CRPH hosted its third regional research workshop on “Frameworks and approaches to youth health research in the MENA region”, from June 30 to July 1, 2008. The workshop had three goals: to describe conceptual frameworks, to identify methodological approaches and to summarize lessons learned from conducting youth health research in various regional contexts. Participants from Egypt, Palestine, Sudan, Canada, and Lebanon were invited to present at the workshop. Dr. John Casterline, a demographer from Ohio State University, was invited as an international expert.

The workshop’s presentations were divided along three main sessions: Session A was on Mental Health and Resilience Frameworks: Yoke Van Der Meulen from Birzeit University presented on Palestinian adolescents coping with trauma and Sawsan Abdulrahim, of the Faculty of Health Sciences (FHS) Youth Working Group, presented on the positive youth development approach to adolescent health. In Session B on Methods: El Daw Suliman from the Population Council presented on the use of the time-location approach for a behavioral survey among street children in Greater Cairo and Alexandria, Hana Saab from Queen’s University presented on multilevel frameworks in youth health research and John Casterline presented on cohort studies with children. In Session C on Ethical Considerations: Mohamed Moukhyer from Ahfad University and Khaled Nada from the Population Council presented on the ethical challenges when doing research with youth on reproductive health in Sudan and when conducting a behavioural survey among street children in Greater Cairo and Alexandria respectively. Judy Makhoul, of FHS presented on maintaining ethical principles in the field based on observations from research with children.

Participants reflected that many barriers exist to conducting cohort studies in this region, where one of the main challenges is the political and security instability often leading to displacement. This poses a major threat to cohort studies due to loss to potential follow-up. Participants came up with a number of recommendations and next steps including a suggestion to plan and conduct a joint regional study on youth health across all countries in the region, and the need to develop a network for youth researchers in the region.
Women’s ability to realize their reproductive intentions is a key issue for human rights. However, measuring this indicator at the population level in order to inform policy is a complex process. The Demographic and Health Survey (DHS) 2004 in the Occupied Palestinian Territory (OPT) included a question on pregnancy intention. Sixty-four percent of mothers from the Gaza Strip also reported significantly higher levels of not desiring the pregnancy. There were no associations between pregnancy intentions and the receipt of prenatal care or the mode of delivery. No association was found either with infant outcomes (birth weight and sex of child), challenging the assumptions that low birth weight might be related to unwanted pregnancy or that male child preference might influence the retrospective reporting of desire for pregnancy. These findings suggest that the social and environmental context need to be taken into consideration.

The analysis revealed certain conceptual and methodological gaps in the DHS survey instrument utilized in the OPT from a public health policy perspective. Pregnancy intention is a process that changes over time and is influenced by many aspects of women’s lives, thus raising questions as to the meaning of quantitatively measuring such a complex phenomenon several years after the event. How results are transformed into programs that meet women’s real needs and assist them in realizing their desired fertility is also problematic. The frame of reference of the DHS seems to be based primarily on a medical view of the reproductive experience, whereas Palestinian women seem to view it more as a social one, including the role of the extended family and the socio-political context of pregnancy, childbirth and child rearing. Some questions need to be framed differently to capture women’s concerns more accurately, and findings from qualitative studies should complement the survey evidence to provide a broader and more comprehensive understanding of women’s needs. For example, the survey categorizes mode of delivery into normal, i.e. vaginal birth vs. cesarean section for example: but from a woman’s point of view, would a vaginal delivery at a checkpoint be considered normal?

Qaderoon kicks off a 45-session mental health intervention

The name ‘Qaderoon’, an Arabic word meaning “we are able” has been adopted as the Youth Working Group’s (YWG) intervention name and logo. It signifies the main message of the intervention: that children are able to solve problems, resolve conflict, communicate effectively with their peers, parents, siblings, and teachers, and effect change in their community. The logo – developed by youth from the Burj El Barajneh refugee camp, the site of this intervention, states the name in Arabic and English and shows a young boy and girl being supported and lifted up demonstrating their ‘ability’.

The intervention was kicked off in August 2008 with an intense summer ‘camp’ experience. Around 200 children participated in activities for 11 days, for four hours each day. The children were grouped into mixed gender groups numbering 10-15 each. The sessions were interactive and focused on role plays, artistic renderings of problems and solutions, photography, and arts and crafts. The sessions were coordinated by six facilitators, and 23 youth mentors as assistants. The youth mentors are all young men and women (17-25 years) from the Burj El Barajneh camp. They will gain skills through their experiences as trainers, and as the sessions progress, will take on more and more of the session facilitation.

