

The Refugee Reproductive Health Network



ReproNet

California's Refugee Reproductive
Health Network



Implementing and Evaluating Virtual Groups on Reproductive Health among Arabic-Speaking Refugees

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REPRONET





Introduction

REFUGEE REPRODUCTIVE HEALTH BARRIERS

Refugees face increased barriers to reproductive health services¹

RELIGION AND CULTURE

Religious taboos

Cultural preference for c-sections²

INCREASE IN C-SECTIONS³

18% increase in c-sections (02-08)

250% increase C-section requests

ReproNet

COVID-19



ReproNet

California's Refugee Reproductive
Health Network

Aims to enhance
reproductive
health in California
refugee women

VIRTUAL GROUPS

Part of UC

UCI Lead

Subawardees at UCSF,

UCD, & UCSD

ReproNet is working to create a state-wide refugee Reproductive Health Network in which refugee women have been directly engaged as stakeholders.



THE REFUGEE
REPRODUCTIVE HEALTH
NETWORK

Practicum Objectives

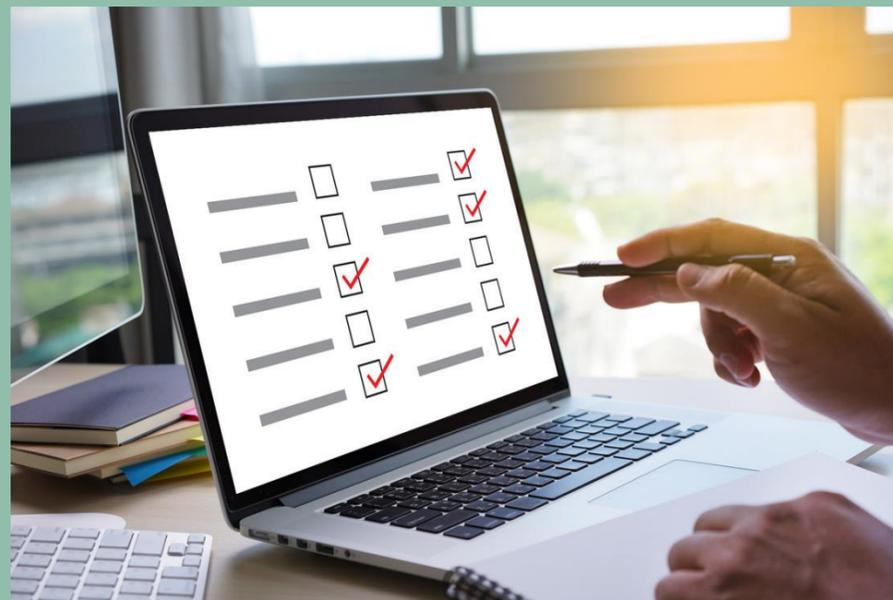
- Interview Analysis
 - Identify variables that may be related to the success of a virtual group or webinar
- C-Section Webinar
 - Develop and implement a webinar on c-sections to refugee women in English and Arabic



PRACTICUM
OBJECTIVES

Methods

Interview Analysis



TRANSLATE

3 Iraqi refugee women interviews

2 ReproNet resource persons interviews

TRANSCRIBE

Transcribe and upload

ANALYZE

Identify variables for success of virtual groups or webinars

PRESENT

ReproNet steering committee meeting
November 10, 2020

Methods

C-Section Webinar



MUSLIM SOCIAL
SOCIETY SOCIAL
SERVICES
FOUNDATION

Host and Outreach

DR. HIND
AL-AZAWI

Iraqi Gynecology
Hospitalist Fellow

LITERATURE
REVIEW

Construct and
translate
presentation

HOLD EVENT

November 28, 2020

Questionnaire

WHAT IS A C-SECTION?

