ADVANCING RESEARCH TO INFORM REPRODUCTIVE HEALTH POLICIES
The Middle East and North Africa

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Sexuality and reproduction are among the most fundamental aspects of life. Yet they often receive little attention in public policy discussions because of cultural and political sensitivities, particularly in the Middle East and North Africa (MENA) region.[1] Unlike most other illnesses and disabilities, sexual and reproductive health problems tend to be cloaked in embarrassment, secrecy, and shame. Many of these problems can be addressed, however, through sound evidence and open dialogue.

As the capacity to conduct research on the social and medical aspects of sexual and reproductive health expands in the region, researchers have a greater opportunity to address current policy questions. Decisionmakers in the MENA region need accurate and comprehensive information on who suffers from sexual and reproductive health problems, the nature and extent of these problems, and what works best to address them. When researchers present their findings in a timely and accessible manner, decisionmakers can better use the information for policy change and program improvements.

This policy brief discusses current research needs in the MENA region, drawing in part from a 2007 report produced by the Global Forum for Health Research and the World Health Organization (WHO), *Research Issues in Sexual and Reproductive Health for Low- and Middle-Income Countries.*[2] It also presents a framework that illustrates how scientific evidence can be used in the policymaking process to change policies and improve programs that will ultimately improve people's sexual and reproductive health.

Making the Invisible Visible

Conditions such as irregular or missed menstrual periods, abnormal discharge, sores in the genital area from sexually transmitted infections, infections arising from clandestine abortions, the inability to perform sexually, and infertility all involve private parts of the body and intimate personal relationships. Strong cultural traditions, taboos, the tendency for people to suffer these conditions in silence, and a lack of information and resources for dealing with the conditions contribute to the relative invisibility of many sexual and reproductive health problems in the MENA region.[3]

Too often, sexual and reproductive ill health is invisible to health care providers and sometimes even to the individuals experiencing the conditions. As a result, knowingly or unknowingly, many sexual and reproductive health problems in the region remain untreated.

Several reasons help explain the invisibility of sexual and reproductive ill health in MENA:

- Some conditions do not show symptoms (for example, sexually transmitted infections such as chlamydia).
- Many people think that some symptoms are a normal part of life and should be endured (such as abnormal discharge or damage to the reproductive organs caused by childbirth).
- People may feel embarrassed to talk about such problems or to seek help.
- Health care workers often lack adequate training and feel uncomfortable talking about clients' concerns.
- Health care systems typically do not offer a coordinated package of reproductive and sexual health services to meet individuals' and couples' needs at different stages of their lives. Rather, they tend to target specific, high-priority objectives (providing antenatal care, for example, or contraception).

Box 1, on page 2, discusses how research can shed light on the social environment that affects sexual and reproductive health.

The first scientific and multidisciplinary research in the region to reveal a heavy burden of poor health on women from sexual and reproductive health conditions was conducted in Giza in rural Egypt in the late 1980s (see Box 2, page 3). Later studies in Egypt and other MENA countries

Understanding the Context for Sexual and Reproductive Health

Sexual and reproductive decisions and their consequences are experienced by individuals, but are shaped by factors within the household, community, larger society, and the political environment. The figure shows the overlapping spheres of influence that shape individuals' and couples' choices and their ability to seek information and services related to sexual and reproductive health.

Circles of Influence Affecting Sexual and Reproductive Decisions

Kinship and community

Family

Individual

Political institutions, power structures, and ideology
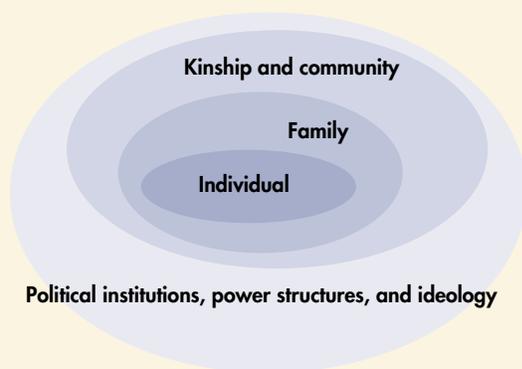
Starting with individuals as a central focus, research can explore the factors that influence health decisions and behaviors, such as individuals' assessment of their personal risk and responsibilities, and their knowledge, attitudes, and practices with regard to protecting their health.

