

PARE NEWS

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November 2017

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Seminars, Conferences and Events

Future Education Rome 2017

“2nd conference on future education “

November 16-18, 2017
Roma Tre University, Rome, Italy
For More Information:
<http://worldacademy.org/rome/>

British Educational Research Association

Conference 2018

September 11-13, 2018
North Umbria University, Newcastle
For More Information:
<https://www.bera.ac.uk/event/beraconference-2018>

Australian Association For Research In Education

“Conference 2017”

November 26-30, 2017
Hotel Realm Canberra Australian Capital Territory
For More Information:
<http://www.aareconference.com.au/>

America Educational Research Association

2018 Annual Meeting

April 13-17, 2018
New York City, Deborah Liebenberg Hall
For More Information:
<http://www.aera.net/Events-Meetings/Annual-Meeting/2018-Annual-Meeting-Call-for-Paper-and-Session-Submissions>

World Education Research in education

WERA-IRN Conference Extended Education from an International Comparative Point of View

30 November-02 December, 2017
University of Bamberg, Germany
For More Information:
<http://www.weraonline.org/news/346910/WERA-IRN-Conference-Extended-Education-from-an-International-Comparative-Point-of-View.htm>

European Education Research Association

Conference 2018: Inclusion and Exclusion, Resources for Educational Research?

September 4-7, 2018
Free university Bolzano, piazza university, Bolzano
For More Information:
<http://www.eera-ecer.de/ecer-2018-bolzano/>

Education Policies in Pakistan, Afghanistan and Tajikistan

Contested Terrain in the Twenty-First Century

In the mountain of northern Pakistan, Afghanistan, and Tajikistan, school and schooling are both symbolic of wider-ranging Culture and political battles over morals, modernity, development, Gender, and the rules of law. Educational policies in Pakistan, Afghanistan, and Tajikistan: Contested terrain in the twenty-first century is about the normative battles over the purpose of education and the structural impediment to providing instruction in those remote and challenging locations where it is attempted. The analytical frames in this collection come primarily from the social sciences and comparative education. Contributors examine education, policy, processes, and structures in the broader sociocultural, religious, and economic context of three countries sharing somewhat similar colonial and postcolonial legacies a current uprising of extreme religious positions, and a drive to social cohesion.

Education Policies in Pakistan, Afghanistan and Tajikistan examines:

PART 1 LANGUAGE, REPRESENTATION, AND HEGEMONY

Chapter 1: Language: A socio-political phenomenon

Chapter 2: Power and Politics of Discourse

Chapter 3: Language, Representation, and Control

PART 2 LANGUAGES AND GENDER: CONSTRUCTION

Chapter 4: Manufacturing Gender and Language

Chapter 5: Growing Up With Gender

Chapter 6 Languages and Gender: Research Directions

PART 3 LANGUAGES, GENDER AND SOCIETY

Chapter 7: Literature and the Politics of Exclusion

Chapter 8: Sayings, Proverbs, and Women

Chapter 9; Gender and Jokes

Chapter 10: Matrimonial Ads: Societal Expectations

PART 4 LANGUAGE GENDER AND EDUCATION

Chapter 11: Gender and Education

Chapter 12: Nursery Rhymes and Gender Representation

Chapter 13: Representation of Women in Fairy Tales

PART 5 LANGUAGES, GENDER AND THE MEDIA

Chapter 14: Gender and Media

Chapter 15: Women in Advertisements

Chapter 16: Television Plays and Gender Stereotypes

Chapter 17: Construction of Gender in Films

Chapter 18: Representations of Women in Songs

PART 6 GENDERED DISCOURSE: AND RESISTANCE

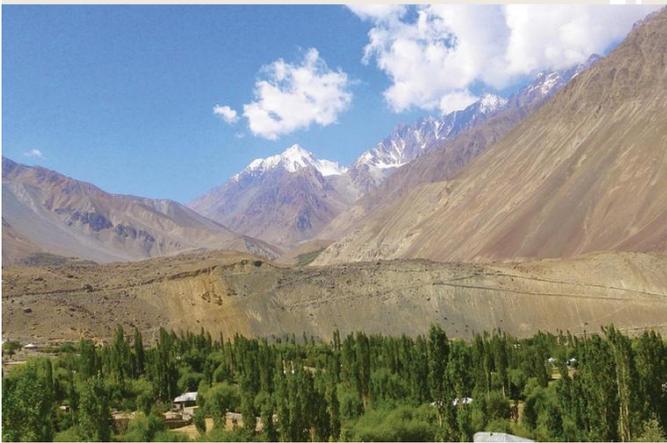
Chapter 19: Needs for Language Reform

Chapter 20: Resistances through Language

EDUCATIONAL POLICIES IN PAKISTAN, AFGHANISTAN, AND TAJIKISTAN

Contested Terrain in the Twenty-First Century

Edited by Dilshad Ashraf,
Mir Afzal Tajik, and Sarfaroz Niyozov



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Prevalence of child abuse/maltreatment and its associated factors among children aged 11 to 17 years in community settings of Karachi, Pakistan

By

Maryam Pyar Ali Sultan Ali, Lakhdir

Harsh disciplinary practices are considered common in developing countries. However, scientific evidence lacks to support this. The primary aim of this study was to determine the total prevalence and subtypes of different forms (physical, emotional maltreatment and neglect) of child abuse and maltreatment in Karachi, Pakistan and to determine the associated factors following Beleskey model at individual, relationship and community level. Method: A cross sectional survey of 800 dyads (children ranging from 11-17 years old and their parent) were selected from 32 clusters of Karachi, using multistage cluster sampling between December 2014 to March 2015. A structured questionnaire adopted from International society of child abuse and neglect (International child abuse screening tool for Parent: mother & father and Child). Prevalence of child maltreatment was estimated by mean child abuse score. Multiple linear regression technique (MLR) was used for analysis. Means with standard deviation were reported for continuous variables and for categorical variables, frequencies with percentages were calculated. B coefficients with 95% confidence interval were stated for significant associations. Results: Out of 800 participants dyads (800 parent and 800 children), 25 dyads were recruited from each study site. Mean score were 51.7+11.9 (child), 77.9+20.2 (mother) and 63.6+17.3 (father). Both parent and child responses revealed similar prevalence (43%) of child maltreatment. The mother's responses showed a prevalence of physical (42%), emotional (50%) maltreatment and neglect (5.4%) whereas, father's responses showed a prevalence of physical (39%), emotional (46%) maltreatment and neglect (9.7%). The child's experiences showed a prevalence of physical (49%), emotional (50%) maltreatment and neglect (57%). A substantial proportion of participants were exposed to at least one form of maltreatment on mother (58%), father (54%) and child (74%) responses, of which all three maltreatment forms experienced by children were 4%, 9% and 31% on mother, father and child responses respectively. With every one year increase in age of child, the mean estimated ICAS-Child score decreases by 0.638 (95% CI: - 1.002, -

0.273). Children who are always bullied and mistreated by their siblings are at increased risk of getting maltreatment by parents (adjusted beta: 10.770 (95% CI: 8.801, 11.598)). Among children' home environment where there is always verbal abuse and quarrel within family members, the mean estimated ICAS-Child score increases by 9.736 (95% CI: 7.133, 12.338). Moreover, among children who have no formal education, the estimated mean ICAS-Child score is 5.432 higher (95% CI: 2.540, 8.324). The mean estimated ICAS-Child score increases by 5.081 among male child as compared female child (95% CI: 3.786, 6.375). Among children whom parents have psychiatric illness, the estimated mean ICAS-Child score is 1.236 higher (95% CI: 0.063, 3.077). The mean estimated ICAS-Child score increases by 2.951 among children who belong to low socioeconomic wealth index (95% CI: 1.102, 4.880). Among middle ordered child, the estimated mean ICAS-Child score is 1.884 higher than first ordered or only child of family (95% CI: 0.336, 3.431). There is an interaction between parental exposures to childhood abuse and physical fighting with hard object among family members. Among children whom family always fight with each other and parents have exposure to childhood maltreatment, the mean estimated ICAS-Child score increases by 13.746 (95% CI: 7.193, 20.298). There is an interaction between age of mother and parental education. The estimated mean of ICAS-Child score increases 2.169 times for every 10 years increase in age of mother among children whom both formal have no formal school education as compared to children whom both parents have formal education. Conclusion: This study reflects hidden extent of child maltreatment and poly-victimization in Karachi. Our findings provide evidence to raise public awareness about malpractices and highlight the need to develop positive parenting program.