1. A Cesarean section (C-section) is the delivery of a baby through surgery.
1. Surgery requires a cut to be made in the mother's lower abdomen and uterus.
 - Generally a safe procedure
2. A C-section is done when the doctor thinks that it is the safest way to deliver the baby
 - Safer of the mother
 - Safer for the baby
 - Safer for both



قبل القيصرية

1. لبس ثوب المشفى الخاص
2. تركيب القثطرة البولية وتعليق المحلول
3. تثبيت الجسم على طاولة العملية
4. تنظيف جلد البطن وحلق الشعر حول منطقة العملية
5. تغطية الجسم بغطاء إلا مكان شق العملية
6. بدء التخدير الموضعي
7. وصل اجهزة المراقبة للقلب والتنفس والأوكسجين وضغط الدم والنبض
 - مراقبة الجنين وتقلصات الطلق
8. وضع قناع أوكسجين لمساعدتك بالتنفس عند الحاجة



Results

Interview Analysis

WOMEN COMFORTABLE WITH TECHNOLOGY

Skeptical about telehealth

RELY ON SOCIAL APPS FOR NEWS, COMMUNICATION, AND INFORMATION

Whatsapp, Facebook, Viber, Google

RECEPTIVE TO VIRTUAL PLATFORMS

Some are open to virtual groups, others
hesitant due to privacy concerns



Results

C-Section Webinar

23 REGISTRANTS

11 English Attendees (5 coordinators)

0 Arabic Attendees

5 QUESTIONS ASKED

Difficult to engage women in
dialogue

● SMALL SAMPLE SIZE

Results were consistent

● WOMEN OPEN TO VIRTUAL GROUPS

Focused efforts/interventions in future

Analysis

INTERVIEW ANALYSIS



● LOW TURNOUT

Due to poor timing

- Conflict with Thanksgiving

● OUTREACH LIMITATIONS

COVID restrictions

Lack of direct outreach

Short timeframe

● FUTURE PRESENTATIONS

Arabic in January

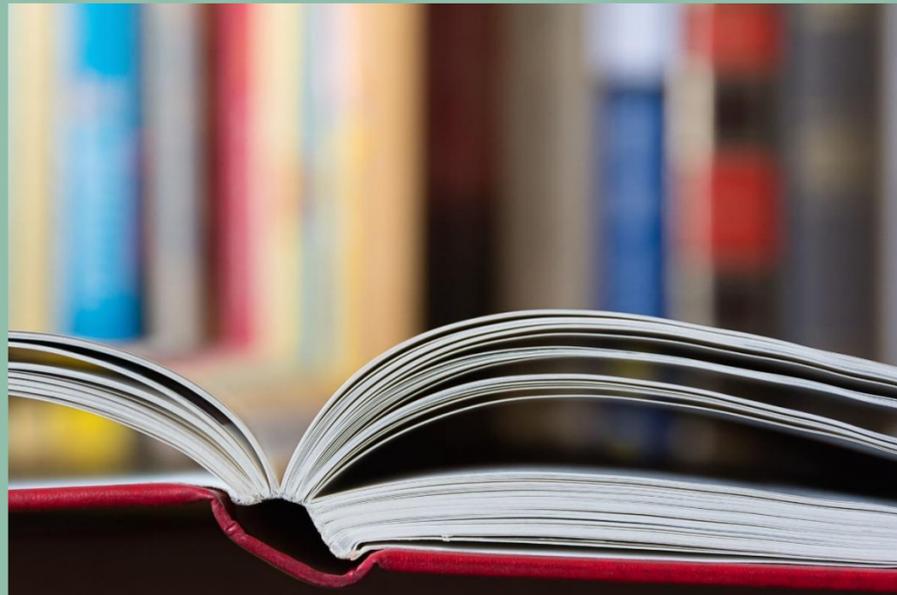
Potential for Dari/Farsi

Analysis

C-Section Webinar



Conclusion



OPEN TO WEBINARS

Open to webinars,
despite some privacy
concerns

MAIN LIMITATION

Lack of attendance
Couldn't properly
assess efficacy

COMFORTABLE WITH TECHNOLOGY

Bodes well for future virtual
groups and webinars

OUTREACH

More individual-
level outreach



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Amber Carrere, MEd

FAMILY

Rima Karzoun
Nour Karzoun
Manar Karzoun

I would like to
take the time to
thank...