Analysis within households might examine who receives health care and the social values that may impede women's or young people's ability to protect their health and rights. For example, research may explore how men's and women's roles are acquired and reinforced in childhood and adolescence, and how they contribute to male violence and risktaking, female subordination, double standards of sexual behavior, and the health consequences of these behaviors.

At a broader level, social science research can explore the economic, social, cultural, and interpersonal factors influencing sexual and reproductive ill health, and the consequences of ill health to women, families, and communities. For example, researchers might study the relationships between the unavailability or failure of contraceptive methods, unintended pregnancies, and unsafe abortions.

At the policy level, analysis can identify the nature and impact of laws and policies related to gender equality and sexual and reproductive rights, the availability of information and services, and whether and how individuals are protected from sexual harm.

ADAPTED FROM: Andres de Francisco, Ruth Dixon-Mueller, and Catherine d'Arcangues, *Research Issues in Sexual and Reproductive Health for Low- and Middle-Income Countries* (Geneva: Global Forum for Health Research and World Health Organization, 2007).

have continued to point to women's hidden suffering. And since HIV/AIDS has become a more visible issue in the region, there has been greater interest in studying sexual and reproductive health—sexual contact is the main mode of HIV transmission in MENA.

Despite this increasing research activity, gaps in knowledge remain about the sexual and reproductive problems that men and women experience. Successful initiatives to address these problems rely on scientifically sound and culturally appropriate research methods for gathering information on sensitive topics. Additional research is needed to expand the evidence base about the causes, consequences, and interconnectedness of sexual and reproductive problems. The ultimate aim is to encourage more people to seek help for sexual and reproductive health problems and to help health care systems and providers to respond more effectively.

Research Gaps

The report by the Global Forum for Health Research and WHO describes gaps in knowledge in the developing world, including the MENA region, and the research needed to close those gaps. This research falls into four categories: who suffers from sexual and reproductive health problems and to what extent; the policy environment for addressing sexual and reproductive health needs; quality of care and access to information and services; and program implementation.

Examples of research conducted in the MENA region related to these topics are noted in the following sections and in the references beginning on page 7. These studies are illustrative; they are not comprehensive with regard to topics or countries.

Who Suffers From Sexual and Reproductive Health Problems

Community-based household surveys and other social science and epidemiological research can assess the type, frequency, and distribution of sexual and reproductive health problems among individuals and communities, and the disparities among different groups. Some examples for research topics assessing disparities in health are:

■ Analysis of national surveys, such as Demographic and Health Surveys, to identify

patterns of inequality in health across households by place of residence, education, and wealth status, with a view to help program planners devise strategies for reaching the most vulnerable people with health services.[4]

■ Research on the relationship between sexual and reproductive health and poverty, to document the effects of poverty reduction on the health and well-being of individuals and families, and vice versa.[5]

Research on the nature and extent of sexual and reproductive health problems can include:

■ Methodological research to improve the ways in which information is collected on sensitive or taboo issues among particular populations.[6]

■ Epidemiological research to reveal the nature and scope of often-silent sexual and reproductive health problems and risks among women, men, and young people.[7]

■ Community-based studies to understand men's and women's perceptions and the factors contributing to reproductive and sexual health problems and harmful practices, such as female genital cutting and all forms of sexual harassment, coercion, and violence.[8]

■ Compilation of evidence on the unmet need for sexual and reproductive health information and services among population subgroups according to age, gender, socioeconomic status, and other characteristics.[9]

Studies that draw from a statistically significant, random sample of the population provide evidence that can enable decisionmakers to design policies and programs that address the most pressing problems and reach the neediest people. As a complement to national surveys, smaller-scale studies can explore individual experiences more deeply to increase understanding of the many factors that influence individuals' health status and behavior.

Box 2
The Giza Study on Women's Health in Rural Egypt

The Giza Morbidity Study is an internationally recognized and pioneering regional study that used multidisciplinary approaches to conduct reproductive health research in a rural community. Conducted in Egypt's Giza governorate in 1989 and 1990, the study focused on women's gynecological problems, whether they sought out health services, and how they perceived their own health.

The Giza Study used innovative research methods, drawing from the fields of clinical medicine, biostatistics, epidemiology, and anthropology, to examine the reproductive health of women living in an economically deprived area. Eighty-two percent of the women in the study (all married and not pregnant) were illiterate. Each woman was first interviewed at home, and then accompanied to the village health center for a gynecological examination.