Off-label prescribing of antipsychotic drugs in depressive disorders in general practitioner's settings from Karachi, Pakistan; a pilot study

By

Asra, Qureshi

Background: Pharmacological treatment is a critical part of much of psychiatric practice round the globe; in patients from a wide age range and across many diagnostic groups. Despite

the availability of varying psychotropic drug groups, an eloquent proportion of patients will remain troubled by distressing and disabling symptoms even after succession of licensed pharmacological treatment/s. The situation will aid an ascending weightage to the existing state of mental health with special emphasis on developing regions of the world which are accountable with more than half of the total global burden of common mental health disorders. In terms of drug regulation and control FDA has a limited role in monitoring the practice of a medicine, although new indications are timely revised in drug monographs. In countries like Pakistan; where almost 70% of the total health care is provided by the general practitioners' there, is an awful requisite to study their psychopharmacological practices systemically. Aims: We designed this survey to analyze the proportion of off-label prescribed Antipsychotics drugs in depression among patients' with common mental health disorders at general practice. We also ascertained for associated factors. Methods: An analytical cross sectional study was designed on pilot scale to determine the extent of off-label prescribing at general practice. The study followed a multi-stage cluster sampling technique. Out of the total 18 towns 4 of the towns of Karachi city were taken as PSU (primary sampling units). From each town, 1-2 union councils were taken as SSU (secondary sampling units). General practitioners' clinics were mapped from SSU's as per eligibility criteria. A short interview was conducted from the physician at first stage whose clinic was selected as study site to ascertain about their competencies in terms of clinical management of common mental health disorders. Within each of the respective clinics adult patients (18-65) years of age who sought medical care for CMD's (common mental health disorders) were then approached to access them for depression screening by SRQ-20 scale and prescription record review on a pre-designed questionnaire by the trained research staff. GEE (Generalized estimating equation) technique through binary logistic regression analysis was used to determine the co-relation between general physician's clinical expertise and his / her prescribing practices. Results: The study estimated an overall proportion of off-label prescribing of Antipsychotic drugs in depression as 19% among clinic attendees. The factors independently associated with off-label prescribing among clinic attendees at general practice were gender (OR adj -7 2.908, 95% CI= 1.027- 8.2377) and SRQ-20 scoring for Depression (OR adj= 0.1266, 95% C1= 0.0309- 0.5184). Furthermore we have received 37.5% response rate from the mapped general practitioners' clinics located in selective towns of Karachi. Among these almost 96% (n= 24) were practicing as private clinicians, 80% (n=20) reported a proportion of almost 10% cases of common mental health disorders in their clinical practice, 68% (n=17) of them were unaware for diagnosing depression as per DSM-1V criteria, 44% (n=11) were familiar with the concept of off-label use of a drug in clinical practice. In addition to it 76% (n=19) of them were agreed with the notion of experiencing difficulties in clinical management of psychiatric patients in their clinical practice. Concerning about preferred choice of drug in depression the utmost response was for SSRI's (selective serotonin re-uptake inhibitors) by the physicians. Conclusion: The study was designed and conducted as a first baseline pilot scale survey in our regional settings. The results of this study will be guiding us in designing and planning a larger scale epidemiological

study to explore the novel concept of off-label prescribing of drugs systematically at each health care level of our country. Besides the findings of this small scale survey will be speculated as obligatory for all those stake holders (Drug Regulatory Authority 'of Pakistan and Health Care Professionals) who are linked with Drug monitoring and regulation at national level.

Risk factors and perinatal outcomes for early and late onset preeclampsia, Pakistan : an observational study

