Message from the SPH AMS Academic Coordinator

Welcome to the 2007 School of Population Health Advanced Medical Science Conference. The SPH AMS conference is held annually, and is the culmination of a concentrated year of training and research. The Advanced Medical Science year is a unique aspect of the University of Melbourne medical course; a full year of research training and research, structured into the curriculum and done by all students, rather than offered as an option. It is an opportunity for students to not only develop research-mindedness and learn research skills, but also to work independently and in-depth on their own research project, pursuing an area of their own interest. The skills, experience and self-knowledge gained from the AMS year will stand students in good stead, no matter what paths they pursue in the future.

At the conference today, students will be presenting the research work that they have done over the past year. As you will see from the program, this covers a vast range of research areas, from epidemiology to ethics, to social health, women’s health and international health. The students themselves are also a very diverse group, comprising local and international medical students of this university, and students from Universitas Indonesia, who have come to the University of Melbourne specifically to undertake AMS, as part of their own medical course.

AMS students form an important and valued part of the intellectual life of the School of Population Health. The research that they do broadens and enriches the research profile of the school, as well as extending the research interests and work of their supervisors. Each year, a number of AMS students have their work published in international peer-reviewed journals, and we encourage this year’s students to also pursue publication, so that that the broader research community can benefit from their work. We also hope that, in time, some past AMS students will return to the School to further their research careers by enrolling in one of the School’s masters programs, such as Master of Public Health, Master of Social Health or Master of Women’s Health, or in a PhD.

I trust that you will enjoy this celebration of the achievement of the 2006/7 AMS cohort at the School of Population Health. I congratulate the students for their hard work, persistence and willingness to learn. I also congratulate and thank the students’ supervisors for all their hard work and commitment over the year. Last, but not least, I would like to thank our SPH AMS Student Co-ordinator, Anita Lucas, without whom this conference, and indeed the whole AMS year at SPH, would not be nearly so well effectively organised and smoothly run.

Lynn H Gillam
Associate Professor Lynn Gillam
CONTENTS

2006/07 ADVANCE MEDICAL SCIENCE CENTRES/UNITS REPRESENTED ................................................. 1

CENTRE FOR HEALTH AND SOCIETY ........................................................................................................ 1
  01077 Medical Humanities ........................................................................................................................ 1
  01248 Social Health ................................................................................................................................... 1
  01644 Models of Health Care Delivery ........................................................................................................ 1

KEY CENTRE FOR WOMEN’S HEALTH IN SOCIETY ............................................................................... 2
  01338 Public Health Perspectives in Women’s Health ............................................................................... 2

SEXUAL HEALTH UNIT ................................................................................................................................. 2
  01004 Sexual Health .................................................................................................................................. 2

MOLECULAR, ENVIRONMENTAL, GENETIC AND ANALYTICAL EPIDEMIOLOGY ......................................... 2
  01707 Infectious Disease Epidemiology .................................................................................................... 2

AUSTRALIAN INTERNATIONAL HEALTH INSTITUTE ............................................................................. 3
  01518 International Health ......................................................................................................................... 3

CENTRE FOR ADOLESCENT HEALTH ....................................................................................................... 3
  01770 Preventing HIV Infection In Developing Countries ......................................................................... 3

SPH & AIHI OUTSTANDING AMS ACHIEVEMENT AWARDS 2005/06 .................................................... 4

PROGRAM .................................................................................................................................................... 5

LIST OF ABSTRACTS IN ALPHABETICAL ORDER BY SURNAME ........................................................... 10

  MOHAMMAD SYAFIRUL HAFIZ ABD RAHIM .......................................................................................... 10
  PRAMA ADITYA ......................................................................................................................................... 10
  ONE BAYANI ............................................................................................................................................. 11
  KAY WENG CHOY ....................................................................................................................................... 11
  JANUAR HABIBI ......................................................................................................................................... 12
  AYU HASIDA HASSAN ............................................................................................................................... 12
  FRANCES HYNES ....................................................................................................................................... 13
  YOFINE INDRI ATMAJA ............................................................................................................................ 13
  NANDA IRYUZA ......................................................................................................................................... 14
  NELU JAYAWARDENA ................................................................................................................................. 14
  SIMON HIMAWAN JUWONO ....................................................................................................................... 15
  KHAI LIN KONG ....................................................................................................................................... 15
  RASHINI KULATUNGE ............................................................................................................................... 16
  AVA LAM ..................................................................................................................................................... 16
  JING JING LIN ............................................................................................................................................ 17
  STEPHANIE NANGOI MAKAHINDA ........................................................................................................ 17
  NUR MUNIRAH MAT SWADI ....................................................................................................................... 18
  SARI INTAN MD SALEH ............................................................................................................................ 18
  KAGO MOKUTE .......................................................................................................................................... 19
  BELINDA ODDY .......................................................................................................................................... 19
  TIMOTHY PAPALUCA ................................................................................................................................. 20
  MOHAMMAD IQBAL MANGUN PAWIRO ................................................................................................. 20
  ABBI ANGKASA PERDANA ....................................................................................................................... 21
  CHEE WUN PHANG ................................................................................................................................... 21
  SIMON PRATAMA ....................................................................................................................................... 22
  RAVINDER SANDHU ................................................................................................................................... 22
  ADAM SCARLETT ....................................................................................................................................... 23
  SURAYA HANI SUROHEDIN ..................................................................................................................... 23
  VINCENT WANG TAHJIA ............................................................................................................................ 24
  SING CHEE TAN .......................................................................................................................................... 24
  JOHN TAVERNER ....................................................................................................................................... 25
  KALEB TJINDARBUMI ................................................................................................................................. 25
  JULIAM TJONG .......................................................................................................................................... 26
  LUCINDA VERCO ....................................................................................................................................... 26
  MARGARET VO .......................................................................................................................................... 27
  CONSTANCE WIDJAJA ................................................................................................................................. 27
  AMY WILLIAMSON ...................................................................................................................................... 28
  LEE YUNG WONG ...................................................................................................................................... 28
CENTRE FOR HEALTH AND SOCIETY

01077 Medical Humanities
Medical Humanities is a broad field of study that focuses on the intersection between health care, health and illness, and the humanities and social sciences. The overall aim of Medical Humanities is to use the concepts and analytic tools from various humanities disciplines to enhance understanding of the complexities of health and illness, and the provision of health care, at the level of both individual doctors and patients, and health care systems. Some of the disciplines included in the medical humanities are History, Anthropology, Ethics, Sociology, Health Policy and Aboriginal Health. They draw on a number of disciplinary conceptual frameworks and methodologies.

Number of Students Enrolled 2006/07: 6
Students Names: Kay Weng Choy, Margaret Vo, Lucinda Verco, Frances Hynes, Ravinder Sandhu, Adam Scarlett
Unit Coordinator: Assoc Prof Lynn Gillam

01248 Social Health
Social Health is a broad area of study that focuses on issues of health and health care their social context. Social Health research investigates issues such as

- how people in the community understand their medical conditions;
- how patients experience various forms of medical treatment, including hospitalisation, surgery, medication, visiting a GP, and so on;
- the ways in which doctors understand and interact with their patients;
- how doctors are influenced by the social, cultural and institutional context of medicine;
- medical students’ experience of medical education;
- and people’s use and understanding of complementary therapies.

Students in the Social Health Unit will usually undertake a project involving some form of data collection or fieldwork, such as conducting interviews or focus groups, or doing structured observation.

Number of Students 2006/07: 2
Students Names: Ava Lam, Kago Mokute
Unit Coordinator: Assoc Prof Lynn Gillam

01644 Models of Health Care Delivery
(available to Universitas Indonesia students only)
This unit introduced students to a range of health care delivery models and systems through research participation at a Victorian health care network. This network provides a range of health and related services through its three major hospitals, drug and alcohol services, acute and sub-acute services including residential services. The health care network offers “Hospital in the Home” services, as well as rehabilitation, and mental health services. Emergency medicine, general medicine, surgery, aged care, paediatric, obstetric and gynaecology services are offered at the network’s hospitals. Students were provided with the opportunity to gain a thorough understanding of the development and implementation of health care models, and evaluate innovative health care practices.

Number of Students 2006/07: 9
Students Names: Juliam Tjong, Nanda Iryuza, Prama Aditya, Simon Pratama, Stephanie Nangoi Makahinda, Simon Himawan Juwono, Vincent Wang Tahija, Mohamad Iqbal Mangun Pawiro, Yofine Indri Atmajya
Unit Coordinator: Dr Alison Brookes
KEY CENTRE FOR WOMEN’S HEALTH IN SOCIETY

01338 Public Health Perspectives in Women’s Health
The Key Centre for Women's Health in Society recognises the importance of viewing women's health and wellbeing within the broader social, cultural and economic contexts of their lives. Women's health is not limited to reproductive and sexual health but encompasses health and illness, broadly understood, across the lifespan. Public health aspects of women's health incorporate the determinants of health and wellbeing, illness and disease; the prevention, appropriate diagnosis and management of ill health; and the promotion of physical and mental wellbeing in women.

