Marloes Schoonheim
Geneva Foundation for Medical Education and Research

From Research to Practice:
Training Course in Sexual and Reproductive Health Research
Geneva Workshop 2012
WHO Geneva 27 August 2012
Clowning helps IVF patients become pregnant: study

January 14th, 2011 in Medicine & Health / Medical research

(PhysOrg.com) -- Infertility researchers in Israel have found a 15-minute encounter with a clown immediately after fertility treatment boosts pregnancy rates.

Dr. Shevach Friedler at the infertility Center, in Zrifin, Israel, led a study of 219 women undergoing IVF treatment over a period of a year, treated half of whom with specially-trained clowns to add a bit of humor to the proceedings.

Humour clowns linked to IVF success

Published: January 13, 2011 - 4:30PM

In a study of 219 women undergoing IVF published in Fertility and Sterility, an Israeli team led by Shevach Friedler found that the odds of success were greater among women who were entertained by a professional "medical clown" just after the embryos were transferred to their wombs.

Overall, 36 percent became pregnant, as compared to 20 percent of women who'd had a comedy-free recovery after the transfer procedure.

Friedler said he got the idea for the study after reading about the potential physiological impact of laughter as a "natural anti-stress mechanism."
TOPICS

1 Introduction: definitions and objectives for SRH
2 Social science research contents: checklist
3 Analysis and interpretation: examples of ambivalence
CORE REPRODUCTIVE & SEXUAL HEALTH SERVICES ARE:

1. Improving antenatal, intrapartum, postpartum and newborn care
2. High-quality services for family planning (including infertility)
3. Eliminating unsafe abortions
4. Fighting STIs
5. Promoting sexual health
SRH CHANGE

Biology

Users - Providers - Policy makers

Socio-cultural
DEFINITION

Social science is the study of society and the manner in which people behave and influence the world around us.
This is a social science!
Try again.
SOCIAL SCIENCE DISCIPLINES:

1. Anthropology
2. Communication
3. Criminology
4. Cultural studies
5. Development studies
6. Economics
7. Human geography
8. Linguistics
9. Law
10. Political science
11. Psychology
12. Sociology
Maintaining a healthy reproductive system
STIs/RTIs
HIV
Reproductive Cancers

Avoiding unwanted births
Contraception
Induced abortion

Safe, pleasurable sexual life
Freedom from violence related to gender/sexuality
Healthy sexual functions
Freedom from harmful sexual practices

Bearing children safely
Good pregnancy outcomes
Safe motherhood
Infertility treatment

Gender relations
Poverty

Society
Culture

Laws
Services

Beliefs
Social norms

MARLOES SCHOONHEIM - SOCIAL SCIENCE RESEARCH FOR SEXUAL AND REPRODUCTIVE HEALTH

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MARLOES161@GMAIL.COM
Taiwan Chinese culture

Poverty and social isolation motivates women to work as a prostitute

- Bear children safely
  - Good pregnancy outcomes of STI/HIV infected women

- Unsafe, unpleasant sexual life
  - Victim of (sexual) violence
  - Forced to perform harmful sexual practices

- Unhealthy reproductive system
  - STIs/RTIs
  - HIV

- Avoiding unwanted births
  - Contraception
  - Induced abortion

No laws
Good health services for (HIV) prostitutes

Prostitution taboo
Social norm forces adopting out
OBJECTIVES OF SOCIAL SCIENCE FOR SRH RESEARCH

1 Identifying SRH problems: nature, magnitude, determinants and consequences of sexual and/or reproductive (ill) health

- sexual practices and meanings
- risk perception and negotiation
- beliefs and values about sexuality and reproduction
- biomedically defined versus self-perceived sexual and reproductive morbidity
- individual experience of SRH problems and solutions
- psychological, social, cultural and economic consequences
- socioeconomic and demographic characteristics
OBJECTIVES OF SOCIAL SCIENCE FOR SRH RESEARCH

2 Designing and evaluating culturally appropriate SRH campaigns

- drivers of behavior change in a particular setting
- specific barriers for individuals and groups in adopting health behavior
- culturally acceptable methods for promoting change
- evaluating the process and outcomes of interventions
OBJECTIVES OF SOCIAL SCIENCE FOR SRH RESEARCH

3 Preventative and curative SRH services

• decision-making and motivation concerning the use of prevention and treatment services

• accessibility and acceptability of services

• costs

• dynamics of use of services

• quality of care

• user and provider perspectives

• effectiveness of organization

• interaction of SRH issues
OBJECTIVES OF SOCIAL SCIENCE FOR SRH RESEARCH

4 SRH policies and socio-legal aspects

• effectiveness of different types of services
• value of integrating services
• policy barriers to implementing sexual and reproductive change
• institutional and leadership issues surrounding change
Healthy reproductive system?

Unwanted births?

Bearing children safely?

Safe, pleasurable sexual life?

Gender relations?
Poverty?

Laws?
Services?

Healthy reproductive system?

Beliefs?
Social norms?

Society?
Culture?
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RESEARCH DESIGN

Medical research
- observation
- experiment
- sequential

Social science research
- action research
- causal design
- cohort design
- cross-sectional
- descriptive
- exploratory
- historical
- longitudinal
- philosophical
1 Develop research design: problem statement, theoretical framework, hypotheses
2 Select data-collection method and choose sampling techniques
3 Make research planning
4 Consider ethical issues
5 Analysis and interpretation

Easier/better ways to do research?
Relevancy?
Statistical significance?
Social distance?
Research question clear & bounded?
Legitimate planning?
RESEARCH CHECKLIST

MARLOES’ RESEARCH CHECKLIST

Defining the problem
1. What is the research need that has been identified?
2. What is the scale and nature of the need?
3. Is the research timely and relevant?
4. Have different stakeholder views been taken into account when framing the issues and questions to be addressed?
5. What is the relevance of the issue to the institute you're affiliated with?
6. Should the institute you’re affiliated with prioritize this research?
7. Has a research question to meet the research need been clearly defined?