References



1. Metusela C, Ussher J, Perz J, et al. "in my culture, we don't know anything about that": Sexual and reproductive health of migrant and refugee women. *Int J Behav Med.* 2017;24(6):836-845.
2. Kabakian-Khasholian T, Bashour H, El-Nemer A, et al. Women's satisfaction and perception of control in childbirth in three Arab countries. *Reprod Health Matters.* 2017;25(sup1):16-26.
3. Kottmel A, Hoesli I, Traub R, et al. Maternal request: a reason for rising rates of cesarean section? *Arch Gynecol Obstet.* 2012;286(1):93-98.

Implementing and Evaluating Virtual Groups on Reproductive Health Among Arabic-Speaking Refugees

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Abstract

Reproductive health is particularly important in Arab refugees, who have religious and cultural taboos regarding reproductive health. Considering the rising rates of c-section, and the preference for birth by c-section in Arab cultures, there was a need for c-section education for Arab refugee women. Webinars on c-sections were constructed and presented in both English and Arabic. The presentations were organized in coordination with MAS-SSF. Despite wide social media outreach, only 11 women attended the English presentation, and none attended the Arabic presentation. Some questions were asked, but overall, it was difficult to engage women in a dialogue. Due to the COVID-19 pandemic, ReproNet wanted to test the feasibility and acceptability of webinars as an educational platform for refugee reproductive health education. Interviews with Iraqi refugee women and ReproNet resource persons were conducted by ReproNet and analyzed to investigate the relationship refugee women had with technology as it pertained to COVID-19 and reproductive health. Iraqi refugee women were comfortable with technology, using it for news, communication, and information. They were also receptive to future webinars on reproductive health, but some felt that they had limited privacy and spousal/familial freedom at home.

Introduction

- Refugees face increased barriers to reproductive health issues.¹
- Religious taboos within Arab refugee communities makes having conversations around reproductive health difficult.^{2,3}
- Rates of c-sections are on the rise. Specifically, maternally requested c-sections have more than doubled since 2002.⁴
- In Arab culture, c-sections are a status symbol, and are thus the preferred method of childbirth.⁵
- ReproNet's ongoing efforts to improve refugee health led them to interview women on the use technology in relation to COVID-19 and reproductive health.
- During in-person meetings, prior to COVID-19, Syrian women requested childbirth and c-sections as a topic for a webinar.
- **The above factors created a need for c-section education for Arab refugee women.**

Objectives

- **Interview Analysis**
 - Identify variables that may be related to the success of a virtual group or webinar
- **C-Section Webinar**
 - Develop and implement a webinar on c-sections to refugee women in English and Arabic

Methods

- **Interview Analysis**
 - Translated, transcribed, and analyzed interviews of 3 Iraqi refugees and 2 ReproNet resource persons
 - Presented findings in ReproNet steering committee meeting on Nov 10th, 2020
- **C-Section Webinar**
 - Conducted literature review on c-sections
 - Partnered with MAS-SSF to disseminate and host the event
 - Partnered with Dr. Hind Al-Azawi to present the webinar
 - Constructed presentation in English and Arabic
 - Event was held on Nov 28th, 2020

Results

- **Interview Analysis**
 - Iraqi refugee women were comfortable with technology, but skeptical about telehealth unless under severe health conditions
 - Iraqi refugee women relied on social apps like Whatsapp, Facebook, Viber, and Google for news, communication, and information
 - Women supported the idea of webinars, but some felt that they had limited privacy and spousal/familial freedom at home
- **C-Section Webinar**
 - 23 total registrants, with 11 English participants (5 organizers), and 0 Arabic participants.
 - 5 total questions were asked; however, it was difficult to engage women in a dialogue.



Figure 1. Event flyer for English C-Section Webinar

Discussion

- **Interview Analysis**
 - Although interview sample size was small, answers across refugee interviews were consistent
 - ReproNet resource persons' interview answers confirmed that refugee interviews were representative of general Iraqi refugee population.
 - Findings allow ReproNet to better understand the needs of the Iraqi refugee community and to develop specific interventions within that community.
- **C-Section Webinar**
 - Low turnout could have been attributed to poor timing, as the event coincided with the Thanksgiving holiday.
 - Due to COVID-19 restrictions and a short timeframe, outreach was limited to social media posts and social group chat messages.
 - Presentation is highly adaptable. Future Arabic presentations are provisionally scheduled for January.
 - Additionally, there is potential for this presentation to be adapted to Pashto and/or Dari in order to reach other refugee groups.