The Unit "Public Health Perspectives in Women’s Health" will give students an understanding of the multiple determinants of women's health and the skills to evaluate health policy, programs and clinical practice in women's health. Students will develop skills to
- analyse critically the priority issues and appropriate clinical or policy responses to women's health concerns
- provide a gender analysis of the differential rates of morbidity and mortality from various conditions of males and females
- demonstrate an understanding of the effects of contextual social, cultural, economical and environmental factors on women's health

Number of Students 2006/07: 5
Students Names: Ayu Hasida Hassan, Belinda Oddy, Amy Claire Williamson, One Bayani, Intan Nordiana Md Saleh
Unit Coordinator: Dr Heather Rowe

SEXUAL HEALTH UNIT

01004 Sexual Health
This unit is intended to provide students with experience in the clinical or public health aspects of sexual health research. At the end of the unit students will have developed the necessary skills to undertake a clinical or public health research project in virtually any aspect of sexual health. Students will be invited to engage in existing programs or develop their own unique ideas in this area. The possible projects in this area are broad. They may include the effectiveness of community outreach programs into brothels, non-english speaking sex workers, street sex workers, or sex on premise venues or "beats" for men who have sex with men. They may involve programs to remote indigenous communities or clinic based programs dealing with issues about access and equity to services. The work may involve HIV prevention programs, clinical services and trials with individuals with HIV. A number of community prevalences are planned and as is work involving the effectiveness of different types of partner notification. School based education programs on sexual health will also be evaluated during this time. Students are encouraged to explore options outside of Melbourne either in remote parts of Australia or other countries (e.g. China) where the centre has established links in control programs for sexually transmissible infections.

Number of Students 2006/07: 1
Students Names: Chee Wun Phang
Unit Coordinator: Prof Christopher Fairley

MOLECULAR, ENVIRONMENTAL, GENETIC AND ANALYTICAL EPIDEMIOLOGY

01707 Infectious Disease Epidemiology (available to Universitas Indonesia students only)
This unit focuses on investigating and documenting methods of surveillance for major infectious diseases, such as influenza, sexually transmitted diseases, blood borne viruses and so on. In the health system in Victoria, there are a number of major players in the surveillance systems: hospitals, doctors in the community, Dept of Human Services and diagnostic laboratory facilities. The ability of the surveillance system to monitor the spread of infectious diseases, and identify outbreaks, depends on how well all the parts of the system work together to collect accurate data in a useful form and in a timely manner. As worldwide concern about SARS and avian influenza (bird flu) show, surveillance of infectious diseases is a vital part of a health care system.
In this unit, students will conduct research into how surveillance systems work in both theory and practice. Data may be collected in a number of ways including analysis of existing datasets, interviews with key stakeholders (hospital staff, laboratory staff, senior public health officials and others), and structured observation of surveillance sites and processes.

Number of Students 2006/07: 4  
Students Names: Constance Widijaja, Kaleb Tjindarbumi, Januar Habibi, Abbi Perdana Darmaputra  
Unit Coordinator: Dr Jennifer Thomson

AUSTRALIAN INTERNATIONAL HEALTH INSTITUTE

01518 International Health

International health is the discipline that applies public health principles in international settings. Historically this has meant equipping health personnel to address the health problems in developing countries. Today the scope has evolved to respond to changing global processes. Increasingly, globalisation means that the health indicators in one population impact on the health of another population. Medical personnel need to have an understanding of global health issues to appreciate the wider aspects of health and the context of their work.

Australian International Health Institute (AIHI) plays an important role along with other Australian organisations responding to the health needs of resource poor countries in Asia and the Pacific. AIHI works in the areas of education and training, health promotion, development assistance and research. Technical areas of expertise include HIV, adolescent health, mother and child health, disability and primary health care.

The International Health unit provides students with an overview of the issues which impact on global health status. A range of coursework subjects are offered. An attachment to an institution in a resource poor setting will provide the opportunity to apply this knowledge through undertaking a research project applicable to the health needs of the local population.

Number of Students 2006/07: 9  
Students Names: Lee Yung Wong, Jing Jing Lin, Rashini Kulatunge, Nelu Jayawardena, Khai Lin Kong, Mohammad Syafirul Hafiz Abd Rahim, Sing Chee Tan, John Taverner, Timothy Papaluca  
Unit Coordinator: Dr Alison Morgan

CENTRE FOR ADOLESCENT HEALTH

01770 Preventing HIV Infection In Developing Countries

HIV/AIDS is the greatest health crisis ever to face humankind. With 40 million people currently infected, 5 million new infections a year, and 3 million deaths, the pandemic continues to worsen. Sub-Saharan Africa is the most severely affected region, followed by India. Those most at risk are the poorest of the poor, living on under $1 a day. There is no cure, no vaccine, and antiretroviral therapy, which can have dramatic benefits in the short term, will inevitably fail because of drug resistance or adverse side effects of the treatment. So prevention is the simplest, cheapest and best way of containing the pandemic. We have developed a number of simple preventative strategies which are being trialled in Botswana, Nigeria, South Africa and Thailand and need to be tested elsewhere. They include intravaginal lime or lemon juice as a microbicide, male circumcision, the oral contraceptive pill taken vaginally, post-coital penile hygiene, and adolescent peer-group sex education.

Number of Students 2006/07: 3  
Students Names: Suraya Hani Surohedin, Nur Munirah Mat Swadi & Pei-Yin Jodie Lew (not presenting at this conference)  
Unit Coordinator: Professor Roger Short
SPH & AIHI Outstanding AMS Achievement Awards 2005/06

Centre for Health and Society

Andrew Woolley

‘An explorative study into the roles the pharmaceutical industry plays in day-to-day medical practice, from the perceptions of general practitioners’

AMS Unit: Medical Humanities
Supervisor: Dr Therese Riley

Key Centre for Women’s Health in Society

Joy Sha

‘Shaping Pregnancy:
‘Representations of pregnant women in Australian women’s magazines’

AMS Unit: Public Health Perspectives in Women’s Health
Supervisor: Dr Maggie Kirkman

Centre for International Mental Health

Michelle Foong

‘Profile of needs in a new community mental health service in Kuala Lumpur’

AMS Unit: International Mental Health
Supervisor: Assoc Prof Harry Minas

Australian International Health Institute

Khai Lin Huang

‘Knowledge, attitudes and practices of health care workers and other key informants regarding disability and disability issues in Kalutara District, Sri Lanka.’

AMS Unit: International Health
Supervisors: Dr Heather Carmichael (in Australia)
Dr Aindralal Balasuriya (in the field)
PROGRAM

SCHOOL OF POPULATION HEALTH
ADVANCED MEDICAL SCIENCE
CONFERENCE 2007

The University of Melbourne
School of Population Health, 207 Bouverie St Carlton
Levels 4 & 5, Rooms 515, 516, 410 & 405A