The research showed a heavy burden of reproductive ill health among both symptomatic and nonsymptomatic women. Half of the women in the study suffered from infections in their reproductive tracts; more than half suffered from genital prolapse (when the uterus or vaginal wall descends below its normal position); and two-thirds were anemic. More alarming were findings on the multiplicity, severity, and age patterns of the gynecological problems. Only 15 percent of the women had no problem at all, while one-half suffered from two or more conditions. One-fourth of women ages 14 to 24 had cervical ectopy (when cells from the uterus extend beyond the cervix, making infections and abnormal discharge more likely); and more than one-fifth of women 45 years and older had suspicious cervical cell changes, which could indicate precancer or cancer.

Although the Giza study was done about two decades ago, the research methods and findings are still relevant: Women's perceptions about their health, in the context of widespread poverty and prevailing cultural standards, determined more than any other factor whether or not women would seek and use health services.

Researchers involved in the study published their findings in international scientific journals and local publications. The Population Council Office for West Asia and North Africa (in Cairo), which conducted the study, produced a series of publications and disseminated the results.

By providing evidence-based data, researchers succeeded in informing high-level policymakers in Egypt about a previously unrecognized, heavy disease burden. In response to the findings, the Egyptian Ministry of Health and Population developed and introduced a new package of reproductive health services as part of primary health care services in selected health centers.

source: Hind Khattab, Huda Zurayk, and Nabil Younis, *Women's Reproduction and Health in Rural Egypt, The Giza Study* (Cairo: American University in Cairo Press, 1999).

Strengthening the Policy Environment

Attaining the highest standard of sexual and reproductive health care requires public health programs that are accessible and acceptable to people. To this end, research on priority setting and health system financing, as well as on the laws, policies, and programs related to sexual and reproductive health, is urgently needed throughout the MENA region. Such research would enable policymakers to make better decisions regarding the allocation of scarce resources for delivering high-quality and effective health care.

Examples of research topics that can aid policymakers include:

- Country-specific analyses of the policies and health service standards related to sexual and reproductive health care, to identify gaps and ensure that primary health care systems provide comprehensive information and care.[10]
- Research on health sector reforms such as decentralization, privatization, and fees for services, to ensure that they protect the availability of and people's access to essential sexual and reproductive health services.
- Research on sexual health education curricula in schools, to evaluate their content and outcomes and provide evidence for adapting the content to local conditions.

Quality of Care and Access to Information and Services

Examples of research that can contribute to improving quality of care can include:

- Mapping the geographical distribution of facilities and personnel that provide sexual and reproductive health information, products, or services in the public and private sectors, and inequities in their distribution.
- Documenting the accessibility of sexual and reproductive health services to a variety of clients. This might include investigating the services' social accessibility (absence of discrimination), economic accessibility (affordability), familiarity, hours of operation, waiting times, confidentiality, and other factors.[11]
- Studying the cost effectiveness of specific information, education, and service activities, such as school-based sexuality education, sub-

sidized condom distribution, routine testing for sexually transmitted infections, contraceptive services, basic and emergency obstetric care, and post-abortion care.

Research on how people use services and whether the services are accessible and of high quality can include:

- Identifying health-seeking behaviors among people in specific social groups, their knowledge of where to go and what to do, and their perceptions of the advantages and disadvantages of alternative sources of information and care.[12]
- Analyzing people's perceptions and experiences with respect to family planning and health care providers, the extent to which they believe their needs are met, and their assessment of the quality of the information and care they receive.[13]
- Research on providers' attitudes toward their work and toward their clients, including discrimination toward certain types of clients or services. This research can help identify training needs for improving provider-client relations.[14]

Program Implementation

Research is needed on how best to deliver reproductive health services.[15] Research on how best to develop, introduce, and bring to scale low-cost technologies and successful programs and to document their impact may include:

- Operational research to identify obstacles that service providers face in adopting evidence-based practices as defined by international standards, and how best to overcome obstacles to scaling up these practices.[16]
- Studying the costs and benefits of investing in high-quality, reproductive health care (including education, information, and services) and identifying links among programs in different sectors that could help maximize the impact of investments.
- Operational research to identify and improve communication, transportation, and referrals among providers and facilities so that they form a coherent and accessible network of information and care at primary, secondary, and tertiary levels of health care.

