WHO awards CRPH a 5-year grant to Strengthen Research Capacity for Operational Research in Sexual and Reproductive Health in the Eastern Mediterranean Region (EMRO)

The World Health Organization (WHO) has awarded CRPH the sum of $110,815 for one year beginning June, 2008, to begin a capacity building project entitled “Strengthening research capacity in Reproductive Health in the Eastern Mediterranean.”

This is the first award for a five-year project whose overall goal is to enhance the expertise of reproductive health professionals (program managers in NGOs, ministries and other community-based organizations) and researchers conducting operational research in sexual and reproductive health.

The project aims to: strengthen the capacity of both sexual and reproductive health program managers and researchers working in the EMRO region in operational research for program improvement; assist in the identification of appropriate in-country operational research topics and develop potential operational research proposals to be conducted at the national and regional levels; and to initiate a regional network/platform on operational research that will facilitate the dissemination of relevant OR topics by bridging and enhancing national and regional expertise.

Participants will be trained on the main thematic areas pertaining to operational research in sexual and reproductive health and then in groups on the applied concepts of operational research in sexual and reproductive health. The groups will be determined according to the premise that countries within each sub-group have a distinct set of sexual and reproductive health priority areas and share similar socio-demographic and economic characteristics. The determination of the different reproductive health priority areas per group will be made in consensus with various project stakeholders and counterparts.

Research Highlights

Stressful Life Events and Depressive Symptoms in a Post-War Context: Which Informal Support Makes a Difference?

Gerontological literature uses the life stress paradigm to understand the impact of stress on psychological well-being, as well as the protective role that social resources play in buffering those effects. These relationships however are not well understood within various historical and social contexts. The main purpose of this study is to examine the moderating role of social support in the relationship between current stressful life events and depressive symptoms for older adults residing in post-civil war Lebanon.

Using a sample of 490 older adults, this study utilized a cross-sectional design to investigate whether age-related stressors shape depression outcomes in expected ways in postwar Lebanon and in a society where informal social networks are the norm. Data was obtained from the Older Adult Component of the Urban Health Survey undertaken by the CRPH Urban Health Study (2002-03). The survey was administered in colloquial Arabic and individual interviews were conducted face-to-face within subjects’ homes using

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Given the civil war-time experiences and post-war conditions that disrupted the social and financial domains of older Lebanon, the delivery of financial support to certain stressors, such as those related to familial conflicts and financial problems would make more salient demands on individual psychological well-being as compared to such other stressors as health decline, violence or serious accidents.

Contrary to expectations, results suggested that older Lebanese are more susceptible to the effects of health-decline and serious accident events than other types of stressors such as losses in the family and financial problems. Findings also provided evidence for a differential protective role for certain social resource factors on current depressive levels depending on the nature of the stressor. While having a spouse appeared to reduce the effect of violent events on individual depression levels, the presence of children co-residing within the same household as that of the older adults increased depressive symptom scores associated with exposure to death and accident-related events. Furthermore, depressive symptoms were significantly higher for women with higher levels of satisfaction with informal social support ties associated with neighbors and friends.

Hospital Policies and Practices Concerning Normal Childbirth in Jordan

Internationally, campaigns to lower maternal mortality highlight the importance of skilled attendance during labor and delivery and indicate that the efficiency of health delivery in Jordan is currently provided in a healthcare facility. However, less attention is paid to whether evidence-based practices are followed for all deliveries, especially for normal deliveries and uncomplicated deliveries. Knowing that 97% of Jordanian women deliver in hospitals, this study explored the reported policies and practices of normal deliveries in a nationally representative sample of 30 hospitals in order to assess whether these are evidence-based and whether women are given choices in delivery. General managers of the hospitals or members of the hospital administration as well as obstetricians or registered nurses/ midwives were interviewed using a semi-structured questionnaire. Hospitals were selected based on three stratification criteria - location, hospital type and, for private hospitals only, the number of beds. Almost all hospitals reported that they were capable of providing comprehensive essential obstetric care. The only issue was the rate of the institutionalization of childbirth, especially for women who are at increased risk of adverse outcomes. Professional support was found to be adequate but less than half of the hospitals sampled reported allowing a companion to attend labor, and less than one-third reported allowing a companion to attend delivery. Mobility during labor has many advantages, including increasing the contractions that aid in cervical dilation. 80% of the hospitals studied reported that they allow women mostly to remain in labor, but only 23% of hospitals reported that they allow the woman to choose the position she takes during labor. Many routines commonly practiced in Jordanian hospitals are known to be ineffective or harmful such as restricting food and water, routine enemas and pubic shaving. The survey covered 87% of the hospitals studied. Seventeen of the results from this study underscore the importance of expanding definitions of social support in Middle Eastern populations to include support from unconventional sources and add to the discourse by emphasizing the importance of understanding the saliency of the source of support in relation to the stressor experienced.


