alternative to the unsafe or inappropriate information often found online. Several participants mentioned how searches about sexual health often lead to

misleading or pornographic content. Knowing that Yanımda is supported by healthcare professionals increased the perceived trustworthiness of the resource.

“A lot of the searches about these topics lead you to porn websites, which are not safe ways to learn about it. I would [keep exploring the website], as I mentioned it is hard to find reliable resources, and knowing that answers are provided by real doctors makes it more trustworthy.”

These insights affirm the core design choices behind Yanımda and point to its potential to become a trusted, approachable resource for young women navigating their sexual health.

6.2.2. Discomforts, Barriers, and Points of Hesitation

While the concept was generally well-received, some participants expressed concerns about being seen picking up the card in public, even in women-only bathrooms, due to fear of judgment or lack of privacy. Concerns were also raised about hygiene when physically touching materials in shared spaces.

“What might stop me is other people being there—I’d be anxious about someone judging me for picking it up, especially because this is a taboo topic. I’d be like, oh no, people will know now.”

As a potential solution, several participants suggested offering the QR code separately, placed discreetly on a wall or mirror, so users could scan it without needing to touch anything.

“I would like to also have the QR code somewhere on the wall so I can scan it without touching anything.”

Additionally, while most participants appreciated the discreet reveal of the anatomy diagram in the invitation card, a few mentioned it might feel “too much” if seen unexpectedly in a public setting. This highlights the importance of gradual disclosure and user control over how much they engage.

This feedback reinforces the importance of designing with subtlety and flexibility ensuring that users always feel in control of when, where, and how they engage with the resource.

6.2.3. Emotional, Cultural, and Practical Alignment

Participants highlighted the importance of knowing that Yanımda is developed in collaboration with real doctors and therapists. This connection to professional expertise contributed significantly to the resource’s credibility perception. Several participants suggested making this more visible, through validation markers, expert badges, or clear author attribution on articles.

“I’d like to see med students or doctors answering questions as well—and they might have a badge or something to identify them. But like, we can chat between girls too.”

There was also interest in peer-to-peer features, such as Q&A spaces or forums, particularly if supported by expert moderation. This reflects a desire not only for private exploration but also for communal learning and open conversation, on users’ own terms.

Participants appreciated the ability to explore content privately and anonymously, especially considering the cultural sensitivity around these topics in the Azerbaijani context. The visual tone was described as appropriate and non-threatening, even when addressing taboo subjects like anatomy and sexual pleasure.

“People should know that it is all NORMAL! Despite using the images, all the visuals are shown in a way that it’s clear what they are about, and yet still appropriate to explore—even in public.”

In addition to privacy, there was a strong interest in ongoing learning. Participants wanted Yanımda to offer regular content updates that continue to address difficult or often-avoided topics, particularly those related to relationships, emotional safety, and bodily autonomy.

Interestingly, while privacy was seen as essential, participants also expressed a willingness to share the resource with friends or discuss its content more openly, especially if supported by tools that help them communicate these topics to others.

“Every age category can have cases specific to that period. Currently, I want to learn more about building healthy relationships, and how to respond when facing certain taboos. I’d also like to learn how to talk to and inform women in our lives who deeply believe in these taboos.”

This highlights the dual need for Yanımda to offer both individual, self-paced exploration and opportunities for dialogue, empowering users to not only understand their own needs but also advocate for others.

6.3. Expert Feedback

In the evaluation survey, experts viewed the product interaction video, explored the digital prototypes, and examined different versions of the invitation cards. Overall, the concept was met with curiosity and described as interesting, innovative, and thoughtful.

“It created a very thought-provoking and positive impression; placing it in a women’s restroom is an excellent choice for accessibility.”
- Educator

6.3.1. Appropriateness and Accessibility

Experts agreed that the format was appropriate for the Azerbaijani context, especially when targeting younger generations. The option to share the resource via a link was seen as a comfortable and effective way to encourage wider engagement. At first glance, both the tone and content titles were perceived as appropriate and reliable.

“Yes, I think it’s great. The physical format and QR code link are an excellent idea, and having it on the website as well would make it easy to share later in the form of a link.”
- Public Health Doctor

Regarding placement in public spaces, experts recommended women-only or women-oriented locations. One suggestion was to begin distribution in universities—such as medical schools—before expanding step by step. Several noted they could see the resource being useful for their patients, clients, and even within their personal networks. A psychiatrist mentioned she would need to review the final resource with clients before fully confirming its applicability.

“They are arranged in a very user-friendly format. Of course, the younger generation can easily make use of it.”
- Gynaecologist

6.3.2. Suggestions for Improvement

Experts provided several recommendations to strengthen the concept:

Content variety: Include more videos and animations for easier understanding.

Language options: Add Russian to reach a wider audience.

Privacy assurance: Clearly indicate confidentiality under the question box, and provide a state-level contact number (such as a hotline) for further help.

“Additionally, it would be good to place a note under the question box indicating that the confidentiality of information is protected. [...] And if additional questions arise on any topic, it would be advisable to provide a state-level contact number (like a hotline) that users can call.”

- Public Health Doctor

Logistical Considerations

The educator, drawing on experience with educational material distribution, raised some concerns about the production of the invitation. While she liked the idea, she suggested exploring simpler formats to reduce printing costs, or even considering a small tablet-sized screen to minimise paper usage.

“It’s just that the brochure looked a bit complicated—it could be simplified to reduce printing costs.”

“To reduce paper usage, it could also be done on a small tablet-sized screen.”

- Educator

6.4. Implications for Design

To summarise the evaluation findings, this section discusses the implications for the current design and outlines potential steps for further development.

6.4.1. Validated Strengths

Results from both expert and target group feedback highlighted several elements consistently recognised as the strengths of the concept. **The tone and visual language** should remain soft, respectful, and non-pushy, as this was seen by both groups as inviting and culturally sensitive. **Highlighting credibility** is essential, users need to clearly understand where Yanimda’s information comes from and that the platform is created in collaboration with healthcare providers. The ability **to explore privately** and **at a self-paced rhythm** is crucial in the Azerbaijani context, as giving users control over their engagement makes them feel more comfortable and more confident to step outside their comfort zone. Finally, the combination of **a physical invitation** to Yanimda and a digital platform was perceived as innovative, intriguing, and generally well-received. Lastly, **placing the invitations** in women-only and trusted environments was also seen as a way to build trust and encourage engagement among participants.

6.4.2. Areas of Refinement

To strengthen Yanimda, more variations of the invitation could be explored. Introducing standalone QR codes can increase visibility and accessibility by reducing barriers such as anxiety about picking up the card in public or concerns about hygiene. Placement strategy will be crucial for adoption—gradual introduction, starting with trusted spaces such as hospitals, then expanding to universities and, eventually, to more common public locations, could help build trust in the resource. Different locations should be tested to identify where users are most likely to engage with

the invitations and scan the QR code.

To expand reach, content should also be developed in Russian. At present, the website is available only in English and Azerbaijani due to the scope of this project and language limitations. Content variety and formats, such as videos and animations, should be explored and tested to better engage different learning preferences. Finally, the practicality of producing the invitation needs further investigation to ensure that production methods are efficient and scalable.

6.4.3. Cultural Consideration

Insights from the evaluation reinforced the importance of cultural sensitivity when addressing this topic. During field research in the Discover phase, both experts and target group participants expressed strong interest but also some scepticism about introducing such a resource in the Azerbaijani context. While Yanimda has so far only been validated as an initial concept, feedback indicated that the content was not perceived as inappropriate or triggering. Participants saw value in the gradual disclosure of sensitive content, which allows users to decide how much they wish to engage at their own pace.