Ensuring That Research Is Used in Policies and Programs

Development experts increasingly see sexual and reproductive health care as vital for improving individuals' well-being and achieving other social and development goals. Today, universal access to reproductive health is a global development goal (see Box 3). To achieve that goal in MENA countries, research will play a critical role in identifying the underlying causes of poor sexual and reproductive health, so that policies and programs can foster healthier behaviors and practices rather than address only the symptoms or consequences of poor health.

Research can play a critical role in identifying the personal, social, and health system barriers that stand in the way of improving sexual and reproductive health. All too often, however, valuable research doesn't reach the right policy audience at the right time or may not be interpreted or presented in ways that policymakers find useful.

Research needs to be designed with viable policy questions in mind, and its findings must be analyzed, communicated, and used to improve policies and programs. Research results are more likely to help in decisionmaking if presented in a nontechnical fashion and made available to a range of audiences, including grass-roots activists, leaders of nongovernmental organizations, the media, and high-level policymakers. Also, new information will more likely be used when researchers are involved in communicating their findings to the media and policy audiences.

A Framework for the Policy Process

People often envision policymaking as a linear process, moving step-by-step from the identification of problems to the implementation of policy solutions. In reality, the policy process is complex, and policymakers draw information from a variety of sources—scientific and otherwise. Policymakers, such as ministers or members of parliaments, may be influenced by competing ideologies and long-standing practices that they are reluctant to change. They may also be influenced by prominent individuals or commercial entities with specific agendas.

Recognizing that decisionmaking is not necessarily linear or grounded in science, the Population

Reference Bureau (PRB) developed a framework for describing how policy changes come about and how research can influence the process. (The framework was adapted from health policy literature.)[17]

In this framework (see figure, page 6), the policy process is a complex interaction of three spheres, where "problems" are identified and viable "solutions" are articulated. The third sphere is the political environment, where "politics" come into play and events take place independently, not necessarily related to problems or their solutions.

A "window of opportunity" for policy change that addresses people's needs is created only when these three spheres come together. Problems may be recognized and defined from research results and policy solutions may be identified, but nothing will happen in the absence of interest or political will. Linking problems and solutions within a political

Policy Process: A Theoretical Framework
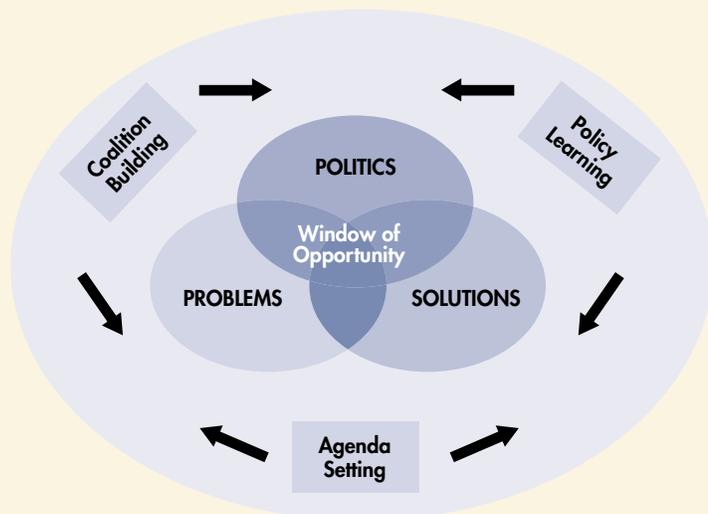
SOURCE: Lori S. Ashford et al., "Creating Windows of Opportunity for Policy Change," *Bulletin of the World Health Organization* 84, no. 8 (2006): 669-71.

environment to create this window of opportunity rarely happens on its own. People, usually a combination of specialists, must ensure that these spheres come together.

Researchers, analysts, program managers, and advocacy groups often need to communicate and combine their efforts to link research findings to policy actions. These groups may undertake three types of activities that help create a window of opportunity for policy change: focus attention on getting issues on the policy agenda **(agenda setting)**; create or strengthen coalitions that sustain attention around issues **(coalition building)**; and increase decisionmakers' and opinion leaders' knowledge about issues **(policy learning)**.

Research can play a role in guiding all three activities:

- **Agenda setting** includes presenting new information at public events, international meetings, and one-on-one briefings with policymakers; and providing information to the media, who in turn capture the attention of policymakers and the larger community.
- **Coalition building** includes providing information to and building the skills of members of advocacy networks or alliances. These

alliances might include professionals working on health, women's rights, and youth issues.

- **Policy learning** involves disseminating information to decisionmaking audiences over a sustained period of time through different channels and formats—such as reports, face-to-face communication, and the news media.