All aspects of the intervention and its evaluation are being implemented including the randomization procedures, the selection of 25% of sessions for micro-assessment and evaluation. A thorough process evaluation is being conducted to assess each aspect of the intervention. The YWG is in the preparatory stage of implementing this smaller version of the intervention. For example, it learned that consent of the child is difficult to get in the household; that children of 10-11 years understand questions literally which has implications on the survey used for pre and post assessment; that for mothers to participate, clear methods need to be made for child care of their children; that consent from fathers is hard to obtain during daytime hours (even weekends) as they work long hours. In addition, the YWG learned much about the administrative aspects of an intervention of this scale.

The smaller version included ten sessions with youth, four with their parents and two workshops with teachers. The ten sessions focus on skill building and communication; problem solving; self esteem and self responsibility; analyzing community assets, resources, and problems. The parent sessions are around the same themes, and two workshops will be conducted with teachers based on these themes and their identified related needs as discussed in focus groups with them.

Research Working Groups

Youth Working Group (YWG) conducts Mental Health Promotion Intervention

The YWG of the Urban Health Study conducted a multi-dimensional health-interview questionnaire specifically developed for the objectives of the study.

The YWG of the Urban Health Study Youth Working Group (YWG) conducts Mental Health Promotion Intervention for the purpose of developing and implementing in private hospitals only, the number selected based on three stratification criteria. Midwives were interviewed using a semi-structured questionnaire as well as obstetricians or registered nurses/midwives were interviewed using a semi-structured questionnaire. The larger scale implementation stage. The larger scale implementation stage. The larger scale implementation stage. The larger scale implementation stage. The larger scale implementation stage. The larger scale implementation stage. The larger scale implementation stage. The larger scale implementation stage.

The YWG believes this experience has been enriched it and provided it with important insight as practitioners. It will be documenting this learning through manuscripts focused on the ethics of research with children in our context, the development and implementation of a pilot intervention and assessment of surveys through cognitive interviewing with children in this region, among others.

This work has been made possible through complete partnership with the local community - this is the co-learning that is so critical in community based participatory research.

The Women’s Reproductive Health Group (WRHG) undertakes community-based psychosocial intervention study

In September 2007, the Wellcome Trust awarded the YWG a large three-year grant to support a mental health intervention study. The WRHG has begun this community-based mental health intervention study, which aims at decreasing women’s complaints of subclinical depression in Jordan.

The Beck Depression Inventory (BDI) and the Mini International Neuropsychiatric Interview (MINI) are being used for depression screening. Since the study was chosen by the trial team because it is simple to administer and easy to score. The BDI is in the preparatory phase of the MUSYD Trial and hopes to begin recruitment and intervention in November 2008. This phase includes: the validation study of the mental health instrument which will be used for determining the screening cut off point for enrollment: Hopkins Checklist-25 (HSLC- 25) against State Trait Anxiety Index (STAI) will be administered in order to test the construct and the clinical validity of Hopkins checklist 25. The clinical validation will be made against the Mini International Neuropsychiatric Interview (MINI) and the Beck Depression Inventory (BDI) and the State Anxiety Inventory (STAI) will be administered in order to make sure the scale adequately measures anxiety and depression in its translated Arabic version.