There was a clear desire for both private, self-paced learning and tools that facilitate open discussion with peers and family, reflecting the need to balance discretion with opportunities for dialogue. Cultural acceptance of the resource could be strengthened by first introducing it in controlled, credible environments such as universities or medical settings before expanding to more general public locations.

Further research and testing are recommended to ensure that the content feels acceptable to a wider audience beyond university students, who made up the majority of participants in this study. Nevertheless, this is a promising starting point. A

gentle introduction that avoids trying to “prove anyone wrong” is, in my view, crucial to prevent rejection before the resource has a chance to present its value.

Overall, the evaluation confirmed that Yanımda resonates with its intended audience, both in tone and format, while highlighting practical and cultural considerations for its refinement. The concept’s strength lies in its respectful and inviting approach, its emphasis on credibility, and its balance of privacy with the potential for open dialogue. Moving forward, success will depend on refining its formats, expanding accessibility, and carefully managing its cultural introduction to ensure trust and adoption. With thoughtful iteration, Yanımda has the potential to become a trusted and widely used resource for young Azerbaijani women navigating sexual health and identity.

Figure 58. “The portrait of Khurshidbanu Natavan” by Oqtay Sadikhzade. She was a poet, philanthropist, and the last princess of the Karabakh Khanate, celebrated for her lyrical poetry and cultural contributions.



Chapter 7: Deliver

This chapter brings the project to its conclusion by assessing how the final concept performs against the design goal and what has been learned through the process. Section 7.1 presents the conclusion, summarising how Yanımda addresses the cultural, emotional, and practical needs identified in the research and the extent to which it meets the design goal. Section 7.2 outlines recommendations for further development, addressing current limitations and proposing next steps for testing, refinement, and implementation. Section 7.3 offers a personal reflection on the design process, discussing the challenges, insights, and lessons learned as both a designer and a researcher.

7.1. Conclusion and Recommendations

This project began with my question:

Is it possible to talk about sexual health in Azerbaijan in a way that is not seen as an act of rebellion against the culture, but as essential knowledge for making informed decisions about one's health, relationships, and wellbeing?

In Azerbaijan, cultural silence around female sexuality and sexual health leaves many women vulnerable, both from a health and a social perspective. Most past attempts at sexual education have been directed at adolescents and rarely progressed beyond pilot stages, often facing backlash for being perceived as inappropriate for children.

This project took a different approach, focusing instead on young adult women (ages 18–30) who have more autonomy, greater ability to take responsibility for their health, and who are navigating life stages involving relationships, first-time experiences, self-discovery, and family planning. Through Desk and Field research combined with Vision in Product Design method a design goal was formulated:

“To empower young Azerbaijani women to navigate cultural narratives about Female Sexuality and Health with confidence, self-respect, and emotional safety — through a learning resource that supports self-awareness, communication, and boundary-setting.”

The design goal can be broken down into three core elements, achievement of which will guide this conclusion.

7.1.1. Navigate Cultural Narratives

To understand how cultural narratives shape women's experiences, the project began with desk research into historical and modern representations of sexual health in literature and media, followed by expert interviews and a generative session with the target group. A central finding was the enduring influence of the “Good Girl” ideal, an impossible standard rooted in sexual naivety and purity. From childhood, girls are encouraged to embody this figure, and as adults, many continue to measure themselves against her.

Within this narrative, any discussion of sexual health is framed as a threat, often becoming either a source of shame or an act of rebellion. As a result, conversations typically emerge reactively, in response to negative events (such as vaginismus, STIs, or cases of abuse), and are frequently framed in dramatic, confrontational terms targeting someone in particular. What was missing were calm, neutral discussions of sexual health

Yanımda was designed to fill this gap, addressing cultural silence and stigma without positioning sexual health as an attack on tradition. Its soft tone, respectful language, and garden-inspired visuals offer a culturally sensitive entry point, treating sexual health as a private matter that can also be shared, if and when the user chooses. The resource does not moralise or dictate a “correct” path, but instead provides space for women to learn, reflect, and form their own values, even if these remain aligned with the “Good Girl” narrative for some time.

Feedback from both the target group and experts confirmed that this approach felt culturally appropriate, inviting, and trustworthy. The soft tone, respectful language, and discreet format were

consistently highlighted as strengths, reinforcing that sexual health can be addressed without triggering defensiveness or resistance. This validation suggests that Yanımda’s framing can open space for meaningful conversation in a context where silence has long dominated.

7.1.2. To empower through confidence, self-respect, and emotional safety

Yanımda seeks to empower users by fostering a sense of belonging, providing knowledge and tools for self-care, and giving them greater agency through multiple options for engagement, whether taking the invitation home to explore later, scanning the QR code and leaving it behind, discarding it after reading, or passing it on to a friend. By ensuring private, anonymous access to reliable information backed by healthcare professionals, Yanımda aims to help women feel secure in seeking answers to personal questions.

Evaluation findings suggest that this goal is within reach. Target group participants described the tone and visual design as safe and welcoming, lowering the emotional barrier to engaging with the topic. They highlighted how messages such as “ready when you are” and “explore what feels right for you” created a sense of comfort and freedom, encouraging learning without pressure or judgment. This combination of choice, privacy, and credibility positioned Yanımda as a resource that could build confidence and self-respect while respecting each woman’s pace and boundaries.

7.1.3. Supporting Self-Awareness, Communication, and Boundary-Setting

Results from both desk and field research highlighted key themes essential for providing the kind of comprehensive sexual education young women need. Yanımda seeks to address these by offering content that helps users understand their bodies,

form their own values, and make informed decisions about relationships, intimacy, and health.

Experts confirmed that the platform’s soft tone and respectful approach make it culturally appropriate and safe for discussion, reducing barriers to communication. Once equipped with knowledge and clarity about their own values, women are better positioned to assert their boundaries and communicate them with confidence.

In the current prototype, the content is represented through article titles to evaluate potential variety and overall impression. The next step will be to develop and structure the full content in collaboration with healthcare professionals and subject-matter experts to ensure accuracy, cultural sensitivity, and relevance.

7.1.4. Future Development

Based on the findings from this project, the following recommendations outline the next steps for developing Yanımda, addressing the current limitations and guiding its refinement toward a pilot-ready version.

Desirability: Meeting Needs and Expanding Possibilities

Experts and target group participants confirmed a strong need for a sexual education resource that feels trustworthy, safe, and culturally sensitive. Yanımda was seen as addressing this need, providing a discreet and welcoming alternative to the unreliable online sources currently available in Azerbaijan. Building on this foundation, future development could expand beyond articles to include formats such as videos, animations, expert Q&A sessions, and peer-to-peer discussion spaces. Offering multilingual content—particularly in Russian—would further increase accessibility, while features like a cultural timeline could encourage reflection on shifting norms and help sustain long-term engagement.

Feasibility: From Prototype to Real-World Application

The combination of a physical invitation and digital platform is considered realistic, though further refinements are needed to optimise production, cost, and distribution logistics. A phased placement strategy—beginning with trusted settings such as hospitals and universities, and later expanding to public spaces like cafés and malls—could support gradual adoption while reducing potential resistance. Since the current evaluation relied on remote prototypes, in-person testing within the Azerbaijani context is recommended as the next step. Observing how users interact with both the physical invitation and the digital platform would provide deeper insights into usability, trust-building, and overall comfort. Expanding the research sample to include women from rural areas and diverse social backgrounds will also be crucial for assessing whether the invitation format, content, or placement strategies need adaptation across different contexts.