The intervention consists of a total of 45 sessions running every Friday of the school year through May 2009 (Friday is a day off in the UNRWA school system). The work has been greatly facilitated by the presence of a field coordinator who is a long time resident and activist in the Burj camp. The intervention is being conducted in an UNRWA school in the camp which increases the link between the school and the community. The school has offered five rooms to be used by the project throughout the year. These rooms have been painted and refurbished with needed equipment and supplies. We are thankful for the collaborative ties we have with the schools in Burj El Barajneh and with UNRWA.

As described earlier, the intervention evaluates both impact and process. The process evaluation consists of forms filled out by the facilitators for each session, by the youth mentors for each session, and by observers for at least 15% of the sessions. In addition, the children choose a smiley face that describes their satisfaction (smiley face, sad face, or neutral face) at the conclusion of each session. The feedback from children, parents and teachers has been very positive to date. In addition, the youth mentors have voiced their appreciation for the change the program has caused in them. Intervention sessions with parents will begin in November and with teachers in December.

All this has been made possible through a truly collaborative co-learning process with the community of Burj El Barajneh represented through a Community Youth Coalition. In May 2007, the YWG of the Urban Health Study received a major three-year award from the Wellcome Trust for its study entitled: “Impact of a community based randomized controlled trial to improve mental health of Palestinian refugee youth.”
The Bedouin Health Project: findings indicate high levels of discrimination and difficult access to health services

The Bedouin Health Project of the Faculty of Health Sciences at AUB is based at the CRPH. It is a European Commission funded regional study coordinated by the University of Warwick. The University of Oxford leads the study in Lebanon and the University of Warwick leads the partner study in Jordan based at University of Philadelphia. The project is concerned with assessing and improving reproductive and child health among marginalized rural communities, specifically Bedouin.

The first phase of the project consisting of data collection and analysis was completed in the summer of 2008: by the end of June, researchers had conducted intensive fieldwork with Bedouin women, key figures in the Bedouin community in the Beqaa, health service providers, and policy makers. Anthropological qualitative methods were used to collect the data. In addition, a socio-economic survey (clinic screenings) and clinic audits were conducted at six purposively selected clinics frequented by the Bedouin community.

In September 2008, preliminary findings were presented to the Project’s National Advisory Committee. The analysis appeared to show a high level of acceptance of western-style clinics and modern medicine (most births take place in hospitals for example), coupled with a decrease in the use of traditional medicine by the Bedouins interviewed. However, seeking medical advice or intervention appeared to be hindered and influenced by many factors. First, the Ministry of Public Health’s focus on curative rather than preventive healthcare seemed to be reflected in the Bedouins’ healthcare-seeking behavior. Second, finances remained central in deciding how and when the Bedouin seek medical attention with heavy reliance on expensive unregulated private clinics. Third, the issue of nationality emerged as pivotal in receiving healthcare. Because a considerable part of the Bedouin community has no citizenship whatsoever or has documents of ‘nationality under study’, governmental coverage of hospital fees and insurance are inaccessible to them. Hospitalization is out of the reach of most Bedouin because of the associated high costs. Finally, serious evidence of discrimination was noted by the team, openly voiced by service providers and complained of by Bedouin women. Although this did not prohibit the

The Women’s Reproductive Health Group (WRHG) strengthens its partnership with the community

The Women’s Reproductive Health Group (WRHG) has strengthened its engagement with local stakeholders in Hey el Selloum, the disadvantaged suburban area in South Beirut where the group is undertaking a study on medically unexplained vaginal discharge among married women (18-49). During the past six months, the study team has partnered with two major local actors: the Community Development Center of the Ministry of Social Affairs and the Amel Association that runs a health center. The team also managed to associate with another three local health centers: Al Arkoub, Al Aman and Al Abbas. Central to the Group’s work with the community is the local women’s committee, a group of five local women who advise the study team.

Working with local actors has proved to be a learning experience and has contributed to understanding the complexity of the local community. It resulted in incorporating community needs and viewpoints in the study. The WRHG will continue in these partnerships throughout the course of the study and afterwards.
women from seeking healthcare, it highly compromised the quality of these services: medical history is only partially collected and the women were not given the chance to communicate their concerns.