The data collection phase began May 5th 2008, where participants were identified and recruited through the social service center (Ministry of Social Affairs) of Maamoura. The study validation site, Maamoura, was specifically chosen as it shares similar socio-economic characteristics to He i el Selloum, where the community-based intervention trial will take place. The aim behind this validation study is to test the construct and the clinical validity of Hopkins checklist 25. The clinical validation will be made against the Mini International Neuropsychiatric Interview (MINI) and the Beck Depression Inventory (BDI) and the State Anxiety Inventory (STAI) will be administered in order to determine the adequate cut of points.
for the scoring of both depression and anxiety. Social workers will administer the three scales (HSCL-25, BD Thornton) to 150 women (aged 18-49 years). These women will then undergo a clinical interview by a mental health specialist using the Mini International Neuropsychiatric Interview - MINI. MINI was validated in Arabic in a study done in Morocco.

The Bedouin Health Group (BHG) finds qualitative data to be rich and informative

In September 2007, the European Commission awarded the CRPH a large grant to fund a project to improve access and quality of health care for Bedouins in Lebanon and Jordan. The Bedouin Health Group for Lebanon, housed at the CRPH, has almost completed the first of this two-phase study.

Bedouin communities continue to be marginalized in Lebanon and the region. Basic health care provision for pastoral peoples has been difficult to provide due to several factors related to remoteness, culture, and mobility. Jordan and Lebanon have pursued different models of governmental health care, where Lebanon has maintained general health services for its rural population irrespective of their socio-cultural specificities.

The Bedouin health study aims mainly to assess the health status, health seeking behavior and practices of the Bedouins in Bekaa valley, and in addition to assess the scope of current health care services delivery by understanding the views of policy makers, health care providers, Bedouin women themselves. Ultimately, this two-phased project looks at developing partnership with local providers and model interventions to improve access to and quality of reproductive and child care. The project was begun in September 2007 and has completed all its administrative, logistic and research aspects.

Phase I is almost complete: the data from interviews with policy makers, health care providers, Bedouin women utilizing services, in addition to mapping and assessing a total of six clinics that are potentially and mostly utilized by Bedouin population are being processed. Some of the early results are interesting in terms of understanding of the process of health perception, health care planning, and utilization within the Bedouin’s specific needs. The qualitative data are rich and very informative and will prove useful in the second phase. A meeting was held in June 2008 to disseminate earlier results to the National Advisory Committee of the project and other stakeholders.

Phase II is expected to start towards the end of 2008, and will be based on the Phase I results and continuous communication with the partners and local Bedouin community.

CRPH Affiliate News

Sawsan Abdulrahim (Assistant Professor, Department of Health Behavior and Education, sawsana@aub.edu.lb)

Abdulrahim spent the Fall 2007 semester as a visiting scholar at the University of California, San Francisco. During this time, she compiled and read research on social inequalities and health in developing country settings. She presented a paper entitled “The Cost of Being Palestinian in Lebanon” at the Mapping Global Inequalities Conference in December of 2007. The paper, co-authored with Marwan Kwaajwa, examines differences in wage returns on education and occupation by “ethnicity.” She also attended in April, 2008 an Immigration and Development workshop sponsored by the European Center on International Migration, Integration, and Social Cohesion, at Notre Dame University’s Lebanese Emigration Research Center.

Hym Bashour (Professor, Chair of the Department of Family and Community Medicine, Faculty of Medicine, Damascus University, hbashour@scs-net.org)

Bashour attended the workshop in addition to 5 international resource people (3 from United Kingdom, 1 from South Africa, and 1 from Turkey). From the UK, Oona Campbell, Professor in Maternal Epidemiology and head of the Maternal and Neonatal unit at the London School of Hygiene and Tropical Medicine attended as a founder of the research network and an expert in maternal health globally. Jane Sandall, Professor of Midwifery at King’s College, London presented her research on comparative approaches to studying maternity care. In addition, Soo Downe, Professor of Midwifery at the University of Central Lancashire in the UK participated as someone who has been active in transnational research and who has been looking at connections between maternal health and the health system.

The workshop was followed by an Advisory Committee meeting on January 24, 2008 in which among the items discussed was how to address some of the issues raised at the workshop in the research agenda for the network in the next phase.