Conclusion

- Women were overall comfortable with technology and receptive to the idea of learning joining virtual groups and webinars, despite some privacy concerns.
- The main limitation of the webinar was the lack of attendance to properly assess its efficacy.
- The fact that women heavily engage with technology and social interactions through technology bodes well for the viability of educational webinars.
- Future outreach efforts need to be stronger on the individual level (personal invitations and follow-up) in order to ensure higher attendance numbers

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 - Christina Aguilar
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 - Leah M Galasso
 - Amber Carrere, Med
- **Family**
 - Rima Karzoun
 - Nour Karzoun
 - Manar Karzoun

Citations

1. Metusela C, Ussher J, Perz J, et al. "in my culture, we don't know anything about that": Sexual and reproductive health of migrant and refugee women. *Int J Behav Med.* 2017;24(6):836-845.
2. Roudi-Fahimi F. *Women's Reproductive Health in the Middle East and North Africa.* Population Reference Bureau; 2003.
3. Kealy L. Women refugees lack access to reproductive health services. *Popul Today.* 1999;27(1):1-2.
4. Kottmel A, Hoesli I, Traub R, et al. Maternal request: a reason for rising rates of cesarean section? *Arch Gynecol Obstet.* 2012;286(1):93-98.
5. Kabakian-Khasholian T, Bashour H, El-Nemer A, et al. Women's satisfaction and perception of control in childbirth in three Arab countries. *Reprod Health Matters.* 2017;25(sup1):16-26.

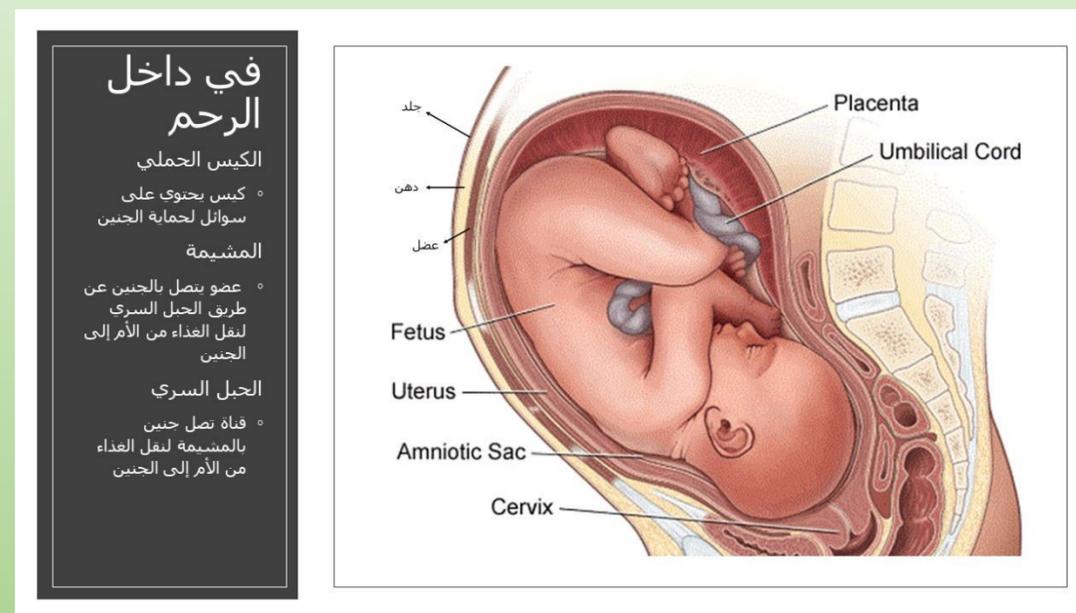


Figure 2. A slide from the Arabic Webinar presentation, discussing the anatomy of the uterus.