Friday 25th May 2007

SESSION TIMES

9:00am  REGISTRATION
9:10–9:30am  CONFERENCE OPENING (Level 5, Room 515)
9:30–10:30am  SESSION 1
10:30–11:00am  MORNING TEA (Level 4 ‘The Hub’)
11:00am–12:30pm  SESSION 2
12:30–1:30pm  LUNCH (Level 4 ‘The Hub’)
1:30–3:00pm  SESSION 3
3:00–3:30pm  AFTERNOON TEA (Level 4 ‘The Hub’)
3:30–4:30pm  SESSION 4
4:30–4:45pm  CLOSING (Level 5, Room 515)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session and Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 - 9:10am</td>
<td><strong>Registration (Foyer Level 5, outside Room 515)</strong></td>
</tr>
<tr>
<td>9:10 - 9:30am</td>
<td><strong>Official Conference Opening by Prof. Terry Nolan, Head of the School of Population Health (Level 5, Room 515)</strong> Presentation of Outstanding AMS Achievement Awards to 2005/06 AIHI, CHS, KCWHS &amp; CIMH AMS students</td>
</tr>
</tbody>
</table>
| 9:30 - 10:00am| Level 5, Room 515  
Chair: A/Prof Lynn Gillam  
The management of obese and overweight patients in obstetric care.  
Medical Humanities, CHS  
Level 5, Room 516  
Chair: Dr Jennifer Thomson  
Constance Widjaja  
Infections, Atopy and the Hygiene Hypothesis  
Infectious Disease Epidemiology, MEGA  
Level 4, Room 410  
Chair: Dr Heather Rowe  
Amy Williamson  
Reproductive experience and postpartum adjustment: Investigating a paradox  
Public Health Perspectives in Women’s Health, KCWHS  
Level 4, Room 405A  
Chair: Ms Mia Urbano  
Lee Yung Wong  
Living with Hope for the Future: Using Photovoice to explore the needs and experiences of participants of the HIV Care and Support Program of World Vision Myanmar (WVM)  
International Health, AIHI |
| 10:00 - 10:30am| Julian Tjong  
An evaluation of parents’ experiences of the process of diagnosis of autism at the Sunshine Hospital.  
Models of Health Care Delivery, CHS  
Kaleb Tjindarbumi  
What are the strengths and limitations of the current VIDRL influenza surveillance system when it is evaluated using the CDC guidelines?  
Infectious Disease Epidemiology, MEGA  
Belinda Oddy  
Women’s views on the use of diagnostic labels to describe psychological distress in the postpartum: impact on uptake of health care.  
Public Health Perspectives in Women’s Health, KCWHS  
Jing Jing Lin  
An exploratory study of World Vision Myanmar’s health education program for street and working children  
International Health, AIHI |
<p>| 10:30 - 11:00am| MORNING TEA (Level 4, The Hub)                                                                                                                                                                                    |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Level 5, Room 515 Chair: Dr Rebecca Bentley</th>
<th>Level 5, Room 516 Chair: Dr Alison Brookes</th>
<th>Level 4, Room 410 Chair: A/Prof Marilys Guillemin</th>
<th>Level 4, Room 405A Chair: Ms Heather Dawson</th>
</tr>
</thead>
</table>
| 11:00 - 11:30am | **One Bayani**  
What is the current knowledge about Chlamydia and attitudes towards Chlamydia screening amongst Medical students at The University of Melbourne?  
Public Health Perspectives in Women's Health, KCWHS | **Simon Pratama**  
Western Health General Practitioner Supervised Clinical Attachment Program  
Models of Health Care Delivery, CHS | **Chee Wun Phang**  
More than just anal sex: the potential for STI transmission among men visiting sex on premises venues in Melbourne  
Sexual Health, SHU |  |
| 11:30am - 12:00pm | **Sari Intan Md Saleh**  
Exploring attitudes, knowledge and self-efficacy of physical activity by gender and socio-economic position  
Public Health Perspectives in Women's Health, KCWHS | **Simon Himawan Juwono**  
What would be an appropriate Obstructive Sleep Apnea Syndrome screening protocol to be implemented for a pediatric outpatient clinic at Sunshine Hospital? How could this screening protocol be best evaluated?  
Models of Health Care Delivery, CHS | **Ravinder Sandhu**  
Controlling Tuberculosis in Developing Countries  
Medical Humanities, CHS | **Rashini Kulatunge**  
Infant feeding in the Kalutara District of Sri Lanka: What is common knowledge and practice among new mothers, and what are the factors that influence them?  
International Health, AIHI |
| 12:00 - 12:30pm | **Ayu Hassida Hassan**  
What are the relationships and referral patterns between agencies involved with rape services in Penang State? What factors hinder these relationships?  
Public Health Perspectives in Women’s Health, KCWHS | **Prama Aditya**  
What are the effects of providing literacy intervention to preschool children during their visit to the paediatric outpatient clinic of the Sunshine Hospital?  
Models of Health Care Delivery, CHS | **Kago Mokute**  
Exploring strategies to reduce child mortality and morbidity in Botswana: Focusing on the under-five child health program and the issues surrounding its implementation.  
Social Health, CHS |  |
<p>| 12:30 - 1:30pm | LUNCH (Level 4, The Hub) | | | |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Level 5, Room 515 Chair: Dr Guiliana Fuscaldo</th>
<th>Level 5, Room 516 Chair: Dr Michelle Kermode</th>
<th>Level 4, Room 410 Chair: Dr Alison Brookes</th>
<th>Level 4, Room 405A Chair: Prof Roger Short</th>
</tr>
</thead>
</table>
| 1:30 - 2:00 pm | Ava Lam  
How does the medical sitcom ‘Scrubs’ convey the paradoxical experiences of internship?  
Social Health, CHS | Khai Lin Kong  
What factors promote or hinder a successful Tuberculosis (TB) control programme in a rural North India Community?  
International Health, AIHI | Vincent Wang Tahija  
Is it important to have clinical trial before certain surgery technique implemented as standard treatment? (Coronary Artery Bypass Grafting in particular)  
Models of Health Care Delivery, CHS | Suraya Hani Surohedin  
Promarital HIV testing of Muslim couples in Malaysia as a way of containing the HIV/AIDS epidemic  
Preventing HIV Infection In Developing Countries, CAH |
| 2:00 - 2:30 pm | Adam Scarlett  
Will human reproductive cloning undermine uniqueness?  
Medical Humanities, CHS | Mohammad Syafirul Hafiz Abd Rahim  
Uncovering the ‘bad works’: A health needs assessment of young men in rural north India  
International Health, AIHI | Yofine Indri Atmaja  
Skin deep: A discourse analysis of Vogue Australia's Beauty section  
Models of Health Care Delivery, CHS | Nur Munirah Mat Swadi  
Prevalence and Knowledge of HIV/TB among street drug users in Malaysia  
Preventing HIV Infection In Developing Countries, CAH |
| 2:30 - 3:00 pm | Frances Hynes  
The ethics of breaching the confidentiality of a mental health patient in order to provide information to the family, looking in particular at autonomy.  
Medical Humanities, CHS | Sing Chee Tan  
A training needs assessment of Community Health Guides in Rural India, Jharkhand  
International Health, AIHI | Nanda Iryuza  
Development of evaluation protocol for the implementation of Clinical Practice Guideline for the Management of Overweight and Obesity in Children and Adolescents  
Models of Health Care Delivery, CHS |

**AFTERNOON TEA (Level 4, The Hub)**
<table>
<thead>
<tr>
<th>Time</th>
<th>Level 5, Room 515</th>
<th>Level 5, Room 516</th>
<th>Level 4, Room 410</th>
<th>Level 4, Room 405A</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:30 - 4:00 pm</td>
<td><strong>John Taverne</strong>&lt;br&gt;The challenge of matching health provision to community needs: A study of maternal services in KC Patti, India</td>
<td><strong>Kay Weng Choy</strong>&lt;br&gt;Why do doctors in Australia leave clinical medicine?&lt;br&gt;Medical Humanities, CHS</td>
<td><strong>Abbi Angkasa Perdana</strong>&lt;br&gt;An examination of the association between early childhood immunization and the development of atopic disease in children.&lt;br&gt;Infectious Disease Epidemiology, MEGA</td>
<td><strong>Stephanie Nangoi Makahinda</strong>&lt;br&gt;Age Discrimination and Medical Futility in Medicine&lt;br&gt;Models of Health Care Delivery, CHS</td>
</tr>
<tr>
<td>4:00 - 4:30 pm</td>
<td><strong>Timothy Papaluca</strong>&lt;br&gt;Who decides if or when to access local healthcare services during maternity in the Palani Hills in Tamil Nadu, India?</td>
<td><strong>Margaret Vo</strong>&lt;br&gt;Is selective abortion for Down’s Syndrome ethically justifiable?&lt;br&gt;Medical Humanities, CHS</td>
<td><strong>Januar Habibi</strong>&lt;br&gt;What are the strengths and limitations of the current laboratory-based measles surveillance system at VIDRL when it is evaluated using the CDC Guidelines?&lt;br&gt;Infectious Disease Epidemiology, MEGA</td>
<td><strong>Mohammad Iqbal Mangun Pawiro</strong>&lt;br&gt;Who decides to withdraw dialysis treatment in End Stage Renal Disease patient, when and how? Models of Health Care Delivery, CHS</td>
</tr>
<tr>
<td>4:30 - 4:45 pm</td>
<td><strong>CLOSING (Level 5, Room 515)</strong>&lt;br&gt;Assoc/Prof Lynn Gillam, SPH AMS Academic Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mohammad Syafirul Hafiz ABD RAHIM
AMS Unit: International Health (Australian International Health Institute)
Session 3  2:00-2:30pm  Level 5, Room 516

Uncovering the ‘bad works’:
A health needs assessment of young men in rural north India

Much is still unknown about the health needs of young men in rural India. The majority of public health effort is concentrated on reproductive health, and neglects other relevant health issues affecting young men. Hence, a health needs assessment of young men aged 18-24 years was carried out in a rural area of Uttarakhand, north India. The study utilized group discussions and in-depth interviews with young men to gain a first-hand view of their health needs. In addition, key informants were interviewed for a more comprehensive understanding of the issues. It was found that many young men in the area are involved in behaviours that put health at risk such as unprotected sexual activity, use of tobacco and alcohol, and non-injecting drug abuse. The young men often identified these behaviours as ‘bad works’. Factors such as unemployment and lack of information were frequently mentioned as contributing to these behaviours. Furthermore, the health information available for young men through existing sources was often vague and inaccurate. The participants in this study were quite adamant that they need more information about their health. Future health interventions for young men in the community should take into account the findings of the study to ensure unmet needs are specifically targeted.