Viability: Collaboration and Long-Term Support

Yanımda’s approach aligns with the growing demand for sexual health education in Azerbaijan, but its long-term viability depends on sustainable partnerships. Collaboration with healthcare professionals, educators, and potentially state-level organisations will be essential to ensure credibility, accuracy, and ongoing updates. Relevant partners could include the Public Health and Reforms Center (ISIM), the State Committee for Family, Women and Children Affairs, the Scientific Research Institute of Obstetrics and Gynecology, and the Republic AIDS Center, as well as international organisations such as UNICEF and WHO. Addressing practical matters such as funding, production efficiency, distribution strategies, and organisational support will be key to preparing Yanımda for a pilot run.

7.3. Reflection

This project began with my own curiosity and questions, things I couldn't have imagined turning into a full project just a year ago. I think my response to the silence around these topics while growing up became a deep urge to research and explore them. For a long time, I kept this curiosity to myself, before I finally felt brave enough to voice it to my friends. To my surprise, everyone was supportive and even encouraged me to make it the focus of my graduation project.

Despite all the challenges, I'm very happy that I chose this topic to end my studies with. It combined my deep curiosity about sexuality and health with my desire to work on a socially relevant issue in the context of Azerbaijan. I was able to research questions I had carried for a long time and meet amazing women who contributed to this project in many ways.

Although I wanted to work on sexuality from the start, I was initially much more hesitant to talk about it openly, especially in interviews. My first challenge was to stop hiding behind indirect language when discussing my work. It was difficult at first, but becoming more open in conversations led to something unexpected: my friends and family in Azerbaijan began asking me questions about sexual health, sending me articles and projects, helping me connect with experts, and getting excited that such a project was happening. This was incredibly inspiring and kept me going whenever things became stressful or challenging.

Looking back, I collected a lot of valuable qualitative data, but simply because of the sheer quantity, I couldn't analyse it all as thoroughly as I would have liked. At one point, I had to stop scheduling more interviews and trust my intuition

to find some answers within my own experiences too. Analysing such a large amount of data inevitably took time away from the concept development phase. I wish I had made more small, low-fidelity prototypes and tested a wider format of interactions.

In terms of project planning and management, the process did not require any drastic changes to the overall structure. I regularly reviewed and adjusted the schedule, mainly to ensure that the weekly goals were realistic and achievable. This flexibility worked well in the end. I do wish I had come to the bi-weekly meetings with a bit more structure, as I tend to work in an "organized chaos" style that might not be as clear to others. Still, the meetings were always helpful, and I consistently left feeling more focused and encouraged. I'm very grateful for that support.

Overall, I'm proud of how the project came together. Despite some small setbacks, I stayed motivated and kept going. I've grown a lot through this process and learned to trust myself more. I'd love to continue developing this project to see where it can go, but for now, I'm looking forward to wherever my professional life takes me. I'm sure it will be exciting.



Figure 59. Exploring botanical garden during first phase of the project



Figure 60. "Builders of Happiness." (1951) by Mikayil Abdullayev

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Appendices

Goal for the Interviews:

The goal of these expert interviews is to explore how culture shapes people's understanding and behaviour around sexuality and sexual health in Azerbaijani society. For this I will interview a Psychologist, Gynaecologist, Menstrual Cycle educator and Gender Equality Consultant. Each expert engages with diverse individuals who are, products of this cultural environment. I would like to understand their values, knowledge gaps, and communication patterns to address them in my Sexual Education Resources.

So my research question is:

How do cultural norms and values in Azerbaijan shape individuals' understanding, communication, and behaviours around sexual health? And how do professionals working in this field navigate these influences in their practice?

I would also like to find answers to following questions to set up the next steps of my research:

- *What types of behaviours, challenges, or misconceptions related to sexual health do experts commonly observe in their clients or patients? How do we address them?*
- *What aspects of Azerbaijani culture positively support or negatively hinder open, healthy conversations about sexual health?*
- *What strategies, language, and formats do experts recommend for reaching diverse audiences with sensitive educational content while respecting cultural values?*

Procedure

Pre interview:

1. Send a reminder of time, date and estimated duration of the interview
2. Share teams link and consent form

Interview Structure

3. Welcoming the participant and giving brief introduction to the project
4. Cover any questions about the project and consent form and make sure I receive signed copy.
5. Start Audio recording
6. Main Interview is based on Cultura Method and will last about 45 minutes. It will follow semi structured format to allow natural flow of conversation. Questions can be found in the next section. They vary based on the Interviewee and their background.
7. Conclude the interview and ask if they would like to also participate in testing phase

of the project

General Interview questions:

These questions will be slightly adjusted to fit the expertise of the interviewee.

Introduction

Could you briefly tell me about your background and the nature of your work?

When you think about sexual health and education, how would you define it within the scope of your work?

What topics do you commonly engage with in your field related to sexual and reproductive health?

How do you see the connection between sexual health and mental, emotional, or relational wellbeing?

Socio-Cultural Values

In your view, what does society expect from a "good" or "ideal" woman? What spoken or unspoken norms shape this image?

How do these expectations influence how women experience, express, or learn about their sexuality?

Have you observed individuals struggling to balance cultural ideals with their personal needs or experiences? How does this show up in your work?

Material World

What kinds of resources (services, products, spaces) are currently available or missing when it comes to supporting sexual and reproductive health?

How do people usually access support or information in your field? What makes it easier or harder to seek help?

Are there environmental, structural, or systemic barriers that make it difficult to access care or accurate information?

Have you encountered effective or ineffective initiatives (campaigns, school programs, public efforts) related to sexual health?

Community

Who do people typically feel safe talking to about topics like sexuality, intimacy, or health — and who do they avoid?

Are there spaces (online or offline) where these conversations are more openly accepted?

In your view, how do peer groups, families, or communities shape the way sexual health is learned or discussed?

Division of Roles

Who tends to speak more openly about topics like sexuality and reproductive health? Who remains more reserved?

How do traditional family roles and gender norms affect people's willingness to seek support or ask questions?

Are men typically included in these conversations? Why or why not?

Rituals in Everyday Life

How do major life moments (puberty, marriage, pregnancy, etc.) serve as entry points for learning or talking about sexual health?

Who typically shares this information, and what messages are passed on?

What gaps or missed opportunities do you observe around these life stages?

Knowing the Rules

What spoken or unspoken social "rules" do people follow when talking (or not talking) about sexual and reproductive health?

What words, messages, or imagery make these conversations easier or harder?

How do you personally approach these topics to make others feel more at ease?

Angels and Devils

Are there positive role models, campaigns, or professionals helping to normalize healthy conversations about sexuality?

Are there also myths, taboos, or public figures that spread fear or misinformation? How do you think we can challenge this constructively?

Goals of End Users

What are the common goals or needs people have when they come to you — emotionally, medically, or personally?

What do you wish more people knew about their bodies, health, or relationships before they reach out?

Macro Developments

Have you noticed any changes in recent years in how society approaches sexuality, intimacy, or gender-related topics?

Have legal, educational, or social shifts affected how your field operates or how people seek support?

Co-Creation & Education Design

From your perspective, what must be included in a culturally sensitive sexual education resource?