Experience has shown that issues are more likely to reach the policy agenda when they are articulated with clear and measurable indicators, as opposed to abstract statements about problems. Indicators such as the number of people living with HIV/AIDS in a country can raise awareness and create impetus for action.

Policymakers generally pay more attention to new information when it is linked to national security or economic development. In 1989, for example, the Iranian government reversed its population policy in reaction to 1986 census data and analysis by the National Plan and Budget Organization showing that rapid population growth was a major obstacle to economic growth and meeting people's basic needs. Researchers at the National Plan and Budget Organization, along with their counterparts in the ministries of agriculture, education, and health, organized awareness-raising events including media campaigns and seminars for high-level policymakers and religious leaders. As a result, the government revived its national family planning program, which evolved into one of the most successful family planning programs in the developing world. Fertility in Iran dropped from 5.6 children per woman in 1985 to 2.0 children in 2000.

The existence of feasible, cost-effective solutions is also critical, as are attention-generating events that present both problems and solutions. For example, a finance minister needs to know about the relative costs and cost-effectiveness of various program proposals, while a religious leader may need to know about the cultural acceptability of specific services and the human costs of inaction.

The media can use research that reveals personal stories, thus putting a human face on the numbers and raising sensitivity among policy audiences. An example of such research is a recent book published by the Egyptian Society for Population Studies and Reproductive Health. The

book highlights the personal stories of 12 women living with HIV/AIDS and details their struggle to secure a decent life for their children.[18] Sharing their HIV status and its impact on their daily life and social environment may help pave the way toward the gradual elimination of the stigma associated with HIV/AIDS in Egypt and in the region at large.

Finally, research shows that identifying "policy champions"—individuals who are widely respected and influential, for example from the entertainment or political arena—can make a difference in setting an agenda, building coalitions around it, and informing policy audiences.

Conclusions

While much has been achieved, the need for research on sexual and reproductive health remains great in the MENA region. Much can be learned from research conducted in other parts of the world, but the cultural beliefs and way of life in MENA make it imperative to conduct local research on the legal, cultural, social, and other barriers that stand in the way of improving sexual and reproductive health. All countries in the region stand to benefit from such research, from communicating the results to decisionmakers, and from designing culturally appropriate, evidence-based policies and programs.

References

[1] The Middle East and North Africa as defined in this policy brief includes Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territory, Qatar, Saudi Arabia, Syria, Tunisia, Turkey, the United Arab Emirates, and Yemen.

[2] Andres de Francisco, Ruth Dixon-Mueller, and Catherine d'Arcangues, *Research Issues in Sexual and Reproductive Health for Low- and Middle-Income Countries* (Geneva: Global Forum for Health Research and World Health Organization, 2007).

[3] Carla Makhlouf Obermeyer, ed., *Cultural Perspectives on Reproductive Health* (Oxford, England: Oxford University Press, 2001); and Bonnie Shepard and Jocelyn DeJong *Breaking the Silence and Saving Lives: Young People's Sexual and Reproductive Health in the Arab States and Iran* (Boston: Harvard School of Public Health, 2005).

[4] Rozzet Jurdi and Marwan Khawaja, "Caesarean Section Rate in the Arab Region: A Cross National Study," *Health Policy and Planning* 19, no. 2 (2004): 101-10; and Marwan Khawaja, Rozzet Jurdi, and Tamara Kabakian-Khasholian, "Rising Trends in Caesarean Section Rates in Egypt," *Birth* 31, no. 1 (2004): 12-16.

[5] The Population Council Office for the Middle East and Western Asia region (in Cairo) has been conducting research in Egypt to address the link between household poverty, underemployment, gender norms, and fertility. See: www.popcouncil.org/me/index.html.

[6] Huda Zurayk, "Study Design for the Measurement of Gynaecological Morbidity" in *Reproductive Tract Infections and Other Gynaecological Disorders: A Multidisciplinary Research Approach*, ed. Shireen Jejeebhoy, Michael Koenig, and Chris Elias (New York: Cambridge University Press, 2003); and Hind Khattab et al., "Comparing Women's Reports With Medical Diagnoses of Reproductive Morbidity Conditions In Rural Egypt," *Studies in Family Planning* 26, no. 1 (1995): 14-21.

[7] Ruth Mabry, Asya Al-Riyami, and Magdi Morsi, "The Prevalence of and Risk Factors for Reproductive Morbidities Among Women in Oman," *Studies in Family Planning* 38, no. 2 (2007): 121-28.