Prama ADITYA
AMS Unit: Models of Health Care Delivery (Centre for Health and Society)
Session 2  12:00 - 12:30 pm  Level 5, Room 516

What are the effects of providing literacy intervention to preschool children during their visit to paediatric outpatient clinic of the Sunshine Hospital?

Aim: To evaluate parents’ and children’s responses to the “Let’s Read” program and its interventions presented in the waiting room
Background: This research was inspired by an interest of early childhood literacy from the Head of the Pediatric Department of the Sunshine Hospital. He was concerned that early childhood literacy may plays an important role in children’s life, as it may help them to have better education in life. In response to increasing prevalence of educational failure, literacy promotion programs starting to developed in many countries. One of them is the “Let’s Read” program.
Method: 6 parents of children aged 3-5 years old were recruited. Literacy materials from “Let’s Read” program for both children and parents were provided in the waiting room area. Participants were engaged in two interviews. Literacy activities at the waiting room were also being observed to aid this study with a supporting data of parents’ responses towards the provided materials.
Results: All participants stated that the materials received by them were useful to boost their family’s literacy activities. They also stated that they have learned and practiced new reading techniques from the material. All participants felt that this program is suitable to be applied in a hospital setting. Children aged approximately 3-10 years old who were in the waiting room area are fond with the children’s book provided in the area.
Conclusion: Findings suggest that parents and children accepted the literacy promotion program in the waiting room. In addition, findings in this study might be able to provide an initial impression for the possibility to apply a literacy promotion program in a hospital setting.
One BAYANI  
AMS Unit: Public Health Perspectives in Women’s Health (Key Centre for Women’s Health in Society)  
Session 2  11:00-11:30am  Level 5, Room 515  

What is the current knowledge about Chlamydia and attitudes towards Chlamydia screening amongst Medical students at The University of Melbourne?

In Australia, Chlamydia is the commonest sexually transmitted infection (Communicable Diseases Australia, 2006). Although it is easily treatable, it remains the major cause of pelvic inflammatory disease, infertility, and ectopic pregnancies (Wager et al, 1980). Some men and most women with the infection are asymptomatic (Stamm, 1993), and carriage of the infection may persist for months. Asymptomatic infections are easily detected through screening (Britton, DeLisle and Fine, 1992); however Australia is yet to implement a national screening programme. In addition to screening, incidence of the infection might be decreased through adoption of protective sexual health behaviours. For both these preventative initiatives to be effective, the public requires adequate knowledge of symptoms and sequelae of Chlamydia. This study aimed to determine the proportion of Medical students at The University of Melbourne who had adequate knowledge of Chlamydia. Second year medical students were invited to complete an anonymous questionnaire covering (1) demographics; (2) knowledge about Chlamydia, and (3) thoughts on Chlamydia screening. Overall responses showed a high general awareness of Chlamydia but poor specific knowledge on Chlamydia. Encouragingly most of the respondents got their information from schools. With regard to screening males were more willing to have the test than females.

Kay Weng CHOY  
AMS Unit: Medical Humanities (Centre for Health and Society)  
Session 4  3:30 - 4:00pm  Level 5, Room 516  

Why do doctors in Australia leave clinical medicine?

A survey done on 2816 doctors in Australia shows 0.6% of them have left clinical medicine. There are generally doctor shortages in the country. Clinical medicine involves a long period of training and significant resources are spent to train doctors up. Attached to the medical profession are privileges including status, financial and job security. A logical assumption is there must be strong reasons for doctors leaving the profession. One-on-one in-depth interviews were done with 8 doctors who have left clinical medicine. Reasons for the doctors leaving clinical medicine and the barriers to them leaving were identified. There were a few types of reasons for these doctors leaving: misfit in clinical medicine due to dislike of some aspects of it, new interest or attraction outside of clinical medicine, different approach to health care from clinical medicine, clinical practice system hindering from remaining in or returning to clinical medicine. Barriers to them leaving included: mental and emotional barriers, missing what clinical medicine offers, discouragement and lack of moral support, a new world outside clinical medicine. Suggestions were given on providing better counselling for relevant parties, and how to better support doctors in the medical field, to reduce unnecessary attrition of doctors.
Evaluation of the Victorian Infectious Diseases Reference Laboratory (VIDRL) Laboratory-Based Measles Surveillance System

**Background:** Measles is a universal, extremely contagious disease, with significant associated morbidity and mortality. Measles surveillance including clinical case surveillance and laboratory surveillance play an important role in the strategies and programs to reduce the number of measles cases. In countries, such as Australia where the measles prevalence is low, the role of laboratory-based measles surveillance is particularly important. In order that, the quality of measles surveillance is ensured and timely improvements made, evaluation is essential. **Objective:** To describe and evaluate the current Victorian Infectious Diseases Reference Laboratory (VIDRL) surveillance system for measles. **Methods:** The data for the evaluation were collected by interviewing a key identified staff member of VIDRL, using a standard questionnaire, based on the CDC guidelines checklist and then the additional CDC Guidelines were used to evaluate the usefulness and process of the system. The series of interviews was conducted from February to April 2007, and additional information was collected via electronic mail. Information was gathered on the following areas: general issues about the system, purposes and objectives of the system, data sources, data collection, data analysis, and data dissemination, and also resources used for operation. Ethics approval was provided by the School of Population Health Human Ethics Advisory Group (SPH HEAG) in the University of Melbourne. **Results:** VIDRL’s measles surveillance system is a simple system run by small number of expert staff. The system is flexible and able to readily adapt to changes. The system appears to be well accepted by the public, other collaborating organizations, and stakeholder. In addition, the system would seen to be representative. The PPV of a clinical measles diagnosis for the 2004-2006 periods was low. **Conclusions:** Overall, the laboratory-based measles surveillance system at VIDRL appeared satisfactory based on the CDC Guidelines and is a good system for the collection and reporting of laboratory confirmed measles cases. Possible future directions may include approaches to facilitate the real time availability of data especially during measles outbreak and other measures.

Ayu Hasida HASSAN
AMS Unit: Public Health Perspectives in Women’s Health (Key Centre for Women’s Health in Society)
Session 2 12:00 - 12:30pm Level 5, Room 515

What are the relationships and referral patterns between agencies involved with rape services in Penang State? What factors hinder these relationships?

This paper reports on my research into the referral patterns between agencies involved with rape services in Penang, Malaysia. In recent years there have been increasing rates of reported rape to the police throughout Malaysia. However, there is a very little information about the referral patterns for rape services in Penang. My research considered the referral patterns between the agencies providing services for survivors of rape and the factors that facilitate or hinder the referral system. A descriptive case study design employing semi-structured interviews with nine service providers involved with rape services enabled insights into referral patterns and how these may impact on survivors. This paper reports the patterns of referral relationships and factors that hindered referral relationships and impacted negatively on survivors. It includes recommendations for improving service delivery.
Frances HYNES
AMS Unit:  Medical Humanities (Centre for Health and Society)
Session 3  2:30 - 3:00pm  Level 5, Room 515

The ethics of breaching the confidentiality of a mental health patient in order to provide information to the family, looking in particular at autonomy.

Autonomy has become increasingly important in western medical ethics, but a good working definition can be hard to find. When confronted with moral dilemmas the tendency is for doctors to use a simplistic standard of autonomy, where a more complex version may give a better outcome. It would be nice if the simple answer was the best, but how many complex problems don’t have complex answers? Mental health can be a particularly confusing area and my project looks at a specific situation within it. When your patient wants you to keep quiet but their family desperately wants information about their loved one’s condition, and you know providing it could greatly help both your patient and their family, what do you do?

Yofine INDRI ATMAJA
AMS Unit:  Models of Health Care Delivery (Centre for Health and Society)
Session 3  2:00-2:30pm  Level 4, Room 410

Skin Deep: A discourse analysis of Vogue Australia’s Beauty section

Since they were first published, women’s magazines have continuously been a favorite source of news, teaching women about fashion, lifestyle, and unsurprisingly beauty and also health.

Skin, the outermost part of a person that others would recognize is believed to be the starting point of beauty. At the same time, skin also serves as the largest organ that covers and protects a human’s body. Therefore, the research focused on skincare, a topic that is almost cannot be separated from both cosmetic and health.

Questions arising during the development of project were:
- How beauty and health topics are presented in a women’s magazine?
- What and how skincare issues are covered in a women’s magazine?
- How health care messages are used to promote skin care?