What tone, format, or delivery method would make this resource accessible and empowering?

What long-term change would you like to see in how sexual and reproductive health is taught or discussed in our culture?

Wrap-Up

Is there anything we haven't covered that you think is important for this research?

İştirakçılar üçün Məlumat / Participant Information

Azərbaycan	English
Salam! Sizi “Azərbaycanda gənc qadınlar üçün mədəniyyətə həssas cinsi maarifləndirmə resursları” adlı tədqiqatda iştirak etməyə dəvət edirəm. Bu tədqiqat Delft University of Technology ilə magistratura diplom layihəsinin bir hissəsi olaraq, mən, Ayan Mammədli tərəfindən aparılır. Bu tədqiqatın məqsədi Azərbaycanda gənc qadınlar üçün cinsi təربيə ilə bağlı mövcud çətinlikləri və ehtiyacları araşdırmaq və cinsi sağlamlıq və həyat mövzularında özünü maarifləndirməyə dəstək verən mədəniyyətimizə uyğun bir resurs hazırlamaqdır. Müsahibənin gedişatından asılı olaraq iştirak təxminən 45–60 dəqiqə çəkəcək. Mümkün olarsa, müsahibə zamanı sizdən FigJam lövhəsində ideyalar üzərində birlikdə düşünmək xahiş olunacaq. Müsahibə təhlil məqsədilə audio yazıya alınacaq və layihə başa çatdıqdan sonra silinəcək. Toplanmış məlumatlar Delft University of Technology-da magistratura diplom işim üçün istifadə olunacaq. Tədqiqatın nəticələri tezis reportunda, akademik təqdimatlarda və gələcək tədris və dizayn layihələrinin inkişafında istifadə oluna bilər. İştirakçının razılığı olmadan dərc edilmiş bütün məlumatlar məxfi saxlanılacaq. Sizdən, psixoloq/ginekoloq/kouç kimi cinsi və reproduktiv sağlamlıq mövzusunda peşəkar təcrübələrinizi bölüşməyiniz xahiş olunacaq. Razı olsanız, lahiyanın növbəti mərhələsində mədəni cəhətdən həssas təhsil resursunun inkişafını dəstəkləmək üçün sizdən ilkin dizayn konsepsiyaları haqqında fikirlərinizi bildirmək xahiş oluna bilər. Bütün məlumatlar yalnız tədqiqat qrupuna açıq olan, TU Delft-in təhlükəsiz SurfDrive platformasında qorunacaq. Adınız, elektron poçt ünvanınız və peşəniz yalnız inzibati məqsədlər üçün (məsələn, görüşlərin planlaşdırılması və ya prototip testində iştirak davəti üçün) toplanacaq və müsahibə cavablarınızdan ayrı saxlanılacaq. Müsahibələr audio şəklində yazıla bilər və yalnız təhlil üçün istifadə ediləcək, sonra isə hesabatda anonim şəkildə istifadə olunacaq. Bu tədqiqatda iştirakınız tamamilə könüllüdür və istənilən vaxt, səbəb göstərmədən iştirakdan imtina edə bilərsiniz. Hər hansı bir suala cavab verməmək hüququnuz var. Müsahibə iştirakçıları üçün məlumatlar 21 iyul 2025 tarixinədək silinmək üçün tələb oluna bilər. Bu tarixdən sonra məlumatlar tam anonimləşdiriləcək və tezis reportda şəxsiyyətinizlə əlaqələndirilə bilməyəcək. Əgər bu tədqiqatla bağlı hər hansı sualınız olarsa, aşağıdakı şəxslərlə əlaqə saxlaya bilərsiniz: Corresponding Researcher: Ayan Mammədli Master’s student, TU Delft Responsible Researcher: Annemiek van Boeljen Assistant Professor, TU Delft	Hello! You are being invited to participate in a research study “Culture sensitive Sexual Education Resources for young women in Azerbaijan”. This study is being done by Ayan Mammədli from the TU Delft as a part of her Master Graduation Project. The purpose of this research study is to explore the challenges and needs surrounding sexual education for women in Azerbaijan and to develop a culturally sensitive resource that supports guided self-education on sexual health and intimacy. Participation will take approximately 45-60 minutes, depending on the depth of discussion during interview. During interview you will be asked to collaborate and brainstorm together using FigJam board if possible. The interview will be recorded for analysis purposes and deleted upon completion of the project. The data will be used for my Master’s graduation project at Delft University of Technology. Findings may be included in the final thesis, shared during academic presentations, and used to inform future educational design projects or teaching. All data will be anonymized prior to publication. We will be asking you to share your professional experiences as a Therapist/Gynaecologist/Educator related to sexual and reproductive health education. You may also be asked to reflect on or give feedback about early design concepts to support the development of a culturally sensitive educational resource if you would like to. To the best of our ability, your answers in this study will remain confidential. We will minimize risks by storing all data securely on TU Delft’s SurfDrive, accessible only to the research team. While your name, email, and profession may be collected for administrative purposes (e.g., scheduling, follow-up, or if you choose to be identified for exposure purposes), this information will be stored separately from your interview responses. All research data will be anonymized unless you explicitly consent to be identified. Audio recordings will be used for analysis and then anonymized in reporting. Your participation in this study is entirely voluntary, and you may withdraw at any time without giving a reason. You are also free to skip any questions you do not wish to answer. For interview participants, data can be withdrawn upon request up until 21 July 2025, after which point the data will be fully anonymized and no longer linked to your identity in the final report. If you have any questions about this study, please feel free to contact: Corresponding Researcher: Ayan Mammədli Master’s student, TU Delft Responsible Researcher: Annemiek van Boeljen Assistant Professor, TU Delft

TEMPLATE 2: Explicit Consent points

PLEASE TICK THE APPROPRIATE BOXES	Yes/Bəli	No/Xeyr
A: GENERAL AGREEMENT – RESEARCH GOALS, PARTICPANT TASKS AND VOLUNTARY PARTICIPATION A: ÜMUMİ MÜQAVİLƏ – TƏDQIQAT MƏQSƏDLƏRİ, İŞTİRAKÇILARININ VƏZİFƏLƏRİ VƏ KÖNÜLLÜ İŞTIRAK		
1. I have read and understood the study information dated [DD/MM/YYYY], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction, and I agree to take part in the study. Mən [DD/MM/YYYY] tarixli tədqiqat məlumatını oxudum və başa düşdüm və ya mənə oxundu. Tədqiqatla bağlı suallar verə bildim və suallarıma məni qane edən cavablar verildi və mən bu tədqiqatda iştirak etməyə razıyam.	☐	☐
2. I voluntarily consent to participate in this study, and I understand and agree that I can refuse to answer any question and that I can withdraw from the study at any time, without needing to give a reason. Mən bu tədqiqatda iştirak etməyə könüllü olaraq razıyam və başa düşürəm və razıyam ki, istənilən suala cavab verməkdən imtina edə bilərəm və səbəb göstərmədən istənilən vaxt tədqiqatdan çıxə bilərəm.	☐	☐
3. I understand that the study will end 31 st of August and I can withdraw anytime before 21 st of July Mən başə düşürəm ki, tədqiqat avqustun 31-də başə çatacaq və mən iyulun 21-dən əvvəl istədiyim vaxt iştirakımı geri çəkə bilərəm	☐	☐
4. I understand that interview will last 45-60 minutes. Anlayıram ki, müsahibə 45-60 dəqiqə çəkəcək.	☐	☐
B: POTENTIAL RISKS OF PARTICIPATING (INCLUDING DATA PROTECTION) İŞTIRAK ETMƏNİN POTENSİAL RİSKLƏRİ (MƏLUMATLARIN QORUNMASI DAXİL OLMAQLA)		
5. I understand and agree that taking part in this study involves the following risks: discussing sensitive topics related to culture, sexual and reproductive health, which may cause discomfort. I am aware that I can skip any question or stop the session at any time if I feel uncomfortable. Mən başə düşürəm və razıyam ki, bu tədqiqatda iştirak etmək mədəniyyət, cinsi və reproduktiv sağlamlıqla bağlı həssas mövzuların müzakirəsini əhatə edir və bu, narahatlıq yarada bilər. Mən bilirəm ki, narahatlıq hiss etdiyim halda istənilən suala cavab verməkdən imtina edə və ya sessiyanı istənilən vaxt dayandırə bilərəm.	☐	☐
6. I understand and agree that by taking part in the study, my name, email, and job title may be collected, along with recordings of my interview and my shared opinions. There is a small risk that someone could recognize me, but the researcher will do everything possible to keep my information safe and private by storing it securely and removing my name before using the data in reports. Mən başə düşürəm və razıyam ki, bu tədqiqatda iştirak etdiyim zaman adım, elektron poçt ünvanım və peşəm toplanacaq, həmçinin müsahibə təhlil məqsədi ilə audio yazıya alınacaq və paylaşdığım fikirlər qeyd olunacaq. Kimliyimin tanınması riski çox az da olsa	☐	☐