By
Sohrab, Ali

Introduction: Preeclampsia has two clinical entities: Early onset preeclampsia (EOP) and late onset preeclampsia (LOP). The two clinical entities may be distinct with respect to risk factors and perinatal outcomes in our setting. We aimed to compare risk factors for EOP and LOP and their perinatal outcomes. Methods: A case control study was conducted comprising of 535 preeclampsia cases (index group) in singleton pregnancies delivered at Aga Khan University Hospital, Karachi (AKUHK), Pakistan (2000 — 2016) and same number of controls (reference group). Preeclampsia was defined as blood pressure of? 140/90 mm Hg (taken twice, 6 h apart). Subjects were classified as EOP if the disease manifested before 34 weeks of gestation and LOP when manifestation was at > 34 weeks of gestation. Maternal characteristics and perinatal outcomes were compared by Multinomial Logistic Regression and Cox Proportional. Results: All of the 12 variables identified during the bivariate analysis were used in model building for risk factors of EOP and LOP. Six variables turned out to be significant in the final model namely pre-pregnancy BMI (PBMI), presence of IUGR, family history of hypertension (FHH) and history of hypertensive disorders during pregnancy (I IDP) still births in immediate previous pregnancy (SBIP) and booking status of pregnancy (BSP), (Table No 2). The adjusted odds(AO) of overweight (BMI 25-29.9 Kg/m²) relative to women with normal BMI (<24.9 kg/n.)² is 5.02 (95% CI: 2.16, 11.64) times and 2.12 (95% CI: 1.16, 3.87) times in EOP and LOP respectively as compared to the odds in to pregnant ladies without preeclampsia (PLW) adjusting for IUGR, FHI I, lack of utilization of antenatal services, HDP and SBIP. Similarly the AO of obesity (BMI above 30 Kg/m²) is 7.1 (95% CI: 3.36, 17.75) and 3.65 (95% CI: 2.02, 6.58) times in EOP and LOP respectively as compared to PLW in adjusted model. The AO of IUGR relative to no IUGR in EOP and LOP is 4.7 (95% CI: 2.06, 9.71) and 3.31 (95% CI: 1.72, 6.36) times respectively as compared to PLW in adjusted model. The AO of lack of utilization of antenatal care services was 5.17 (95% CI: 1.68, 15.92) times among EOP as compared to PLW in adjusted model. While the AO of lack of utilization of antenatal care services was non-significant among women with LOP as compared to PLW in adjusted model. The AO of

I IDP in parous women with prior history 4.5(95% CI: 2.46, 8.25) and 2.8(95% CI: 1.72, 4.60) times in EOP and LOP respectively as compared to PLW. The AO SBIP was 10.37(95% CI: 2.60, 41.44) times in the EOP group as compared to PLW. Similarly the AO of SBIP in LOP are 5.48(95% CI: 1.52, 19.81) times compared to PLW in adjusted model. The AO of FBI I is 2.27(95% CI: 1.20, 4.30) among EOP comparing to PLW in adjusted model. While the odds of FHB is insignificant in LOP as compared to PLW in adjusted model (table no 2). The adjusted risk of admission to NICU is 3.09(95% CI: 1.49, 6.41) in EOP relative to mothers with PLW adjusting for IUGR (table no: 4.3). Similarly the risk for is Apgar score at I minute less than 8 (AI L8) is more in EOP as compared to LOP when adjusted for IUGR (5.2). In this model IUGR was identified as potential confounder and the change in beta coefficient was more than 19% and 20% for EOP and LOP (Table no: 8).Conclusion: Within the preeclampsia cohorts, the odds of risk factors are comparatively high in EOP as compared to LOP. The EOP is different from LOP with respect to EHH. Furthermore, the risk of perinatal outcomes, that AI L8 and admission to NICU were significantly associated with FOP.

Maternal newborn outcome of community midwives (CMWS) services in Pakistan: a retrospective analysis of management information system (MIS)

By
Kiran, Mubeen

Objective The study aimed to explore the management information system (MIS) of the maternal newborn and child health program to determine the maternal and new born outcomes of community midwives services in Pakistan. Methodology A descriptive retrospective design was used to examine the monthly reports of CMWs stoned in the MNCH-MIS, for the period of January, 2013 to December, 2015 CMWs were selected from 23 districts of the Sindh province. The outcomes of the CMW's services were analyzed using the descriptive statistics Result The analysis of data revealed that out of 103836 total registered pregnant women. 23296 (22.4%) were registered for intranatal care of which 78.3 % (n=18, 233) returned at the time of delivery. Out of these deliveries 17.849 were lives births the still birth rate was 13.4/1000 abortion rate was 7.3 per 1000 pregnant women, low birth weight newborns were 9% newborn mortality rate was 12.4/1000 live birth, and the maternal mortality ratio was 142.5 100.000live births. Conclusion This is probably the earliest study in Pakistan that has utilized the government's electronic database of MNCH-MIS to determine the outcomes

of services provided by the CMWs. Overall the findings suggest that the CMW mode can serve as an effective model which should be embedded within the health system of Pakistan as primary providers of maternity care for the low risk women. The costumes presented in this study are well connected to the challenges of this model illustrated in other studies conducted in Pakistan. Therefore supporting the CMW model can serve as a cost effective strategy for accelerating progress towards the sustainable development goals (SDGs) 3.1 and 3.2