Findings from a discourse analysis of more than 60 units of articles, advertisements and advertorials in six issues of Vogue Australia will be reported. They include: roles of skincare, obsessions with health and youth. This qualitative investigation was also supported by quantitative measurements throughout analysis.
Development of evaluation protocol for the implementation of Clinical Practice Guideline for the Management of Overweight and Obesity in Children and Adolescents

**Background:** Obesity has now become a major international public health concern. The World Health Organization (WHO) declared obesity as a global epidemic as its prevalence is rising significantly in all group of ages. In Australia, in the period between 1985 and 1997, the number of children and adolescents within the age of 7 – 15 years who were classified as overweight doubled, and tripled for obese. In 2003, Australia’s National Health and Medical Research Council (NHMRC) have published Clinical Practice Guideline for the Management of Overweight and Obesity in Children and Adolescents. This guideline offers a comprehensive evidence-based assistance to assess and manage the public health issue of childhood obesity in Australia. It is expected that this guideline can be implemented and used by general practitioners and allied health professionals in dealing with the issue of childhood obesity in their clinical practice. However, childhood obesity prevalence is still surprisingly rising. Thus, actions should be taken in order to prevent further increase of childhood obesity cases.

**Objectives:** To evaluate the management of childhood and adolescence obesity in a clinical practice setting.
1. To improve the healthcare services for the management of childhood obesity.
2. To investigate the barriers that may impair weight management strategies in children.

**Methods:** Evaluation strategy for assessing the implementation of NHMRC guideline has been proposed in this project. The strategies will include observations of clinical practice setting and interview with paediatricians. Observations will be performed by using 3 protocols. Moreover, both qualitative and quantitative approaches are used in this study. **Conclusion:** Health care evaluation is expected to solve the issue of rising cases of childhood obesity in Australia. It is hoped that this strategy of evaluation will bring positive impact to the management of childhood obesity in health care setting. Therefore, its cases can decrease gradually.

What challenges, if any, do public health midwives in Beruwala, Sri Lanka face? What are their roles and expectations, and what is the impact of their current training and supervision?

Public Health Midwives (PHMM) are at the core of the public health system in Sri Lanka. Being the most peripheral and grass root level health care workers, the PHMM are strong contributors to Sri Lanka’s notable health outcomes, particularly in maternal and child health.

Despite the fact that these achievements are expanding, there is still room for improvement. An in depth qualitative research study is yet to be carried out directly involving the PHMM. Thus, with the relatively new method of Photovoice, accompanied by in depth interviews and observation, this study was carried out to focus on the roles, training, supervision and most importantly the challenges faced by the PHMM. By tackling these significant issues from perspectives of both the service providers and service managers the study pinpoints discrepancies between these cohorts and identifies areas requiring improvement.

This project aims to take onboard the overdue task of tackling health care provision from its outer most level. It is hoped that upon completion of the study the opportunity will arise to initiate a priority in the health sector to tackle identified problems and to contribute realistic interventions, so that public health provision and outcomes in Sri Lanka can excel further.
Simon Himawan JUWONO
AMS Unit: Models of Health Care Delivery (Centre for Health and Society)
Session 2  11:30am - 12:00pm  Level 5, Room 516

What would be an appropriate Obstructive Sleep Apnea Syndrome screening protocol to be implemented for a paediatric outpatient clinic at Sunshine Hospital? How could this screening protocol be best evaluated?

The aim of this project is to develop a screening tool protocol and evaluation design to identify paediatric Obstructive Sleep Apnea Syndrome (OSAS). This project was suggested by the Head of Paediatrics at Sunshine Hospital (HPSH) and was supported by both HPSH and School of Population Health, University of Melbourne. The paediatricians at the Sunshine Hospital want to improve their health service delivery especially identifying OSAS. The method that was used in this project was literature review and consultation with HPSH. The project was a preparation of a screening protocol that is going to be implemented at Sunshine Hospital. The project mainly consists of screening protocol and evaluation design.

Khai Lin KONG
AMS Unit: International Health (Australian International Health Institute)
Session 3  1:30am - 2:00pm  Level 5, Room 516

What factors promote or hinder a successful Tuberculosis (TB) control programme in a rural North India Community?

Despite the availability of treatment for most TB cases, TB remains as one of the major infectious diseases killing 5000 people a day worldwide. The detection and subsequent adherence to a minimum six months of chemotherapy is the cornerstone of TB control. For a TB control programme to be successful, provision of detection and treatment services to all TB patients are crucial. This research investigated the factors that influence the accessibility of patients to these services and hence the success of a TB control programme. The research was based mainly in a community health project (SHIFA) of the Herbertpur Christian Hospital (HCH) in rural North India. In collaboration with the Revised National TB Control Program (RNTCP) of India, the project seeks to increase the awareness of the community regarding TB and to deliver community-based-TB treatment for the patients within the community. In this research, four group activities/discussions were conducted with people who have previously received TB treatment, alongside six interviews with Healthcare workers (HCW) and three interviews with SHIFA project personnel. The research found that despite the availability of free medication and sputum smear test, most participants found that a financial barrier still hinders care-seeking. However, the collaboration between SHIFA and RNTCP has promoted the overall accessibility of patients to TB treatment, through increasing the community’s awareness of TB and availability of free TB medications.
Rashini KULATUNGE
AMS Unit: International Health (Australian International Health Institute)
Session 2  11:00 - 11:30am  Level 4, Room 405A

Infant feeding in the Kalutara District of Sri Lanka: What is common knowledge and practice among new mothers, and what are the factors that influence them?

Every year 11 million children die before reaching their fifth birthday and a large proportion of these deaths occur in the developing world. Malnutrition is a major cause of many child deaths and can be caused by many things like poverty and unavailability of food, which are often difficult to improve quickly. Incorrect infant feeding practices are easily preventable causes of malnutrition and yet are quite prevalent in the world today. This study looks at infant feeding practices in the Kalutara district of Sri Lanka in the hopes of discovering what, if any, changes need to be made.

Eleven women with an only child under 12 months were interviewed about their infant feeding practices, associated levels of knowledge and things that influence their decisions. Four key informants were also interviewed for further information on infant feeding issues. Findings suggest that while adherence to the WHO breastfeeding recommendations is high, many women have difficulties with complementary feeding. The level of knowledge regarding the appropriate complementary foods is quite poor and many women struggle to feed their children an adequate amount of food resulting in decreased growth rates. The Public Health Midwife also plays a central role in the feeding behaviour of mothers.

Ava LAM
AMS Unit: Social Health (Centre for Health and Society)
Session 3  1:30 - 2:00pm  Level 5, Room 515

How does the medical sitcom Scrubs convey the paradoxical experiences of internship?

Fictional medical television shows have always been part of the television programmes, from Dr Kildare, M*A*S*H to ER and more recently Scrubs, House M.D. and Grey’s Anatomy. It is important to examine these shows as it has been found that television has the power to influence people’s thoughts and actions as well as to reflect people’s existing perception of the world around them.

Internship is a unique and significant stage within the professional life of doctors, marked by both extreme exhilaration and devastation. Textual analysis on Scrubs was conducted and I argue that because Scrubs contains elements from various television genres, especially that of sitcoms, it is able to effectively convey the paradoxical experiences of internship.
An exploratory study of World Vision Myanmar’s health education program for street and working children

It is estimated that there are 30,000 children working and/or living on the street in Myanmar. There is a complex of social and economic factors that prompt children to leave home; it is common for children to work to help ensure the survival of the family and other may leave due to family breakdown, abuse and neglect. The HIV/AIDS epidemic is also having an impacting with an estimated 7.7% of the total 1.9 million orphans losing one or both parents to the disease.

Against this backdrop, World Vision is the largest non-government organization in Myanmar, and manages the only two programs specifically focusing on street and working children in the country.

This study takes an evaluative approach to explore the health education program provided as part of World Vision’s street and working children program. Health education and disease prevention are particularly important for these children as they are denied formal identity in Myanmar and as such cannot attend formal schooling or utilize the public health care system. In addition, they are placed at higher risk of diseases due to poor diet, unsanitary living conditions and hazardous work conditions. Data collection took place in Yangon, Myanmar over a six week period. Semi-structured interviews were held with World Vision staff and Participatory Learning Activities sessions conducted with children from the program. The study explores experiences and opinions about street children’s health and the health education program.

Age Discrimination and Medical Futility in Medicine

Background: Age discrimination is a well-known practice that stereotypes elderly people and has existed for a long period of time. With the practice of medical futility and health care rationing, it seems that the practice of age discrimination has been concealed behind both concepts.

Objective: This study presents the concepts of age discrimination, medical futility and health rationing in health care systems and how the relate to each other. The aim of this study is to investigate the certainty of how the concepts of medical futility and health care rationing concealed the practice of age discrimination in health care systems.