PLEASE TICK THE APPROPRIATE BOXES	Yes/Bəli	No/Xeyr
mövcuddur, lakin tədqiqatçı məlumatlarını təhlükəsiz şəkildə saxlayaraq və hesabatlarda istifadə etməzdən əvvəl adımı silərək məxfiliyimi qorumaq üçün əlindən gələni edəcəkdir.		
7. I understand and agree that the (identifiable) personal data I provide will be destroyed when the recording is transcribed and anonymized before 21 st of July. Mən başa düşürəm və razıyam ki, təqdim etdiyim (identifikasiya edilə bilən) şəxsi məlumatlar səs yazısı transkripsiya edildikdə və anonimləşdirildikdə 21 iyul tarixinədək məhv ediləcək.	☐	☐
8. I understand and agree that personal information about me that can identify me, such as my voice and name, will not be shared outside the research team. Mən başa düşürəm və razıyam ki, səsim və üzüm kimi məni tanıda biləcək şəxsi məlumatım tədqiqat qrupundan kənarda paylaşılmayacaq.	☐	☐
C: RESEARCH PUBLICATION, DISSEMINATION AND APPLICATION		
9. I agree that my answers, opinions or other input may be cited anonymously in research results. Mən başa düşürəm və razıyam ki, mənim cavablarım, fikirlərim və ya digər məlumatlarım tədqiqat nəticələrində anonim olaraq göstərilə bilər.	☐	☐

Signatures

Name of participant [printed]

Signature

Date

I, as researcher, have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Ayan Mammadli



Signature

Date

Study contact details for further information: Ayan Mammadli

Target group generative session

Culture sensitive Sexual Education Resources for young women in Azerbaijan

Goal for the Generative Session:

The goal of this session is to explore how young Azerbaijani women understand, learn about, and navigate topics related to sexual and reproductive health within their cultural context. The session is designed based on Context Mapping and Cultura Framework to understand personal narratives and map cultural values and tensions.

Research question is:

- How do cultural norms and values in Azerbaijan shape individuals’ understanding, communication, and behaviours around sexual health?

Sub-questions:

- How do young women in Azerbaijan learn about their bodies, sexuality, menstruation, and relationships?
- What are the typical sources of information (e.g., family, school, media, peers) and how much influence do they have in individual’s life?
- What spoken or unspoken cultural expectations influence how they perceive or express their sexuality?
- What barriers and enables are there that influence learning experiences?
- What would make an educational resource feel safe, trustworthy, and culturally respectful?
- What topics, formats, language, and tone should such a resource include?

Procedure

Participants:

- 3–5 Azerbaijani women, aged 18–30
- Participants are recruited through word-of-mouth from personal network. Researcher has not met them prior the session.

- Session will be conducted in Azerbaijani and English (Mix)
- Participants will be informed in advance about the sensitive nature of the topic and the voluntary, confidential nature of the session

Location & Setting

- Private, quiet, and comfortable space with informal seating (home environment,

around a table)

- Every participant gets worksheets with specific colour of their choice
- Based on preference of the participants soft background music and tea/snacks to help ease into the session
- Paper-based, hands-on activities with creative tools (pens, stickers, collage materials, etc.) placed in the centre. They will have access all the creative tools for all the worksheet.

Pre session

- Welcoming the participants and giving brief introduction to the project
- Cover any questions about the project and consent form and make sure I receive signed copy.

Session

Warm Up Exercise: Persona Card sheet

Participants are given a persona sheet where they will create a fictional character that represents them in the session. This persona is a mix of their own lived experiences, stories they’ve heard from friends, or things they’ve observed in society. By projecting their perspectives onto a semi-fictional character, participants can share more freely and retain control over their narrative.

Make a little drawing to represent you

Name :

Age :

Occupation :

Education :

Relationship status :

Location :

About Me

Personality

Introvert

Extrovert

Analytical

Intuitive

Busy

Time rich

Self-conscious

Confident

Individual focused

Family oriented

Keeps things private

Shares openly

Cautious

Adventurous

Influence Map: Who and What Shapes what I know?

A3 sheet

Participants will place themselves in the centre and then build outward, showing who and what shapes their understanding of sexual health, bodies, intimacy, or gender roles.

Centre: participant

Prompt: You can make a doodle to represent yourself in the centre

Layer 1: People and things you interact with personally and regularly

Prompt: Who has influenced you most directly? Whose voice do you hear in your head?

Layer 2: People/things I don't talk to directly or as often but who still influence me

Prompt: Whose ideas shaped what you thought was “normal” or “acceptable”?

Layer 3: Environment, Society, culture

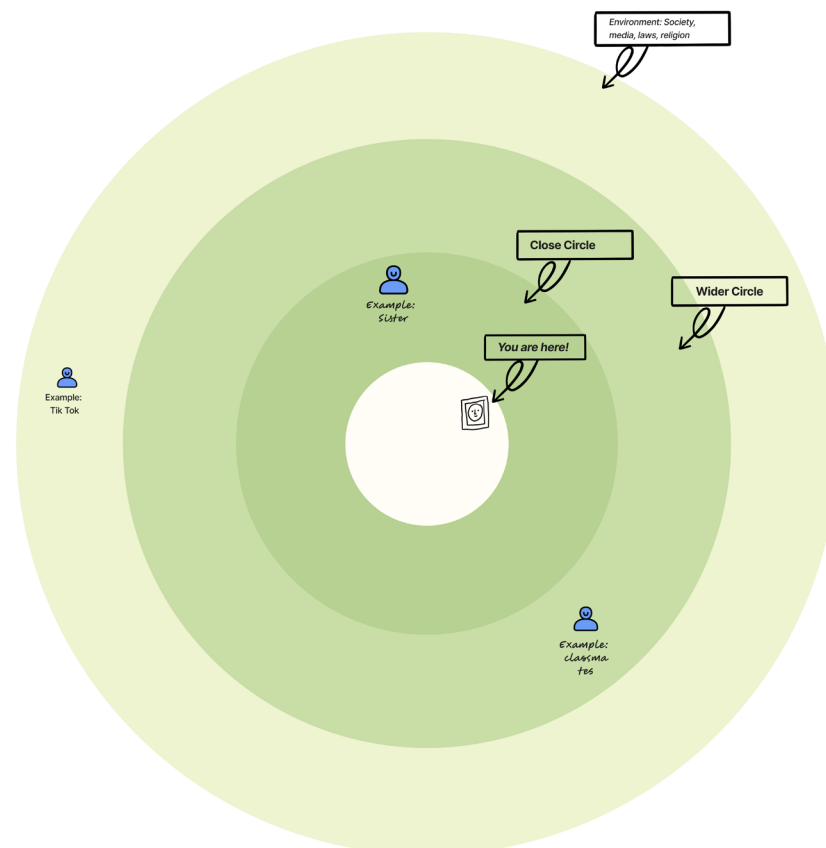
Prompt: Big systems and beliefs that shape all of us