Theoretical framework
8. What steps have been taken to review the existing evidence? Has a literature review been undertaken? Is the review:
   o a systematic review of the evidence?
   o a scoping study?
   o a rapid evidence assessment?
   o an expert assessment of the field by multiple stakeholders?
9. Has an external expert appraisal of the review been considered?
10. What is the current state of the evidence to inform the research question, on the basis of the above?
11. What is the quality of the evidence underpinning the review?
   a. This might include an assessment of:
      o internal and external validity and reliability of the evidence base
4. Have different stakeholder views been taken into account when framing the issues and questions to be addressed by the research?

**Stakeholders:**
- Beneficiaries
- Central government
- Ministry of health
- Local governments
- Financiers
- Civil society organizations
- Health governing boards
- Professional organizations
- Unions

- Impact on health policy and its changes for stakeholders
- Encouraging contribution by stakeholders
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**Systematic review:** Identifies, appraises, selects and synthesizes all high quality research evidence relevant to the question

**Scoping study:** a preliminary study to define the scope of a research

**REA:** a review in response to specific clinical questions

**Expert assessment:** specialist evaluates evidence
14. Is the choice of the research method motivated, including a consideration of other methods?

**Qualitative research:** non-numerical data, broad, whole picture, exploratory

**Quantitative research:** measurable data, narrow, focused, conclusive

What people think? Ask them through interview or questionnaire
Unusual event? Detailed investigate through case study
A sampling frame exists, generalization is a prime consideration? Probability sampling
When doing in-depth research where representation is not the prime concern? Purposive sampling
19. Is the research paper the author’s own work?

Plagiarism: all unacknowledged copying from others AND yourself

The Chinese government did not do enough in the first SARS outbreak in 2002 - in fact, they covered it up. The country is grappling with a health system that has seen limited investment and millions of rural workers who have no access to health care at all. While China has spent $1.5 billion for SARS prevention and control, it is clearly not enough. (CNN 2011, Sars in China, china.sars.repeat.reut/index.html)
44. Has an assessment of any conflicts of interest been undertaken? e.g. who funded the research on which the evidence is based? Do they have a vested interest in the recommendations and findings?

A **conflict of interest (COI)** occurs when an individual or organization is involved in multiple interests, one of which could *possibly corrupt* the motivation for an act in the other

Tensions between your interests as researchers and your primary obligations as clinicians

**Industry-funded drug trials**
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**AMBIVALENCE EXAMPLE 1**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Applied</td>
<td>Admitted</td>
<td>Rate</td>
</tr>
<tr>
<td>Major A</td>
<td>900</td>
<td>450</td>
<td>50%</td>
</tr>
<tr>
<td>Major B</td>
<td>100</td>
<td>10</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Applied</td>
<td>Admitted</td>
<td>Rate</td>
</tr>
<tr>
<td>Major A</td>
<td>100</td>
<td>80</td>
<td>80%</td>
</tr>
<tr>
<td>Major B</td>
<td>900</td>
<td>180</td>
<td>20%</td>
</tr>
</tbody>
</table>
## AMBIVALENCE EXAMPLE 1

### Male

<table>
<thead>
<tr>
<th>Major</th>
<th>Applied</th>
<th>Admitted</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major A</td>
<td>900</td>
<td>450</td>
<td>50%</td>
</tr>
<tr>
<td>Major B</td>
<td>100</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>Both</td>
<td>1000</td>
<td>460</td>
<td>46%</td>
</tr>
</tbody>
</table>

### Female

<table>
<thead>
<tr>
<th>Major</th>
<th>Applied</th>
<th>Admitted</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major A</td>
<td>100</td>
<td>80</td>
<td>80%</td>
</tr>
<tr>
<td>Major B</td>
<td>900</td>
<td>180</td>
<td>20%</td>
</tr>
<tr>
<td>Both</td>
<td>1000</td>
<td>260</td>
<td>26%</td>
</tr>
</tbody>
</table>
Correlation
A mutual relationship or connection between two or more things

Causation
The relationship between cause and effect
### Ambivalence Example 2

<table>
<thead>
<tr>
<th>In hospital</th>
<th>Died</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>4</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At home</th>
<th>Died</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8000</td>
<td>20</td>
<td>0.25%</td>
</tr>
</tbody>
</table>

**Statement of correlation:** chances of dying in a hospital are 40 times larger than at home.

**Statement of causation:** being in a hospital increases your probability of dying by a factor of 40.
## Ambivalence Example 2

<table>
<thead>
<tr>
<th></th>
<th>In hospital</th>
<th>Died</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sick</strong></td>
<td>36</td>
<td>4</td>
<td>11.1%</td>
</tr>
<tr>
<td><strong>Healthy</strong></td>
<td>4</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>At home</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sick</strong></td>
<td>40</td>
<td>20</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Healthy</strong></td>
<td>7960</td>
<td>20 (accidents)</td>
<td>0.25%</td>
</tr>
</tbody>
</table>
AMBIVALENCE EXAMPLE 2

In hospital
Dying
AMBIVALENCE EXAMPLE 2
AMBIVALENCE EXAMPLE 2
AMBIVALENCE EXAMPLE 2
AMBIVALENCE EXAMPLE 2

- Sickness
- In hospital
- Dying
SOURCES & FURTHER READING


Experiment recourses, Qualitative and quantitative research.  http://www.experiment-resources.com/quantitative-and-qualitative-research.html


University of Southern California. Types of research design. http://libguides.usc.edu/content.php?pid=83009&sid=818072