Methods: The method used in this study to gather information concerning ageism, medical futility and health care rationing is by literature review. Journal articles are reviewed and compared in order to answer the research question at hand. Books are also a source of gathering information in trying to understand the background of each concept that is needed. Information that is gathered are then analysed so that it might be clear as to how the concepts relate to each other. Additionally, it helps in providing proof that age discrimination is indeed hidden behind the concepts of medical futility and health care rationing.

Findings: The results of this study found that each concept that is used in this study has its own understanding. It can be analysed that medical decision making is influenced by these three concepts. The concept of age discrimination is sometimes overlapping with the concepts of medical futility and health care rationing when it comes to decision making for a patient.

Conclusion: The main point that is achieved by this study is that age does have a big influence in medical decision making, whether the case is concerning medical futility or health care rationing. However, there is no solid proof that age discrimination is concealed by medical futility and health care rationing.
Prevalence and Knowledge of HIV/TB among street drug users in Malaysia

*Background:* To measure the rate of HIV/TB infection among the Malaysian street drug users, and to assess their knowledge on HIV/TB. The risk factors for positive TST were studied, but not in depth.

*Methods:* Subjects were tested for HIV antibody using a HIV rapid test kit and Mantoux test to measure the prevalence of positive TST. The questionnaire aimed to collect participant’s demographic and drug practice data, and evaluated knowledge of HIV/TB. Participants were offered RM 15 ($AUD 5.40) to participate.

*Results:* 39% participants were HIV positive and 50% participants were TST positive. 76% of participants completed their TST follow-up. Participants with positive TST were more likely to be HIV positive, male, employed and had BCG vaccination (p<0.05). Mass media appeared to be the main source of HIV information, while TB information was mostly acquired from prison or acquaintances. Participants had sound general knowledge of HIV and its methods of transmission compared to TB, but were better equipped with TB prevention and treatment than HIV.

*Conclusions:* Targeted TB screening at NSEP settings should be adapted as a measure to control the TB epidemic in the population. Participants had better knowledge of HIV; therefore, future investment should focus on educating them about TB.

Exploring attitudes, knowledge and self-efficacy of physical activity by gender and socio-economic position

Regular physical activity offers great health benefits including protective factors from cardiovascular diseases, obesity and some form of cancers. However, significant proportion of community do not engage enough in physical activity. Hence, this study aims to explore factors (correlates) that influence individual's participation in physical activity which are attitudes, knowledge and self-efficacy; and to investigate these factors by gender and socio-economic position.

This descriptive study is a part of a bigger study - Victorian Lifestyle and Neighbourhood Environment Study (VicLANES). Data on physical activity were collected from 2,349 residents aged 18-74 years in 50 census collector districts (CCDs) of 20 innermost local government areas in Melbourne, ranked by the percentage of low income households (<$400/week). Bivariate analyses using $\chi^2$ test were carried out to explore the attitudes, knowledge and self efficacy of physical activity by gender and socio-economic position.

Variations in attitudes, knowledge, and self-efficacy of physical activity by gender and socio-economic position were found. Overall, this analysis demonstrates that attitudes, knowledge, and self-efficacy of physical activity can be diverse and might contribute to the disparities in physical activity participation amongst various socio-demographic groups in the population.
Kago MOKUTE
AMS Unit: Social Health (Centre for Health and Society)
Session 2  12:00 - 12:30pm  Level 4, Room 410

Exploring strategies to reduce child mortality and morbidity in Botswana: Focusing on the under-five child health program and the issues surrounding its implementation.

The Southern African country of Botswana has had the highest HIV prevalence rate in the world for more than a decade. Surprisingly, the child mortality and morbidity rates in Botswana are not overwhelmingly high, keeping in mind that in small countries with high HIV/AIDS prevalence rates, the disease causes more than half the child deaths. The apparent success may be due to a strategy of good programs and preventative measures. This research project set out to investigate these programs by interviewing Botswana Ministry of Health personnel and reading literature. The findings are that Botswana is doing their best, despite the obstacles that threaten to overshadow them. The challenges were in the following areas: human resource (health workforce issues and ‘brain drain’); HIV/AIDS; cultural norms (incl. food utilization issues); organisational structure; funding and infrastructure. These issues were intimately related to manpower shortage, which shall be discussed in depth. Health workforce shortage is a serious issue and developing countries need to overcome it to have any chance of achieving the UN Millennium Development Goals. This can only fulfilled if the whole world makes a concerted effort towards solving the problem of ‘brain drain’.

Belinda ODDY
AMS Unit: Public Health Perspectives in Women’s Health (Key Centre for Women’s Health in Society)
Session 1  10:00 - 10:30am  Level 4, Room 410

Women’s views on the use of diagnostic labels to describe psychological distress in the postpartum: impact on uptake of health care.

Postpartum psychological distress is a major concern for many childbearing women, potentially leading to admission to residential early parenting centers. Causes of this distress often relate to the challenge of caring for an unsettled infant and loss of former identity and therefore postpartum psychological distress may be viewed as a normal reaction to these situational factors rather than an illness. Currently it is not known whether the use of mental illness labels for postpartum psychological distress enables or inhibits access to health care. This study examines the opinions of women who have been discharged from a residential early parenting centre, a group with very low rates of ongoing health care. A follow-up opinion survey on the use of mental illness labels in the postpartum, completed by 50 women (response rate 54%) identified perceived causes of postpartum psychological distress as fatigue (53%), infant temperament and behaviour (57%) and lack of support (47%), which are social or situational factors not amenable to a medical treatment. The majority of women (82%) felt that the use of diagnostic labels would improve access to care. This small descriptive study provides preliminary evidence about women’s views, but improved access to healthcare in the postpartum may not be beneficial if healthcare cannot address the causes of distress appropriately.
Timothy PAPALUCA
AMS Unit: International Health (Australian International Health Institute)
Session 4  4:00 - 4:30pm  Level 5, Room 515

Who decides if or when to access local healthcare services during maternity in the Palani Hills in Tamil Nadu, India?

The Palani Hills is a remote rural region of Tamil Nadu home to some 17,000 people. This population include 7,000 tribal villagers. The health of the tribal sects continues to be dire; generally they are amongst the poorest, with cultural and social factors lending to poor healthcare knowledge and utilization. 14 years ago, the Christian Fellowship Hospital recognized this short-coming and established the KC Patti Primary Health Care Centre, in attempt to improve tribal health.

Substantial progress has been made in maternal health; the latest statistics available indicate ANC coverage of 95%. However, deliveries continue to occur largely at home without an experienced birthing attendant. Last year, only 40% of births were attended by a trained assistant. Maternal deaths have been drastically reduced due to the program over the past 10 years, but some deaths continue to occur. As such, the KC Patti Centre believed it important to understand why people are willing to utilize ANC, but why there is continued resistance to delivery care. As such, this project, including semi-structured interviews and group discussions, looks into the determinants lending to decreased delivery care utilization. Decision-making is also explored to understand the process and influential parties in that decision.

Mohammad Iqbal Mangun PAWIRO
AMS Unit: Models of Health Care Delivery (Centre for Health and Society)
Session 4  4:00 - 4:30pm  Level 4, Room 405A

Who decides to withdraw dialysis treatment in End Stage Renal Disease patient, when and how?

End Stage Renal Disease is a terminal illness that can only be sustain by dialysis treatment. Decisions to stop dialysis or other life-sustaining treatment are one of the most difficult ethical issues faced by doctors, especially when there is a disagreement in the process. The disagreement may arise, when the patients request to withdraw from dialysis or when the physicians judge that the patients should be withdrawn from their dialysis. When this happens, who is more capable to decide, in what conditions (when), and how?

In this thesis I will argue why a shared decision from both the doctor and patient (shared decision making) are better than doctor (paternalism) or a patient (informed choice) as a sole decision maker in dialysis treatment. I will also discuss condition in which shared decision may become hard to apply (when) and suggestions to handle that situation and lastly I will describe shared decision making process as a beneficial process in dialysis decision making (how).
Abbi Angkasa PERDANA  
AMS Unit: Infectious Disease Epidemiology (MEGA Epidemiology)  
Session 4  3:30 - 4:00pm  Level 4, Room 410  
**An examination of the association between early childhood immunization and the development of atopic disease in children.**

**Background:** Atopic disease is common and occurs worldwide especially in western countries, where studies have shown an increase in the prevalence over the past few decades. Australia is one of the developed countries with a high prevalence of atopic disease, especially Asthma. One proffered explanation for the increased prevalence of atopic disease is the hygiene hypothesis. It has been suggested that immunization by decreasing infection of childhood infections may according to the hygiene hypothesis result in an increase in atopic disease.

**Aim:** To examine the association between childhood immunization and the development of atopic disease, including asthma, eczema and hay fever, in children from atopic families.