The Lebanon Bedouin Health project is now entering the second phase of its work plan which is to disseminate its preliminary results to all stakeholders. The aim of these dissemination meetings is to use these preliminary findings to brainstorm around the subject of developing 'model' interventions. The third and final phase of the project will be to implement such model interventions as are agreed upon by the various stakeholders. This participatory approach to developing interventions with the communities concerned will, it is hoped, result in the creation of sustainable solutions for improving reproductive and child health care service for marginalized populations, such as Lebanon’s Bedouin community.

**Choices and Challenges in Changing Childbirth (CCCC) Research Group: Regional activities**

The CCCC is an established regional network cumulating scientific evidence on childbirth in the Middle East region, with a focus on the four participating countries (Egypt, Lebanon, Syria and Palestine). Several intervention studies currently being conducted by different country teams of the Choices and Challenges in Changing Childbirth Research Network are in their final stages. Two of these studies, one in Syria and the other in Egypt, are completing their field work. The study in Damascus, Syria, is a stepped wedge cluster randomized trial looking at the impact of a training package in interpersonal competence for maternity care providers on their behavior in hospitals, and the one in Egypt is evaluating a going-home mother and baby informational package.

Members from the team in Lebanon have recently completed a trial evaluating the effect of prenatal sessions providing women with communication skills on their demand for better intra-partum and postpartum maternity services in hospitals. Analysis and preparation of publications from this study are underway. Another study being conducted in Lebanon is targeting first-time mothers. Within its different components, the study validated an instrument assessing postpartum stress levels, provided an in-depth understanding of the sources of stress to these mothers and analyzed the usage of a hotline for postpartum support. The results of this stage of the study will feed into the development of an intervention study aiming at facilitating the transition into motherhood for first-time mothers in Lebanon. Continuing with the same theme of postpartum health, CCCC members in Palestine are analyzing results from their study assessing the determinants of Palestinian mothers’ quality of life during the postpartum period.

The CCCC Network is planning a regional workshop in February 2009 during which network members, the Scientific Steering Committee and other international resource people will discuss issues relevant for the next cycle of funding for this research program. The CCCC is funded by a grant from the Wellcome Trust.

**CRPH Affiliate News**

Rima Habib (Associate Professor, Department of Environmental Health, rima.habib@aub.edu.lb)


Loulou Kobeissi (Assistant Research Professor, Department of Epidemiology and Population Health, lk00@aub.edu.lb)

Loulou Kobeissi is coordinating with Dr. Kassem Kassak on an FHS initiative on Operations Research (OR) in Reproductive Health (RH), launching a 3-weeks training course on OR in RH in order to strengthen Research capacity for operations research in reproductive health in the Eastern Mediterranean Region (sponsored by WHO-Geneva). Kobeissi attended two weeks/two training workshops on cancer epidemiology, sponsored by the School of Public Health at the University of Michigan. The first workshop was a short course on Cancer Epidemiology I: Illustrating the Etiologic Evidence for Cancer Prevention.
Marwan Khawaja, director of the CRPH is currently on leave and enjoying a visiting professorship at Yale University. Nasser Yassin is Acting Director for the CRPH this academic year 2008-2009.


Iman Nuwayhid, Dean, FHS

Nasser Yassin, Acting Director, CRPH

The Faculty of Health Sciences is pleased to announce the appointment of Iman Nuwayhid, Professor, Department of Environmental Health, and CRPH affiliate as Dean. He replaced Dr. Huda Zurayk in September.
The RHWG convenes in Istanbul for its 20th annual meeting

The annual Reproductive Health Working Group meeting took place from July 12-14 in Istanbul. Established in 1988, the RHWG has developed into a regional network of multi-disciplinary, multi-generation scholars who use progressive and broad concepts of reproductive health to create new knowledge and to amass evidence for policy. The 3-day meeting, attended by 39 participants including all the group’s committee members, was divided into eight sessions covering themes such as: gender and violence, reproductive health providers, health and policy, the postpartum period, quality of life and youth mental health. Sociologists, anthropologists, economists and obstetrician/gynecologists from Egypt, Lebanon, Oman, Palestine, Syria, Turkey, the US and Iran were represented and the guest speaker was Soraya Tremayne, Iranian social anthropologist, research associate and director of the Fertility and Reproduction Studies Group at the Institute of Social and Cultural Anthropology, Oxford University.