CRPH Monthly Research Seminars

March 27, 2008

Forces behind the sharp fertility Decline in Iran by Mohammad Jali and Maryam Toosi. PhD. Associate Professor, Department of Demography, University of Tehran, Iran. Associate at the Australian Demographic and Social Research Institute (ADSR), the Australian National University (ANU).

March 17, 2008

Bedouin in Lebanon and Jordan: Improving Access to and Quality of Reproductive and Child Health Care to Marginal Peoples by Dawn Chatz, PhD. Reader in Anthropology and Forced Migration and Deputy Director of the Refugees Studies Centre, Department of International Development, University of Oxford, UK.

February 26, 2008

Inequity in Development by Marcus Marktanner, PhD. Assistant Professor, Department of Economics, Faculty of Arts & Sciences, American University of Beirut.

January 31, 2008

Incidence and Prevalence of Dementia in Denmark and Pre-menopausal Hysterectomy and Early-onset Dementia by Kieu Phung, PhD. CRPH Affiliate and Research fellow at the Memory Disorders Research Group, The Neuroscience Center, Department of Neurology, Rigshospitalet, University Hospital of Copenhagen, Denmark (KU).
CRPH News

Announcement

Nasser Yassin, PhD, has been appointed as Acting Director of CRPH for the academic year 2008-2009. Yassin completed his PhD in Development Planning at University College London in 2008. He is a former student in the Faculty of Health Sciences earning a BSc in community health. In 1999 and 2001 population studies in Yemen, Yassin’s current research interests include causes of civil conflict and exploration of urban dimension in conflicts and violence; the construction of sectarian identities, polarization of communities and escalation of violence; and the adaptation of the concept of social capital, social networks and community relationships into multi-sectarian societies. Yassin will be replacing Marwan Khawaja who will be on leave from AUB during the next academic year.

Visiting Fellows Program

Najeha Saleh Bahbashi, PhD is Assistant Professor at the Faculty of Medicine and Health Science, Sana’a University. During her one-month fellowship in June 2008, she plans to undertake an analysis of the results of a qualitative study jointly conducted with CRPH affiliate Jocelyn Dejong entitled: “Empirical application of the capabilities framework to reproductive health in Yemen”. She also hopes to develop the full framework to reproductive health in Yemen. “She will be presenting her findings at the upcoming Reproductive Health Working Group annual conference in July. She plans to develop the interventions for the postpartum support study over the summer. Osman’s paper on the randomized controlled trial of cocoa butter for the prevention of stretch marks in pregnancy was accepted by the British Journal of Obstetrics and Gynaecology.

Regional Networking and Collaboration

CRPH hosts its second regional research workshop on “Frameworks and approaches to youth health research in the MENA region”, June 30 and July 1, 2008

This year’s workshop brings together researchers to describe conceptual frameworks in youth health research; identify methodological approaches to youth health research; and summarize lessons learned from conducting research with or on youth in various regional contexts, thereby enhancing the relevance and policy effectiveness of youth research in the MENA region.

A recent review of youth and health in the Arab region found a limited number of research published in peer reviewed journals. The report also found that there is a lack of consistency in national surveys to allow for comparison across countries, stating the need for more research based on qualitative inquiry, research that stresses taking an assets rather than pure risk based approach, and research that is guided by specific theoretical frameworks. Another report which reviewed more closely young people’s sexual and reproductive health in the Middle East and North Africa region called for a multidisciplinary research approach that explores this topic in more breadth.

The Reproductive Health Working Group Activities in 2008

RHWG Consultative Committee meets in Beirut, January 2008

On January 4 and 5, 2008 members of the Consultative Committee of the Reproductive Health Working Group (RHWG), a regional interdisciplinary group of researchers with its coordination housed in CRPH met in Beirut, Jocelyn Dejong of the Faculty of Health Sciences, AUB took over as Coordinator of the RHWG in December 2007. The main items for discussion were the planning of the annual meeting of the RHWG which will take place in Istanbul from July 12 though 14, 2008 and the future plans for the RHWG. The group is hoping to undertake a reflective process with the input of external consultants to determine questions concerning dissemination of its work, its impact on and relevance to the reproductive health situation in the region as well as about resource mobilization. The Consultative Committee members currently include Hyam Bashour (Damascus University, Syria), Rita Gacanac (Birzeit University, Palestine), Hania Sholkamy (American University of Cairo, Egypt), Belgin Tekce (Bozazi University, Turkey) and Huda Zurayk (American University of Beirut, Lebanon).

