



Dear Suha and George Farha,

It may sound like a cliché, but it is difficult to know how to start putting the last few years into words. 'Thank you' feels feeble compared to the immeasurable impact your remarkable and generous donation has had, and the work it has enabled me to complete – but thank you, whole-heartedly.

To remind you of my background, I completed my BA in English Literature at Cardiff University and my MSc in International Relations at the University of Bristol, where I focused on Sub-Saharan Africa, and namely in issues of health – particularly HIV. After completing my dissertation, where I compared the socio-economic consequences of western NGOs' involvement in the HIV epidemic in Uganda, Swaziland and South Africa, I became fascinated by the role of local and international media in this area. I was then fortunate enough to be awarded a partial scholarship to pursue a second MS on my dream course in Journalism at Boston University, focusing on International Reporting – specifically Global Health. I was also able to gain essential professional experiences: interning for an online magazine dedicated exclusively to Human Rights reporting; interning with Voice of America, which provides news coverage and broadcast shows to countries where impartial journalism is poor or non-existent; and being stood between the BBC and New York Times at a Hillary Clinton rally in Washington DC during the 2016 election cycle. My degree cumulated with a prestigious and unexpected opportunity as a Fellow for the Pulitzer Center on Crisis Reporting, which took me to Botswana to report on the increasing cases of cancer, specifically the impact for HIV sufferers, and the additional challenges this poses for Botswana's healthcare infrastructure. On my return, I completed a UK based project, where I explored the re-emergence of Victorian diseases amongst our homeless population, related to malnutrition and impoverished living conditions.

Underpinning all of these academic experiences is Turner Syndrome – a genetic disorder affecting height and fertility, among many other things. 98% of foetuses with my condition are miscarried and I had a 1/25000 chance of survival – so I'm more passionate than most about making my existence count. During an internship at the New England Centre of Investigative Reporting, I was offered the chance to write an opinion piece on my life with the disorder, and the dangers of prenatal genetic screening and consequent termination. I have continued with my advocacy work in this field, including an "Ask Me Anything" session on Reddit, lectures and seminars with first year medical students, and assemblies with schoolchildren ranging in age from 14 to 18.

On the evening of my MS graduation, I stumbled across a description of this PhD project on find-a-PHD, and felt instantaneously connected to it. Combining qualitative research in-depth interviews, Botswana – a place I already knew and loved and women's empowerment has been the perfect concoction. My PhD project is titled "A digital intervention to improve contraception choice, uptake and effective use in Botswana: acceptability, feasibility, design and content." I have conducted interviews with eHealth specialists, key stakeholders in family planning, healthcare providers and local women in Gaborone, recruited from a large number of clinics and institutions, representing a wide range of socio-economic areas. Using their insight, I hope to design an acceptable and feasible eHealth intervention, which will provide contraceptive information and advice, so that more Botswana women can be empowered to make effective,

safe and personal choices about their own healthcare. Although Botswana has made huge strides in promoting contraceptives, only 56% of women are currently using them, and 95% of this is use of the male condom. The web of socio-economic and geographical reasons for this can feel extremely overwhelming, especially in a culture where negotiating sexual relationships remains impossible for many women, and unprotected sex remains associated with 'trusting' a partner - a more harrowing concept due to the HIV epidemic Botswana is still battling.

After almost a year of research planning and reading, I went to Botswana for my first PhD-related trip in September 2017, and knew that this experience would be life changing. I knew this during clinical observations, when I held a medical lamp over a UK volunteer doctor who was performing a backlog of implant removals during a power-cut in a storm, our temporary porta-cabin clinic being hammered by a deluge of rain while thunder roared overhead. I knew this as I sat opposite a passionate, emotional healthcare provider, who told me about an emergency patient of hers who had her implant bitten out by her partner; the patient hadn't had her period, the partner was misinformed and angry and living in a society where men, in many cases, remain completely in control of sexual relationships, so he took action - a shocking, dramatic and dangerous one, but justified for him. I knew this most recently during my interviews with women, where brave and vulnerable individuals shared stories of unimaginable pain in their sexual history, while others shared inspiring, optimistic stories of gender equality and unwavering support – from healthcare workers, partners and friends.

Botswana is a unique country, filled with some of the most dedicated, supportive and kind people I have ever encountered. I was privileged to work with researchers from the Botswana Reproductive and Sexual Health Initiative, founded by my mentor and supervisor Chelsea Morroni, who have dedicated their skills and careers to the empowerment of women, across a whole host of health-focused projects. Their invaluable insight, meticulous work ethic, impressive research skills and inspirational real-world application of findings has raised the quality of this research to a higher level than I could have even hoped.

I feel immensely lucky and proud to have been dedicated to such an exciting and unusual project, in an emotive and important field, for the last 3 years - but the work is not done yet! I completed my data collection in August this year, so am now fully immersed in "thesis writing-mode". I am currently finalising my literature review chapter, where I am narratively-describing the factors influencing contraceptive choice and use in Botswana as found by previous studies. I am also in the process of analysing and disseminating my qualitative research findings, summarised in 3 thesis chapters and published in peer review journals. I am simultaneously applying for part-time jobs to support me while I am finishing up, to begin early next year; I hope to submit my final thesis in June, and my viva examination is tentatively scheduled for July. After finishing, I do not know where I will end up, but I am certain that I will dedicate my career and life to empowering those who are unable to advocate for themselves, and attempt to communicate these complex and emotive issues in a way that engages the widest-possible audience.

I write this letter to give you a glimpse into the exciting and varied world I've been fortunate enough to be immersed in, all because of your generous support. I hope it adequately portrays my sincere gratitude, passion for this field, and dedication to the work; I truly believe your donation has put me on the path I was destined to be on. I look forward to keeping you updated with the outcomes of this project, and writing to you again as "Dr Bawn".

Thank you – and all best wishes,

A handwritten signature in black ink, appearing to read 'Caitlin Bawn'. The signature is fluid and cursive, with a large, stylized 'B'.

Caitlin Bawn