[8] Huda Zurayk et al., "Beyond Reproductive Health: Listening to Women About Their Health in Disadvantaged Beirut Neighborhoods," *Health Care for Women International* 28, no. 7 (2007): 614-37; and Afamia Kaddour, Huda Zurayk, and Raghda Hafez, "Women's Perception of Reproductive Health in Three Communities Around Beirut, Lebanon," *Reproductive Health Matters* 13, no. 25 (2005): 34-42.

[9] Demographic and Health Surveys (www.measuredhs.com), as well as Pan Arab Project for Family Health (PAPFAM) surveys (www.papfam.org); and Shepard and DeJong, *Breaking the Silence*.

[10] Tamara Kabakian-Khasholian et al., "The Policy Environment Surrounding Caesarean Section in Lebanon," *Health Policy* 83, no. 1 (2007): 37-49.

[11] Faysal El Kak et al., "Gender and Sexual Health in Clinical Practice in Lebanon," *International Journal of Gynecology and Obstetrics* 87, no. 3 (2004): 260-66.

[12] Tamara Kabakian-Khasholian and Oona Campbell, "A Simple Way to Increase Services Use: Triggers of Women's Uptake of Postpartum Services," *BJOG: An International Journal of Obstetrics and Gynaecology* 112, no. 9 (2005): 1315-21; and Raeda Al-Qutab et al., "Assessing the Quality of Reproductive Health Services," *The Policy Series in Reproductive Health* no. 5 (Cairo: Reproductive Health Working Group, the Population Council Regional Office for West Asia and North Africa, 1998).

[13] "Helping Women Achieve Optimal Birth-Spacing Intervals Through Fostering Linkages" is a study conducted in Egypt by the Population Council's Frontiers in Reproductive Health (FRONTIERS) Program to test the feasibility of providing integrated maternal and child health and family planning counseling and services during home visits. See: www.popcouncil.org/frontiers.

[14] Nahla Abdel-Tawab et al., *Integrating Issues of Sexuality Into Egyptian Family Planning Counseling* (2000), accessed online at www.popcouncil.org/frontiers, on July 15, 2008.

[15] A number of research examples can be found from FRONTIERS, a program of the Population Council that conducts operation research in collaboration with organizations in developing countries to design innovative interventions for improving services. See: www.popcouncil.org/frontiers.

[16] "Choices and Challenges in Changing Childbirth" is a research project of the Faculty of Health Sciences of the

American University in Beirut that includes researchers from Egypt, Lebanon, Syria, and Palestine. These researchers, with their wide-ranging specialties from midwifery to anthropology and statistics, have been gathering evidence on maternity care in their countries to identify gaps in qualities of service deliveries and care. See: http://wwwlb.aub.edu.lb/~cccc/.

[17] Lori S. Ashford et al., "Creating Windows of Opportunity for Policy Change," *Bulletin of the World Health Organization* 84, no. 8 (2006): 669-71; John W. Townsend, "Learning Through Conflict: Ethical Debates in Sexual and Reproductive Health," *Studies in Family Planning* 38, no. 4 (2007): 225-28; Jeremy Shiffman, "Generating Political Will for Safe Motherhood in Indonesia, *Social Science Medicine* 56, no. 11 (2003): 1197-1207; and Robert W. Porter, *Knowledge Utilization and the Process of Policy Formation: Toward A Framework for Africa* (Washington, DC: Academy for Educational Development, Support for Analysis and Research in Africa Project, 1995).

[18] Hind Khattab et al., *All Alone! The Stories of Egyptian Women Living with HIV, Stigma and Isolation* (Cairo: Egyptian Society for Population Studies and Reproductive Health, 2007).

PRB's Middle East and North Africa Program

The goal of the Population Reference Bureau's Middle East and North Africa (MENA) Program is to respond to regional needs for timely and objective information and analysis on population, socioeconomic, and reproductive health issues. The program raises awareness of these issues among decisionmakers in the region and in the international community in hopes of influencing policies and improving the lives of people living in the MENA region.

MENA program activities include: producing and disseminating both print and electronic publications on important population, reproductive health, environment, and development topics (many publications are translated into Arabic); working with journalists in the MENA region to enhance their knowledge and coverage of population and development issues; and working with researchers in the MENA region to improve their skills in communicating their research findings to policymakers and the media.

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