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Call for Papers:
**British Association of International
and Comparative Education (BAICE)**
2018 Conference - 20th Anniversary
12th -14th September 2018 –
University of York
Comparative Education and
Development Alternatives

Critiques, innovations and transitions

The aim of this conference is to consider how central concepts in the field of comparative and international education – such as development, sustainability and global social justice – can be reimagined in order to offer new trajectories for educational research, policy and practice. We want to unpick what we mean by the idea of education for sustainable development and examine the different ways education might play out to meet – or challenge – the Sustainable Development Goals (SDGs). This means searching for alternative approaches and rethinking the intersections between the many debates. Through this dialogue we hope to challenge dominant frameworks in order to imagine new possibilities for the future.

We welcome papers that discuss comparative and international education, formal and non-formal learning at primary, secondary and tertiary level or adult education, across all global regions including high, middle and low-income countries. Papers which reflect on innovative or alternative approaches, or transformative initiatives that challenge inequalities or provide solutions to social challenges, are all encouraged. We are calling for papers that will help us to identify possibilities for education, that critique, question and challenge accepted wisdom and provide inspiration to think about the role of education in different ways. Participation in the conference can take several different forms:

- A full paper presentation** (15 minutes with time for questions and discussion)
- A short/quick-fire paper presentation** (5 minute presentation for posing ideas or questions as a stimulus for discussion)

- A panel symposium** (a collection of 3-4 papers) - Please submit an abstract outlining the overview of the panel and short abstracts for each of the contributing papers
- A facilitator for a round table discussion** on a particular issue – Please use the abstract to explain the topic you would like to explore in the discussion
- A poster presentation**

Please note that an author can only make one submission and can only contribute as a co-author on up to 2 papers. Abstracts of 300 words must be submitted by **1st**

February 2018. For any of the forms of participation, they can be submitted to the general pool, or to one of the following subthemes:

Social movements, indigenous knowledges and collective learning

- Post development/postcolonial/ indigenous approaches to education
- Problematizing concepts of development and challenging assumptions of education
- Sustainable lifestyles and *buen vivir*
- Grassroots movements, democratising knowledge and civil society as sites for learning

Global policy agendas and the Sustainable Development Goals

- Divergence, convergence and policy priorities
- Challenging dominant frameworks of education and sustainable development
- Interdisciplinary initiatives and alternative conceptualizations of the SDGs
- The roles of education in meeting the SDGs

Intersectional inequalities and social exclusion

- Inclusion, exclusion and social justice
- Mental health and well-being
- Gender and education

- Integrated early childhood education and care to adult education

Education in conflict, crisis and times of uncertainty

- Education and migration
- Education, conflict and peace building
- Multidisciplinary responses to social uncertainties
- Crossing borders and boundaries with education

Using technologies and breaking boundaries in education

- Integrating frameworks and systems of education
- Understanding new technologies and their impact on learning
- Exploring geographical boundaries through new technologies
- OERs, MOOCs and blended approaches to learning

Approaches to education for social justice, citizenship and sustainability

- Conceptualization and practice of global citizenship education in different contexts
- Education for *conscientization* and civic agency
- Education for de-growth and economies of global social justice
- Peace and peace-building education

Instructions for Submission

- Please submit by 5pm on 1st Feb 2018. The forms for online submission are available at:**

baice.ac.uk/baice-conference-2018/submit-abstract/

- Or if you can't access the form please complete the word document and submit as an attachment to baiceconference2018@york.ac.uk **by 5pm on the 1st February 2018.**

- Please include full names and affiliations of all presenters in the abstract document.
- For panel submissions, please submit an abstract for the panel along with abstracts for each of the papers proposed within that panel.

You will be informed of the decision by 1st March 2018

Call for Contribution

Newsletter is designed to share latest educational research news, member's achievements and information. The newsletter calls for submission Under these categories. We also welcome your suggestions to improve this publication.

PARE next newsletter will be the January, 2018 issue. Please send your contribution by 15th January, 2018 The length of submission should not exceed 100 words.

Please submit items to PARE Secretariat by email at pare.secretariat@aku.edu pare@pare.org.pk