After they fill in the sheet we will have a discussion of the results

- What voices do I trust the most?
- What voices do I wish were louder?
- What influence do I want to resist?
- What/who have helped me feel confident or safe?
- What voices do I hear the most when I make decisions about my body or relationships?

Bildiklərimi kim və nə formalaşdırır?

Bədəniniz, münasibətləriniz, period və ya seksuallıq kimi mövzuları necə başa düşməyinizi formalaşdıran insanlar, fikirlər və qaydalar haqqında düşünün. Mərkəzdə sən olmaqla, kənara doğru hərəkət edən dairlələri doldurun. Siz adlar, rollar, qaydalar və ya simvollar yazı bilərsiniz. İstədiyiniz qədər açıq və ya gizli olun.



TimeLine: My Story! How my role and my knowledge change over time...

A3 sheet

The participants will be asked to map important moments in their journey learning about sexual health, bodies, relationships and intimacy. They can include memories emotions, and things they have learned or questions they had. They are also asked to reflect and map how their role as girl/woman has changed over time. To uncover the unspoken cultural roles women are expected to play, and how those roles influence their choices, thoughts, and behaviours.

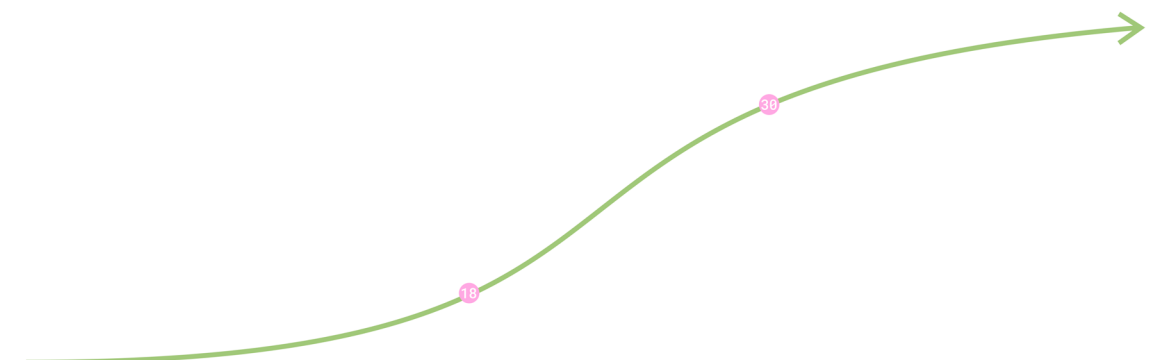
After they fill in the sheet we will have a discussion of the results:

- When did I first learn something important or confusing about periods, sex, or relationships? How did it make me feel?
- How has my role or identity as a girl/woman changed at different ages?
- When were you able to ask questions? When were you not able to ask them?
- Over the years have you noticed changes in attitudes toward this topics? Both your own and others?
- Where can we support you better? What do you think you might need in the future?

Sənin Hekayən!

Zamanla biliyim və rolum necə dəyişir...

Cinsi sağlamlıq, bədən, münasibətlər və ya yaxınlıq haqqında nələr öyrəndiyini xatırla və bu xatirələri zaman xəritəsinə yerləşdir. Həmin anda eşitdiyən sözləri, hiss etdiklərini və ya özünə verdiyin sualları qeyd edə bilərsən. Doğru və ya səhv yoxdur – bu sənin hekayəndir.



Concluding brainstorm

Using sticky notes and images quickly come up with ideas for:

Must Haves! Avoid This!

Imagine there was a safe, helpful tool that could teach you or someone like you about sexual health, relationships, or your body.

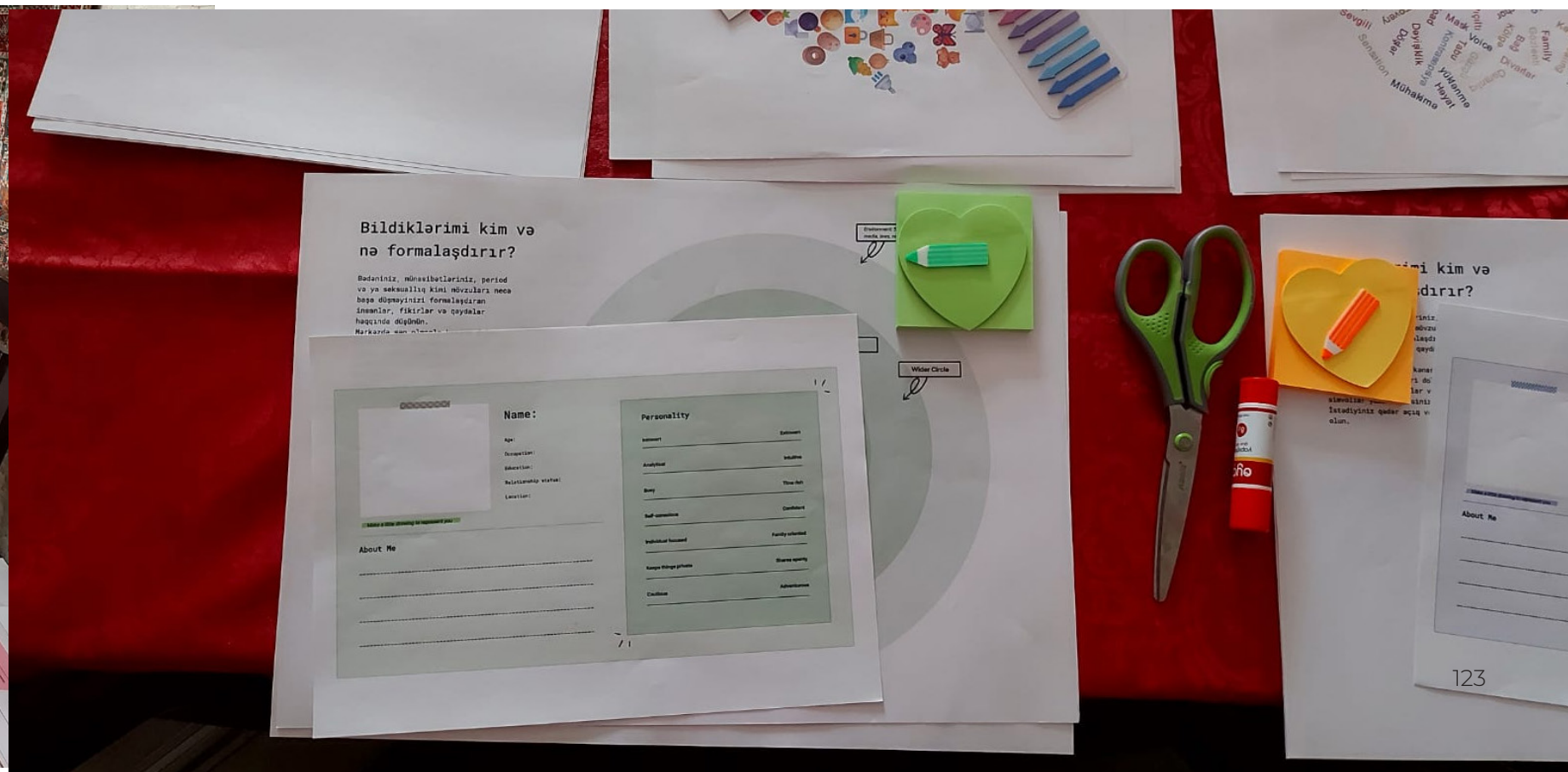
What would it include? What would it not include? What would make it feel safe, respectful, and useful?

