

# Mapping UNSW Impact Global Development

<b>Primary SDG</b>	<b>3: GOOD HEALTH AND WELL-BEING</b>
<b>Broad theme</b>	Pregnancy and sexual health among young people
<b>Research</b>	Investigating pregnancy risks and sexually transmitted diseases to improve health service and outreach program delivery
<b>Impact region</b>	Australia, PNG
<b>Faculty</b>	Medicine
<b>School/Institute</b>	Kirby Institute
<b>Academic</b>	Dr Stephen Bell
<b>Project partners</b>	<p>PNG: NHMRC - \$700,000 over three years, PNGIMR, Port Moresby General Hospital, Susu Mamas, Burnet Institute, University of Sydney</p> <p>Indigenous Australia: (a) NSW Health (\$400,000 over four years); (b) NMHRC (\$950,000 over four years) with Central Australian Aboriginal Congress, SAHMRI (South Australian Health and Medical Research Institute), University of Queensland and participating health services; (c) NHMRC (\$1million) with the Aboriginal Medical Services Alliance Northern Territory (AMSANT), Menzies School of Health Research, Northern Territory Department of Health and Families, and participating primary health care centres and community-controlled services; (d) ARC (\$270,000) with UNSW Centre for Social Research in Health, Nepean Blue Mountains LHD, South West Sydney LHD and Family Planning NSW</p>
<b>Related SDGs</b>	4: Quality Education
	5: Gender Equality

## Elevator pitch

Stephen is working on youth-led projects in PNG and in Indigenous Australia that seek to further understand young people's sexual, reproductive and maternal health risks and experiences, helping to reshape health services and community programs in both regions to reduce fatal and long term health risks.

## The Challenge: Risky pregnancies and high sexually transmitted disease rates among youths

The adolescent fertility rate in PNG is twice the rate of births for Asia-Pacific. PNG also has one of the highest maternal mortality ratios in the world, and the highest in the Oceania region. There is a dearth of information about young people's experiences of pregnancy in Asia Pacific countries like PNG. This knowledge gap hinders the development of effective policies and health programs.

Young Indigenous (Aboriginal and Torres Strait Islanders aged 15-29 years) people in Australia are more likely than their non-Indigenous counterparts to experience sexually transmitted infections (STIs), like Chlamydia,

infectious syphilis and gonorrhoea, and pregnancy. However some young Indigenous people are adopting risk reduction strategies that can help prevent STIs and unwanted pregnancies.

### **UNSW's solution: Investigate and educate about pregnancy risks and STIs**

In PNG, Stephen is working on a project that sees young PNG people discussing their experiences of becoming and being pregnant, and health and community support after the baby is born. They are targeting 70 young men and women aged 15-24 years old in Port Moresby, Kagamuga and middle-upper Bena. In-depth interviews and photo-based research are being used to gather young people's stories for policy makers and service providers.

Stephen is working on a number of projects related to sexual health among Indigenous youths in Australia. Across NSW, he is involved in training Indigenous young people and health workers in government and community-controlled health services to collect qualitative data on HIV and sexual health risks and prevention among 16-24 year olds. The aim is to identify solutions so government can respond with better service and outreach program delivery. In another project in Greater Sydney, he is helping Indigenous youths to undertake research with their peers to examine how Aboriginal young people draw on social, cultural and personal resources to build their sexual wellbeing. The project is creating new knowledge about 'what works' in supporting the sexual well-being of Aboriginal young people.

In Central Australia, Stephen is working with a team that is trialling two strategies to increase the number of urban and remote Indigenous youths (16-29 years) getting tested for STIs. The first strategy uses incentives (e.g. phone voucher) at the clinic level. The second is an out of hours clinic service and group-based sexual health promotion for youths only. This kind of trial has not been done in Indigenous Australia before. Stephen is also working on a long term observational study of quality improvement in government and Aboriginal Community-Controlled Health Services in the Northern Territory. The study aims to determine the long-term sustainability of changes in sexual health service delivery.

In other projects, Stephen is working with Angela Kelly (PNGIMR) on tuberculosis and HIV projects in PNG. He is also overseeing PhD students investigating access to HIV diagnosis, treatment and care in Uganda and Indonesia.

### **The Impact: Increase understanding, educate youth, lower pregnancy and sexual health risks**

Stephen's work in PNG will increase knowledge and understanding about young people's sexual, reproductive and maternal health risks, and about solutions among researchers, the government and the broader community. Health services will be redesigned in three regions as a result, as well as the design of national policy around youth pregnancy, reducing fatalities and long term health risks. The youth-led nature of the work sets a benchmark in PNG for adolescent health policy.

In Indigenous Australia, Stephen is working to increase knowledge around the prevalence and treatment of STIs among the Indigenous community across the country. The community-led projects are helping to rethink community responses to STI prevention and treatment. The research will also help redesign services and outreach programs to these communities to ensure more Indigenous youth are aware of STI prevention and treatment strategies and are acting on them, reducing long term health risks. Indigenous leaders and students leading the research are expanding their skills and positively contributing to their people, further aiding a culture of self-determination.

### **Researcher**

Stephen Bell is a Senior Research Fellow with the Public Health Interventions Research Group and the Aboriginal and Torres Strait Islander Health Program at the Kirby Institute. He is a social scientist who has led in-depth qualitative studies with a focus on sexual, reproductive and maternal health, and other public health issues in a variety of settings in Africa, Asia, Pacific-Asia, Europe and Australia for over 15 years.

Ben Falkenmire 25.06.18