The annual Reproductive Health Working Group meeting is taking place from July 12-14 in Istanbul, Turkey. The following themes will be addressed:

- Quality of life
- Masculinity, Patriarchy, and Domestic Violence
- Youth Mental/Psychosocial Health
- Childbirth
- Institutional learning

“Factors behind the sharp fertility decline in Iran”, by Professor Abbass-Shavazi

This CRPH seminar was a presentation of the results of two surveys on Iran’s fertility transition over the last three decades. During 2000-2007, jointly with Professor Peter McDonald, he conducted two Wellcome Trust projects on ‘Iran Low Fertility Survey’ in collaboration with the Division of Population Research of the University of Tehran and the Iran Ministry of Health in six provinces of Gilan, Sistan and Baluchistan, West Azerbajan, Tehran, Isfahan and Yazd. The outcome of these projects will soon be published as a book on Reproductive Revolution within the Istakhr Revolution: Iran’s fertility Transition by Springer.

Using data from the 1986, 1996 and 2006 censuses as well as Iranian demographic and fertility surveys, Abbass-Shavazi’s study reveals a sharp decline in fertility levels starting since 1979. Total fertility has declined from around 7.0 at the time of the 1979 Revolution to around 6.5 in 1986 and then sharply declined to around 1.9 in 2006 (Abbasi-Shavazi et al. 2002; 2007; Abbasi-Shavazi and McDonald 2006). This is one of the fastest fall of fertility ever recorded. Levels of fertility are converging across the former Islamic Republic of Iran. The impact on (Hosseini-Chavoshi et al. 2006).

There appear to be several driving forces behind the low fertility trend in Iran. These include the rural development and the Health Network System; competition for education and employment; rise of age at marriage; diffusion of the small family size norm; quality versus quantity of children; postponement of first and second birth; stopping at parity two or three; effective family planning; shortening of the reproductive life span. The implications for future fertility trends are significant. The next childbirth age group is expected to produce the lowest fertility rate in the early years of the revolution. It is likely that this cohort will face major problems
in employment despite its higher education levels compared to previous generations. It is thus expected to control its fertility at least to the same extent if not more as the most recent cohort of childbearing age. Both the individual trends and the provincial level trends are likely then to lead to fertility falling well below the replacement level in the coming years, coinciding with the entry of the very large post-revolutionary birth cohort into childbearing ages.

If fertility across the country continues to converge to the behavior prevailing in the low fertility provinces, then postponement will lead to lower fertility rates in Iran in the future.

References:

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Join Us as a Visiting Fellow
CRPH has been sponsoring a Visiting Fellows Program since January 2003. Selected fellows from the Arab region may visit CRPH for one to three months to collaborate with FHS faculty affiliates on ongoing research projects, or to use the Center’s facilities and data resources to undertake their own research. Candidates need to be affiliated with an academic university or research institution, to hold a postgraduate degree and to have good working knowledge of English. A fellowship application may be requested from Mrs. Ruba Ismail, Program Administrator, at crph@aub.edu.lb and should be submitted at least three months prior to the proposed starting date.

The MSc in Population Health
The graduate program is designed to provide training in Population Sciences, focusing on the impact of population change on health. It offers basic training in population theory and analysis as well as in quantitative research methods. Students will participate in collaborative research activities with FHS faculty through the Center to gain practical experience. Students will also have access to the Center’s data generated by the Urban Health Study and other studies for thesis research. The university catalogue and graduate admission application form can be requested from the AUB admissions office via e-mail at admissions@aub.edu.lb, or downloaded from http://www.aub.edu.lb

Opportunities for qualified students to receive financial aid are available in the form of Graduate Assistantships, Graduate Scholarships, and other sources of funding, such as FHS administered research grants (when available). Information regarding financial assistance for FHS graduate programs can be obtained from Ms. Aline Germani at ag24@aub.edu.lb

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