



Reproductive Life Planning in the Refugee Community: Focus on the Role of Men and Religion

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Introduction

- Women seen at Maricopa Integrated Health System (MIHS) Refugee Women's Health Clinic (RWHC) are routinely offered education and counseling on developing a Reproductive Life Plan (RLP).
- In order to influence women's reproductive health and medical decision-making, there is a need to tailor RLP counseling to engage their male partners and men in the refugee community while concomitantly considering the impact of religion on medical decision-making regarding RLPs.

Figure 1: Pre- and Post-Survey Questions

- 1: I know what it means when one talks about having a reproductive life plan.
- 2: The reproductive life plan is only about birth control.
- 3: Having a baby soon after another baby affects the next pregnancy.
- 4: It is good to wait 2 years before having the next baby.
- 5: Not having children is part of the reproductive life plan.
- 6: Taking care of medical conditions is important to do before getting pregnant.
- 7: It is important to men to have a reproductive life plan.
- 8: I am able to freely discuss having a reproductive life plan with my partner.
- 9: My partner is able to have his/her own opinion regarding reproductive life planning.

Table 1: Demographics

Demographic	Pre	Post
Gender	Male 92.0%	Female 97.0%
Marital Status	Married 58.0%	Divorced 1.0%
Age Group	18-24 18.2%	25-34 28.2%
Years in US	<1 year 18.2%	1-5 years 28.2%
Education	None 18.2%	Primary 28.2%
Occupation	Employed 28.2%	Unemployed 28.2%
Disability	No disability 18.2%	1-2 disabilities 28.2%
Religion	Christian 18.2%	Muslim 28.2%
Country	Syria 18.2%	Ethiopia 28.2%
Primary language	Arabic 18.2%	Amharic 28.2%
Language used for education	Arabic 18.2%	Amharic 28.2%
Reason for coming to the US	Refugee 18.2%	Asylum 28.2%

Table 2: Total Respondents Answers

Q#	Questions	Pre	Post	McNemar P
1	Know what RLP means	33	35	0.001
2	RLP is about birth control	115	71	0.215
3	Having a baby soon after...	113	93	0.004
4	Good to wait 2 years	119	106	0.388
5	Not having children...	110	67	0.061
6	Taking care of medical conditions...	115	111	0.289
7	Important to men	113	96	0.263
8	Freely discuss having a RLP	115	109	Not estimable
9	Partner able to have own opinion	117	105	0.629
10	Religion important for health	116	84	0.004
11	Faith important for making decisions	116	87	0.048
12	Decisions influenced by others in faith	116	91	0.229
13	Health negatively affected	119	56	<0.0001
14	Health positively affected	117	63	0.018

Methods

- Study participants comprised 120 refugees (39 men and 81 women) including couples, across the respective target languages with pre- and post-likert scale surveys assessing perspectives on RLP, birth spacing, the role of religion, and readiness for behavior change.
- Summary statistics examined changes in pre- and post- likert scale survey responses.

Results

- The RLP knowledge was assessed before and after the videos using the pre- and post-test questionnaires.
- Five category Likert-scale responses were presented as percentages of respondents, and then dichotomized based on the levels of agreement for clearer interpretation.
- Strongly agree and agree responses were grouped and compared against all other responses (neutral, disagree, strongly disagree).
- Any change in knowledge after the exposure to the videos were compared with McNemar's test for marginal homogeneity using the pre- and post-video response pairs.

Table 2: Male Respondents' Answers

Q#	Questions	Pre	Post	McNemar P
1	Know what RLP means	37	35	0.016
2	RLP is about birth control	38	23	0.804
3	Having a baby soon after...	37	31	0.424
4	Good to wait 2 years	37	34	0.289
5	Not having children...	36	25	0.035
6	Taking care of medical conditions...	38	38	Not estimable
7	Important to men	38	32	0.625
8	Freely discuss having a RLP	38	35	>0.999
9	Partner able to have own opinion	39	37	>0.999
10	Religion important for health	39	27	0.125
11	Faith important for making decisions	39	27	>0.999
12	Decisions influenced by others in faith	39	25	0.077
13	Health negatively affected	39	17	0.302
14	Health positively affected	39	21	0.238

Results - Continued

- Cronbach's alpha was used to measure internal inconsistency, with most values less than 0.5 and deemed unacceptable. Only one value, birth spacing, was > 0.6 and deemed questionable.
- There was the same degree of concordance, yet there also was discordance in the direction of opinions between women and men pre vs post test answers.
- However, when comparing couples pre and post, there was no significant differences observed across genders.

Table 3: Female Respondents' Answers

Q#	Questions	Pre	Post	McNemar P
1	Know what RLP means	76	70	0.019
2	RLP is about birth control	77	48	0.021
3	Having a baby soon after...	76	52	0.018
4	Good to wait 2 years	78	72	>0.999
5	Not having children...	74	42	0.791
6	Taking care of medical conditions...	77	73	>0.999
7	Important to men	77	64	0.454
8	Freely discuss having a RLP	77	74	Not estimable
9	Partner able to have own opinion	78	68	0.454
10	Religion important for health	77	57	0.774
11	Faith important for making decisions	77	57	0.774
12	Decisions influenced by others in faith	77	36	>0.999
13	Health negatively affected	76	39	0.286
14	Health positively affected	78	34	0.815

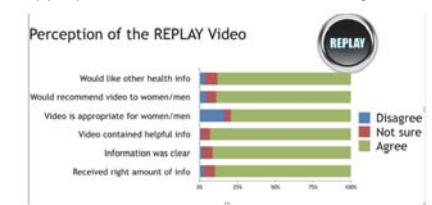
Table 8: Cronbach's Alpha Domain Scores of Pre and Post-Surveys

Domains	Questions	Pre
Knowledge/understanding of RLP	1, 2, reversed & 5	-0.407
	1 and 5 only	0.049
Birth spacing	3 & 4	0.586
	7, 8 & 9	0.599
Effects on health	3, 4 & 6	0.541
	2, reversed & 4	-0.935
Religion & faith	1, 2, reversed & 5	0.330
	3 & 4	0.666
Role of Partner	7, 8 & 9	0.257
	3, 4 & 6	0.400
Religion & faith	2, reversed & 4	-0.674

*Most of alpha values were less than 0.5 and deemed unacceptable.

- Educational intervention positively received by the target communities (Table 9).
- Improved health literacy using a novel approach incorporating culturally and linguistically appropriate audiovisual modalities.

Table 9: Response regarding Appropriateness of Audiovisual Modality



Discussion and Conclusions

- Statistically significant improvement in male partners' understanding of the concept of RPL.
- Interventions well received by targeted communities.
- Challenges: Community mobilization effort
- Limitations:
 - Likert scale in a population with low literacy
 - Discrepancies in responses to negatively-worded questions.
 - Visual analog scale in future

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