What I Wish This Resource Could Say To Me

If this resource could talk, what would you want it to say?

What tone would feel comforting? What messages would make you feel seen, not judged?

Anything else?



İştirakçılar üçün Məlumat / Participant Information

Azərbaycan	English
Salam! Sizi “Azərbaycanda gənc qadınlar üçün mədəniyyətə həssas cinsi maarifləndirmə resursları” adlı tədqiqatda iştirak etməyə dəvət edirəm. Bu tədqiqat Delft University of Technology ilə magistratura diplom layihəsinin bir hissəsi olaraq, mən, Ayan Məmmədli tərəfindən aparılır. Bu tədqiqatın məqsədi, Azərbaycanda gənc qadınların cinsi və reproduktiv sağlamlıq haqqında necə məlumatlandırıldığı daha yaxşı başa düşmək və onların ehtiyaclarına uyğun, hörmətli və mədəniyyətə uyğun maarifləndirici resursların necə yaradılacağını araşdırmaqdır. Sizin fikirləriniz bu resursun yaradılmasında kömək edəcək və başqaları üçün də faydalı ola bilər. Sessiya təxminən 1.5-2 saat davam edəcək. Bu müddət ərzində biz kiçik qrup şəraitində (3-5 iştirakçı) bir sıra yaradıcı və müzakirəyə əsaslanan tapşırıqlar edəcəyik. Heç bir keçmiş təcrübə tələb olunmur. Rahat hiss etdiyiniz qədər çox və ya az paylaşıa bilərsiniz. İcazənizlə, söhbət audio formatında yazılacaq ki, sonradan dediklərinizi diqqətlə dinləyib təhlil edə bilim. Bu yazı layihə bitdikdən sonra silinəcəkdir. Paylaşdığınız hər şey anonim saxlanacaq və diqqətlə qorunacaq. Adınız və əlaqə məlumatlarınız təsis reportunda yer almayacaq. Bu tədqiqat TU Delft-dəki Diplom layihəmin bir hissəsidir. Nəticələr tezis və təqdimat şəklində paylaşılaçaq, amma sizin şəxsiyyətiniz heç vaxt açıqlanmayacaq. Verdiyiniz məlumatlara yalnız tədqiqat qrupu çıxış edə biləcək və onlar təhlükəsiz şəkildə saxlanılacaqdır. İştirakın tamamıyla könüllüdür. İstənilən suala cavab verməyə və istədiyiniz vaxt müsahibəni heç bir səbəb göstərmədən dayandıra bilərsiniz. Əgər iştirak etməyə qərar versəniz, 2025-ci il iyulun 21-dək fikrinizi dəyişib məlumatlarınızın silinməsinə istəyə bilərsiniz. Bu tarixdən sonra bütün məlumatlar tam anonimləşdiriləcək və artıq sizə aid olduğu müəyyən edilə bilməyəcək. Əgər bu tədqiqatla bağlı hər hansı sualınız olarsa, müsahibə zamanı, əvvəl və ya sonra, mənə, Ayan Məmmədliyə istənilən vaxt müraciət edə bilərsiniz. Bu önəmli layihəyə qatılmağı düşündüyünüz üçün sizə çox təşəkkür edirəm! Əgər bu tədqiqatla bağlı hər hansı sualınız olarsa, aşağıdakı şəxslərlə əlaqə saxlaya bilərsiniz: • Corresponding Researcher (Student): Ayan Məmmədli Master’s student, TU Delft • Responsible Researcher (Supervisor): Annemiek van Boeijen Assistant Professor, TU Delft	Hello! You are invited to take part in a research session called “Culturally Sensitive Sexual Education Resources for Young Women in Azerbaijan.” This study is being conducted by Ayan Mammadli, a Master’s student at Delft University of Technology (TU Delft). The purpose of this session is to better understand how young women in Azerbaijan learn about sexual and reproductive health, how culture shapes their experiences, and how we might co-create respectful, relevant, and safe educational resources. Your participation will help shape a new resource that could support others like you. The session will take approximately 1.5-2 hours. During this time, we’ll do a series of creative and discussion-based activities in a small group setting (3–5 participants). You don’t need any special experience — just your honest thoughts and personal reflections. You can share as much or as little as you feel comfortable with. With your permission, the session will be audio recorded so I can carefully reflect on what was said afterward. The recordings will only be used for analysis and will be deleted once the project is complete. Everything you share will be kept confidential and anonymous — your name or contact details will never appear in the final report. This research is part of my Master’s graduation project at TU Delft. The findings may be included in a public thesis and presentation, but your identity will never be revealed. Only the researcher will have access to the collected data, and all information will be stored securely. Taking part is completely voluntary. You can skip any activity or question, and you can leave the session at any time, without needing to give a reason. If you later change your mind, you can request for your data to be removed any time before 21 July 2025. After that date, everything will be fully anonymized and can no longer be linked to you. If you have any questions before, during, or after the session, feel free to reach out to me, Ayan Mammadli, at any time. Thank you so much for considering being part of this important project! If you have any questions about this study, please feel free to contact: • Corresponding Researcher (Student): Ayan Mammadli Master’s student, TU Delft • Responsible Researcher (Supervisor): Annemiek van Boeijen Assistant Professor, TU Delft