**Methodology:** A prospective cohort study, the Melbourne Atopy Cohort Study (MACS) followed children born in 1990-1994 for the development of atopic disease 620 infants with 1 or more first-degree family members with atopic disease, born in Melbourne between February 1990 and November 1994 were recruited before birth. A section of data including immunization status and potential confounders at the first and the second years, and the development of atopic disease by 6th years of age was examined. Descriptive statistics and logistic regression analysis were conducted to examine the association between childhood immunization and the development of atopic disease.

**Results:** 488 children were still participating in the ongoing follow up by 6 years of age. The proportion of males and females were approximately the same. CDT immunization in the first year of age was associated with increased odds of asthma and hay fever, while sabin immunization in the second year was associated with decreased odds of asthma and eczema. In addition, triple antigen in the second year was associated with the decreased odds of asthma, while CDT immunization was decreased the odds of eczema.

**Conclusions:** The association between the vaccines (triple antigen, sabin, CDT, and MMR) with atopic disease differed for each asthma, eczema and hay fever. While some vaccines may protective against some of the atopic disease, they may increase the risk of other atopic disease. These findings were not statistically consistent with the hygiene hypothesis. Further research into the association between immunization and atopic disease, as well as the underlying mechanisms should be considered.

Chee Wun PHANG  
AMS Unit: Sexual Health (Sexual Health Unit)  
Session 2  11:00 - 11:30am  Level 4, Room 410  
**More than just anal sex: the potential for STI transmission among men visiting sex on premises venues in Melbourne**

**Objective:** Sex On Premises Venues (SOPVs), where men seek casual sex with other men, provide an environment where the transmission of sexually transmitted infections (STIs) is potentially enhanced. However, the extent to which SOPVs contribute to STI transmission is unknown. This cross-sectional study aimed to obtained detailed data on the types of sexual practices and frequency of these practices among men who have sex with men (MSM) visiting 6 Melbourne SOPVs.

**Methods:** MSM visiting SOPVs between December 2006 and March 2007 were invited to complete an exit survey on the types of sexual practices they had engaged in during that visit. A total of 200 men participated in the study.

**Results:** Oral sex was the most prevalent sexual practice within SOPVs. Eighty-three (42%) men reported anal sex. A substantial number of men who did not report any ‘anal sex’ engaged in anal practices potentially capable of transmitting STIs. More than a quarter of men reported unprotected rubbing or touching of their penis (‘nudging’) onto another man’s anus without actual anal penetration; 38% of these men reported that they had not engaged in any anal sex. In addition, 20% of men reported being the recipients of ‘nudging’, with 40% of them reporting no anal sex. **Conclusion:** The potential for STI transmission between SOPV patrons and to their partners outside these venues is high. The contribution of what might be perceived as ‘safer’ sex practices to the transmission of STIs among MSM may have been underrecognised.
In a health care system where patients gain access to secondary care through their general practitioners (GP), such as in Australia, good communication between GP and specialist is important. However, studies have shown that such communication has often been poor. Specialists complain about the inadequate information and unnecessary referrals while on the other hand, the GPs express their dissatisfaction with the specialists’ failure to oversee important psychosocial information and slowness in communicating any information regarding the patients. Furthermore, studies on the changing GP demographic in Australia have shown that there is a reduced number of consultations that can be provided GPs as the gatekeeper to further medical services, therefore a good relation with specialists, is essential.

Currently Western Health is implementing a new module called the GPs Supervised Clinical Attachment (SCA). It is a program adjoining with the Royal Australian College of General Practitioners (RACGP) ongoing educational program for the general practitioners, with a main objective to improve the communication and relationship between local GPs and the hospital system.

The overall aim of this study is to evaluate how the SCA has accomplished its objectives. Furthermore, it focused on the impact of the program on the relationship and communication between participating GPs and their specialist supervisor.

This presentation is a qualitative insight into the difficulties encountered in controlling tuberculosis (TB) in developing countries. TB kills two million people each year and is one of the world’s leading causes of death from infectious disease. TB is treatable with antibiotics, but the healthcare systems in many developing countries are often non-existent or ill-equipped to cope with the myriad of issues relating to TB prevention, diagnosis and treatment. As 95 per cent of new TB infections occur in developing countries, the research question formulated was: ‘what are the barriers to controlling tuberculosis in developing countries?’

The report used a combined qualitative method, where eight semi-structured interviews were conducted with tuberculosis experts from Melbourne and Adelaide who have worked with TB patients in developing countries. These interview responses were then reviewed, revisited or compared with further data obtained from a review of the current academic literature, and seven main barriers to TB control were elicited: the resilience of Mycobacterium tuberculosis as a pathogen; the ineffectiveness of current vaccines; the difficulties encountered in diagnosing TB; the length and complexity of treatment; the development of drug-resistance; the increased risk of TB disease in patients with HIV/AIDS; and the impact of poverty on disease transmission.

These seven barriers formed the focus of the research report; however, poverty clearly emerged as the most important barrier to TB control, as so many of the other barriers stem from, or are fuelled by, poverty-related issues. Hence this presentation will discuss some of the main barriers to TB control in developing countries with the overriding theme of poverty.
Adam SCARLETT  
AMS Unit: Medical Humanities (Centre for Health and Society)  
Session 3  2:00 - 2:30pm  Level 5, Room 515  
Will human reproductive cloning undermine uniqueness?

Ever since the first experiments into the cloning process, the possibility of replicating a human has been one of the great preoccupations of public moral debate. One concern about human reproductive cloning (HRC) is that it would undermine human uniqueness. In my presentation I will look at the idea that whilst we are all fundamentally unique, even clones will possess some genetic material all their own, there is still a significant sense of uniqueness that is under threat by the prospect of HRC. From my literature based research I will present some ideas about uniqueness as a cultural construct, and why it a value worth preserving. I will also look at how this relates to two questions: how unique is enough, and if based in culture can our ideas on uniqueness not change to accommodate the prospect of human clones.

Suraya Hani SUROHEDIN  
AMS Unit: Preventing HIV Infection In Developing Countries (Centre for Adolescent Health)  
Session 3  1:30 - 2:00pm  Level 4, Room 405A  
Premarital HIV testing of Muslim couples in Malaysia as a way of containing the HIV/AIDS epidemic”.

The first HIV/AIDS case in Malaysia was detected in 1986. Since then, the number of new cases have raised steadily with majority of infected individuals were Malay male, notably Malay Muslim. However, the rate of infection among women had increased exponentially for the past few years. It is reported that most were infected through sexual contact with their husbands. These alarming trends had concerns many authorities. In Johor, the Johor Islamic Department had enforced a compulsory premarital HIV screening for all Muslim couples who intend to marry in Johor or those who are from Johor starting November 2001. Since then, many other states in Malaysia had chosen to duplicate the program. In July 2006, the Islamic Developmental Department (JAKIM) had announced to expand the program for all Muslim couples intending to marry.

This report explores the perception of the program as a way of containing Malaysia’s HIV/AIDS epidemic. It seeks to understand the issue through in-depth semi structure interviews with representatives from the Islamic Departments throughout Johor and various NGOs that are involved in HIV/AIDS issues in Malaysia.

The study found that, the two parties perceived the program differently. At this moment there is little communication between them regarding the program or even in other efforts to address Malaysia’s HIV/AIDS epidemic. Thus, this study is hoped to serve as a starting point for future collaboration to achieve better outcome.
**Vincent Wang TAIJA**  
AMS Unit: Models of Health Care Delivery (Centre for Health and Society)  
**Session 3**  
1:30 - 2:00pm  
Level 4, Room 410

Is it important to have clinical trial before certain surgery technique implemented as standard treatment? (Coronary Artery Bypass Grafting in particular)

The presentation will discuss the issues surrounding the importance of conducting a clinical trial for every surgical procedure before it is implemented as a standard treatment to treat particular condition. Currently, many surgical techniques that have been considered as standard treatment have not been proven for their efficacy through appropriate clinical trial. In the current study, conceptual analysis method will be used to answer my research question, which is “Is it important to have clinical trial before certain surgery technique implemented as standard treatment? (Coronary Artery Bypass Grafting in particular). The presentation will mainly focusing on certain issues, such as, the overview of Evidence-Based Medicine and Evidence-Based Surgery (physician’s perspective of EBS, challenges surrounding EBS), and ethical problems in conducting clinical trial. And finally the presentation will conclude whether a clinical trial for every new and existing surgical procedure to determine its efficacy is needed or not.