Jocelyn DeJong, who recently took over coordination of the group, opened the first session, summarizing 20 years of history and success for the group whose interdisciplinary and regional character has enriched its experiences. Keynote speaker, Tremayne followed with a presentation entitled “Paradise is at Mothers’ Feet” which addressed the issue of reproductive health policies and their consequences for and impact on women in Iran. Session II on “gender and violence” saw thought-provoking presentations: an analysis of representations and post-injury experiences of disabled veterans and masculinity in Turkey (Salih Can Aciksoz, Turkey); results from ethnographic fieldwork in a Cairo neighborhood examining the structured and performative nature of violence and its relation to masculinity (Farha Ghannam, Jordan); an analysis of reproductive health providers in the southeastern province of Diyarbakir, Turkey (Nukhet Sirman, Turkey). Session III, on “reproductive health providers” saw a presentation on the social component in medical education in Egypt: the challenges faced by the accreditation process at Al Azhar faculty of medicine (Abdel Moneim Farag, Egypt); reproductive health and nursing education in Palestine – a presentation of findings from a collaborative initiative to identify gaps and establish priorities for curricular expansion (Angel Foster, USA); and a presentation of 23 in-depth interviews with Palestinian midwives for the purpose of better understanding how to promote and improve midwifery practice (Sahar Hassan and Laura Wick).

The second day opened with Session IV on “health and policy” which included a presentation on female cancer patients in Turkey, interviewed as part of a larger study on how cancer is related to patients’ decisions around reproduction in various ways (Aysecan Terzioglu, Turkey); a presentation on causes of death among single women in the reproductive age in the West Bank (Niveen Abu Rmeileh) and an assessment of HIV and AIDS in Egypt based on qualitative and quantitative data (Daad Fouad and Dina Galal, Egypt); as well as a presentation on a new program of conditional cash transfers to be piloted in Egypt (Hania Sholkamy, Egypt). There were four presentations in Session V on the “postpartum period”: Asma Abdul-salam and Mayada Kharruf from Syria shared analysis of maternal morbidities during the puerperium conducted on over 500 women in Damascus. From Lebanon, Hibah Osman discussed postpartum interventions and ways to facilitate the transition into motherhood; Livia Wick presented on stress research and the postpartum; and Faysal El Kak talked about how research is being put to action by a group of committed obstetricians/ gynecologists who are interested in promoting change in practice through the Initiative on Standards of Practice in Childbirth in Lebanon (ISOPIC).

Session VI on day three was on “quality of life: understanding and measurement”. Awad Mataria (Palestine) demonstrated how quality of life (QoL) enables a holistic view of the health status of the population; Wee’am Hammoudah (Palestine) explained how QoL measures were applied in her study aimed at understanding Palestinian women’s experiences of the postpartum. Sarah Abboud (Lebanon) discussed the QoL of AIDS patients in Lebanon sharing findings from a cross-sectional descriptive self-administered survey. Session VII was on “youth mental health”. Taghreed Al Hajj (Lebanon) presented the development and validation of a new instrument to measure youth mental health; Yoke van der Meulen and Hana Saab (Palestine) described a joint project to design and implement a pilot study called Palestinian Adolescents Coping with trauma (PACT) through an innovative dialogue style of presentation; Hyam Bashour and Mayada Kharruf (Syria) talked about a study they conducted that aimed to assess whether a psychological and support program for mothers caring for such children would improve their psychological health status in Damascus and rural Damascus; and Asya Al-Riyami (Oman) presented findings of a study to investigate the rate and correlates of depressive symptoms among high school adolescents in Oman. The final and eighth session was dedicated to group reflection and to brainstorming concerning future directions of the RHWG. Core support to the RHWG is provided by the Ford Foundation, Cairo Office.
Upcoming Events

The authors of the Public Health in the Arab World Book, a project coordinated by CRPH affiliates, will meet January 23-25th, 2009 at the CRPH.

The next RHWG Consultative Committee Meeting will take place in Beirut, Lebanon on January 26-27, 2009.

CCCC meeting: The CCCC Network is planning a regional workshop in February 2009 during which network members, the Scientific Steering Group and other international resource people will discuss issues relevant for the next cycle of funding for this research program.

The CRPH Symposium on Conflict and Health in the Middle East, co-organized with the Yale Council on Middle East Studies, will take place in March 2009.

The CRPH Regional Workshop on community-based participatory research is scheduled to take place in May 2009.

About CRPH

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.

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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