TEMPLATE 2: Explicit Consent points

PLEASE TICK THE APPROPRIATE BOXES	Yes/Bəli	No/Xeyr
A: GENERAL AGREEMENT – RESEARCH GOALS, PARTICPANT TASKS AND VOLUNTARY PARTICIPATION A: ÜMUMİ MÜQAVİLƏ – TƏDQIQAT MƏQSƏDLƏRİ, İŞTİRAKÇILARININ VƏZİFƏLƏRİ VƏ KÖNÜLLÜ İŞTIRAK		
1. I have read and understood the study information dated 24/05/2025, or it has been read to me. I have been able to ask questions about the study, my questions have been answered to my satisfaction, and I agree to take part in the study. Mən 24/05/2025 tarixli tədqiqat məlumatını oxudum və başa düşdüm və ya mənə oxundu. Tədqiqatla bağlı suallar verə bildim, suallarıma məni qane edən cavablar verildi və mən bu tədqiqatda iştirak etməyə razıyam.	☐	☐
2. I voluntarily consent to participate in this study, and I understand and agree that I can refuse to answer any question and that I can withdraw from the study at any time, without needing to give a reason. Mən bu tədqiqatda iştirak etməyə könüllü olaraq razıyam və başa düşürəm və razıyam ki, istənilən suala cavab verməkdən imtina edə bilərəm və səbəb göstərmədən istənilən vaxt tədqiqatdan çıxıa bilərəm.	☐	☐
3. I understand and agree that the study will end on the 21st of August, and that I can withdraw my participation at any time before the 21st of July. Mən başa düşürəm və razıyam ki, tədqiqat avqustun 21-də başa çatacaq və mən iyulun 21-dən əvvəl istənilən vaxt iştirakımı geri çəkə bilərəm.	☐	☐
4. I understand that interview will last 45-60 minutes. Anlayıram ki, müsahibə 45-60 dəqiqə çəkəcək.	☐	☐
B: POTENTIAL RISKS OF PARTICIPATING (INCLUDING DATA PROTECTION) İŞTIRAK ETMƏNİN POTENSİAL RİSKLƏRİ (MƏLUMATLARIN QORUNMASI DAXİL OLMAQLA)		
5. I understand and agree that taking part in this study involves the following risks: discussing sensitive topics related to culture, sexual and reproductive health, which may cause discomfort. I am aware that I can skip any question or stop the session at any time if I feel uncomfortable. Mən başa düşürəm və razıyam ki, bu tədqiqatda iştirak etmək mədəniyyət, cinsi və reproduktiv sağlamlıqla bağlı həssas mövzuların müzakirəsini əhatə edir və bu, narahatlıq yarada bilər. Mən bilirəm ki, narahatlıq hiss etdiyim halda istənilən suala cavab verməkdən imtina edə və ya sessiyanı istənilən vaxt dayandıra bilərəm.	☐	☐
6. I understand and agree that by taking part in this study, my name, email address, and job title may be collected, along with recordings of the session and the opinions I share. Although there is a small risk that someone could recognize me, the researcher will take all possible steps to protect my privacy by storing the data securely and removing my name before using it in any reports. Mən başa düşürəm və razıyam ki, bu tədqiqatda iştirak etdiyim zaman adım, elektron poçt ünvanım və peşəm, həmçinin sessiyanın audioyazısı və paylaşdığım fikirlər toplanacaq. Kimliyimin tanınması riski çox az olsa da, tədqiqatçı məlumatlarımı	☐	☐

PLEASE TICK THE APPROPRIATE BOXES	Yes/Bəli	No/Xeyr
təhlükəsiz şəkildə saxlayacaq və hesabatlarda istifadə etməzdən əvvəl adımı silərək məxfiliyimi qorumaq üçün bütün mümkün tədbirləri görəcək.		
7. I understand and agree that the identifiable personal data I provide will be destroyed once the recording is transcribed and anonymized, and this will happen before the 21st of July. Mən başa düşürəm və razıyam ki, təqdim etdiyim identifikasiya edilə bilən şəxsi məlumatlar səs yazısı transkripsiya edildikdən və anonimləşdirildikdən sonra, 21 iyul tarixindən əvvəl məhv ediləcək.	☐	☐
8. I understand and agree that personal information that could identify me — such as my voice or name — will not be shared outside the research team. Mən başa düşürəm və razıyam ki, səsim və adım kimi məni tanıda biləcək şəxsi məlumatlar tədqiqat qrupundan kənarəda paylaşılmayacaq.	☐	☐
C: RESEARCH PUBLICATION, DISSEMINATION AND APPLICATION		
9. I agree that my answers, opinions or other input may be cited anonymously in research results. Mən razıyam ki, mənim cavablarım, fikirlərim və ya digər məlumatlarım tədqiqat nəticələrində anonim olaraq göstərilə bilər.	☐	☐

Signatures

Name of participant [printed]

Signature

24.05.2025

Date

I, as researcher, have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Ayan Mammadli

Researcher name [printed]

Signature

24.05.2025

Date

Study contact details for further information: Ayan Mammadli

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Goal of Evaluation Session

This evaluation aims to explore how the concept *Yanımda* (a layered invitation + educational website) is experienced by the intended users. The objective is to:

Understand how inviting, trustworthy, and appropriate the concept feels

Identify any discomforts, barriers, or points of hesitation in the user journey

Gather suggestions to improve emotional, cultural, and practical alignment

Research Question:

To what extent does Yanımda (invitation + website) feel welcoming, useful, and feasible to young Azerbaijani women and healthcare experts, and what improvements are needed for real-world use?

Target group Session:

Participants: 4–6 Azerbaijani women (ages 18–30)

Duration: ~60 minutes

Format: Quick presentation to remind participants about the project and show the product trailer. Then using Figma-based walkthrough of the user journey, using frames from the video.

Structure:

10 min: Introduction + watch video/storyboard

30–40 min: Step-by-step discussion using Figma board

5–10 min: Final reflections and discussion

Materials:

Consent forms (if new participants join)

Participants will be the same as in generative session, and evaluation session was included.

Slides and Roleplay video

Figma board with visual journey steps and guiding questions

QR code to website (participants can explore prototype)

Evaluation Flow: Each step of the journey will be presented visually in Figma. Participants will be asked to think aloud and respond to questions after each key moment.

Journey Steps & Questions:

1. Noticing the Invitation in a Public Bathroom

What’s your first impression?

Would you notice this invitation in this setting?

2. Picking Up the Invitation

Would you feel comfortable picking this up here?

What might stop you from picking it up?

Does this feel like something you can take freely?

3. Looking Inside the Invitation and Revealing the Hidden Section

What’s your first impression?

Is anything unclear or surprising?

What do you think this section is for?

Would secret compartment make you curious to learn more?

4. Scanning the QR Code

Would you scan the QR code right away?

What might make you hesitate?

In what kind of place would you feel comfortable doing this?

5. First Impression of the Mobile view of Website

How do you feel when you first land on the website?

Would you keep exploring or leave?

What was the first thing that you noticed?

6. Taking the Invitation with You

Would you take this invitation with you? Why or why not?

Would you share it with a friend?

7. Check out the website at your own time

Would you go back to explore more?

When or where would you feel most comfortable doing that?

8. Exploring Articles

Does it feel safe to explore openly?

Would you keep exploring or leave?

Do any topics feel too much or too little?

What kinds of articles would you want to read here?

9. Looking Up Your Own Questions

Do you feel this is the right place for your questions?

Does the website feel safe to ask your questions?

Wrap-Up Questions:

Any final thoughts, questions notes you would like to share?

Expert Evaluation

The evaluation with Experts would be conducted via a questionnaire due to their busy schedules. Experts interviewed during Discover Phase of the project will be sent the questionnaire with the video/storyboard attached. The survey will take approximately 10 minutes.

Link to the form here: <https://forms.office.com/e/KqYDzwHrsM>

Questions:

1. Profession:
2. What was your first impression of this concept?
3. You can get to know the different cards here. What do you think of them?
4. Do you think this format (invitation card+QR code+Website) could be applied in Azerbaijani Context? Do you think it would yield results?
5. Do you think such cards can be placed in public spaces (for instance, women's bathrooms, changing rooms, clinics, etc.)? Where do you think it would be most appropriate and accepted?
6. Does the content of the website feel relevant and trustworthy in your opinion?
7. Do you think such website could be useful to your patients/clients?
8. Are there anything to change or any improvement suggestion that could make this concept better?