**Sing Chee TAN**  
AMS Unit: International Health (Australian International Health Institute)  
**Session 3**  
2:30 - 3:00pm  
Level 5, Room 516

A training needs assessment of Community Health Guides in Rural India, Jharkhand

In rural India, where 620 million people lack access to basic health care, there is a great need for effective primary health care systems. To address this, The Prem Jyoti Community hospital, in Jharkhand, India, has set up a system of grass root level health workers, called community health guides. This project examines the training needs of these community health guides, through individual and group interviews conducted with key informants and health guides. It examines needs in medical knowledge and practice, general skills, training quality and work perceptions, and discovered an interesting range of needs, especially in the area of conflict resolution. This presentation will explore such findings, among others, with potentially replicable recommendations in similar rural health care settings.
John TAVERNER
AMS Unit: International Health (Australian International Health Institute)

Session 4  3:30 - 4:00pm  Level 5, Room 515

The challenge of matching health provision to community needs:
A study of maternal services in KC Patti, India

India currently has a considerable burden of maternal mortality with an estimated 132,000 women dying during pregnancy, labour and post-partum in 2005. While policy-makers advocate the need for emergency obstetric care, transport services and skilled attendants at birth to reduce this figure, there are many factors that may prevent access to these services such as high costs, isolation and lack of knowledge.

This project worked out of KC Patti, a community health centre servicing the health needs of a remote, tribal south Indian population. In response to some women not accessing antenatal and delivery services, two years ago a new model of maternal care was introduced. The new strategy moved away from specialist driven delivery care to a model that involves a range of healthcare staff, discussing costs and educating pregnant women so that they can become partners in care.

Ten mothers who had recently given birth and five healthcare staff were interviewed and three group activities were conducted with community members in order to assess attitudes towards this new strategy. Costs were reported as a major barrier to care, especially for isolated women. Those interviewed generally perceived little dangers associated with pregnancy and there was a mixed attitude towards facility deliveries.

The study found that the new model of care was unlikely to achieve universal access to skilled birth attendants unless the issue of high costs was addressed. The need to provide information to mothers is also discussed.

Kaleb TJINDARBUMI
AMS Unit: Infectious Disease Epidemiology (MEGA Epidemiology)

Session 1  10:00 - 10:30am  Level 5, Room 516

What are the strengths and limitations of the current VIDRL influenza surveillance system when it is evaluated using the CDC guidelines?

Background: Influenza is an infectious disease with peak incidence in the winter season in temperate climates and throughout the year in tropical climates. Influenza infection is very common. As the influenza virus mutates readily, susceptibility to influenza infection persists. Ongoing influenza surveillance is needed to monitor and control the activity of influenza. It is important that the quality of influenza surveillance is ensured by evaluation of its performance and usefulness.

Aim: To describe and evaluate the existing Victoria Influenza Surveillance System (ISS) run by Victorian Infectious Diseases Reference Laboratory (VIDRL).

Methods: Data about the ISS was collected at VIDRL by interviewing two people identified as key personnel of VIDRL including the recently appointed Coordinator of ISS; using standardized questions based on the Centre for Disease Control and Prevention (CDC) guidelines specifically CDC ‘Updated Guidelines for Evaluating Public Health Surveillance Systems’. The series of interviews was done between February and April 2007, with some additional follow up via electronic mail. Information was gathered on the following areas: general issues about the system, purpose and objectives of the system, data sources, data collection, data analysis and data dissemination, and also resources used for operation. The evaluation primarily assessed the usefulness and operation process of the system.

Results: VIDRL ISS is a simple and flexible system, run by a small number of expert staff and readily able to adapt to changes. The system is well accepted by its collaborating organizations and stakeholders. In addition, the system is representative and stable.

Conclusion: Overall, the ISS at VIDRL appears satisfactory based on the CDC Guidelines and is a good system for the collection and reporting of information about influenza activity. Possible future directions and recommendations will be discussed.
An evaluation of parents’ experiences of the process of diagnosis of autism at the Sunshine Hospital.

Autism and the related pervasive developmental disorders (PDDs) are complex neurodevelopmental disorders characterized by core deficits in three major domains: social interaction and social relatedness, verbal and nonverbal communication, and restricted interests and/or repetitive or stereotyped behaviors and resistance to change. The deficits encompass a wide continuum extending from mild peculiarities to severe developmental disabilities. Autistic disorder has a male: female ratio of between 3 and 4:1, which varies with the presence or absence of mental retardation.

Early intervention has been demonstrated to enable children to receive the best possible start for their educational training, health and social wellbeing, and to support families in optimizing developmentally appropriate behavioral management techniques. Knowing the significance of early intervention, Sunshine Hospital provides substantial information and referrals for a child that is suspected to be autistic. Sunshine Hospital also provides a free service called the Diagnosis Assessment Clinic to assess a potential autistic child. However, the waiting list for this assessment could take as long as 6 months in average. This may limit the advantage of having an early intervention. Therefore, it is needed to investigate and evaluate the parents’ experiences in waiting for the diagnosis of autism, to find out whether the waiting time does play a role or not with having early intervention.

The objective of the research is to provide feedback to Sunshine hospital regarding their services from the period of pre-DAC appointment to the period after the diagnosis was made. The research was carried out by phone interview one week after the participant’s appointment with the Developmental Assessment Clinic. Three participants were recruited from Developmental Assessment Clinic patients, 2 female and 1 male. Their average age is 46 years old.

The issue of the length of waiting list was not significantly raised by the participants, however, there are other interesting issues that become great interests of the participants such as the services provided as well as the accuracy of the diagnosis.

The management of obese and overweight patients in obstetric care

As the proportion of the Australian community deemed to be overweight or obese continues to grow, the role of health care providers in curbing the obesity epidemic, and minimising the impact of weight related morbidities has received considerable attention. Traditionally weight management has been seen as the role of a primary health care provider, usually a General Practitioner, who assumes responsibility for the broader health of their patient.

The role of the obstetrician with regard to weight management has previously been seen as limited, due not only to the fact that there is only nine months of contact with a patient but also because of the health concerns for the unborn child with regard to any drastic changes in diet and exercise patterns. Thus, with a call from the American College of Obstetricians and Gynecologists for there to be greater involvement in weight management within obstetrics, investigations must occur as to current practice standards.

This study uses a series of in-depth interviews with currently practising consultant obstetricians to shed some light on the thoughts, views and practices of obstetricians with regard to weight management. The discussion of their clinical choices is informed by the limited literature existing on the topic, in what is a somewhat under researched area. In this, it is hoped that an understanding of the potential role for obstetricians in managing their overweight and obese patients will have been gained.
Margaret VO  
AMS Unit: Medical Humanities (Centre for Health and Society)  
Session 4  
4:00 - 4:30pm  
Level 5, Room 516  
Is selective abortion for Downs Syndrome ethically justifiable?

Nowadays, due to considerable progress in high-profile genetic research combined with the expansion of sophisticated prenatal diagnostic technologies, it is possible for an ever-widening list of genetic conditions to be detected prenatally. Selective abortion refers to termination of pregnancy following a positive prenatal diagnostic test result to avoid having a child with a particular genetic condition. The current routinisati on of prenatal testing coupled with the expectation that selective abortion should automatically follow a positive diagnosis often shrouds any possible accompanying ethical dilemmas. Hence, a crucial question that I address, using a literature-based approach, is: is selective abortion on the grounds of foetal abnormality ethically justifiable? I explore this question in the context of Down syndrome, since it is one of the most common conditions for which selective abortion is performed, yet it is not a life-threatening condition, rarely involves pain or distress and is compatible with a satisfactory and productive life.

In this thesis, I argue that choices to have selective abortion are ethically justifiable if they do not cause any harm either to the woman herself or to others. In terms of harm to the woman involved, I explore the principles of autonomy and informed choice and I closely examine whether or not women’s choices regarding selective abortion truly fulfil these criteria. Specifically, I look at 3 elements of informed choice: information, understanding and voluntariness. In terms of harm to others, I examine whether or not the disability rights critique, which conveys the claim that selective abortion is an act of discrimination against existing people with disabilities, necessarily holds true.

Constance WIDJAJA  
AMS Unit: Infectious Disease Epidemiology (MEGA Epidemiology)  
Session 1  
9:30 - 10:00am  
Level 5, Room 516  
Infections, Atopy and the Hygiene Hypothesis

Background: The global prevalence of atopic diseases, especially asthma, hay fever and eczema is rising. This has become a significant problem for Australia which has one of the highest prevalence of atopic diseases in the world. One explanation is the “hygiene hypothesis”, which remains controversial.  
Aim: To examine the hygiene hypothesis, by investigating the association between early childhood infections including otitis media, bronchitis and gastroenteritis, with the development of atopic diseases specifically asthma, hay fever and eczema in later childhood in children from atopic families, using the existing MACS data.  
Method: 620 infants with 1 or more first-degree family members with atopic disease, born between February 1990 and November 1994 were recruited before birth. Pre-birth surveys were given to and completed by mothers. After the birth of the infant, surveys were done by means of telephone interviews every 4 weeks until the age of 64 weeks, at 78th week, annually from 2nd to 7th year and at 10th birthday. Data was then cleaned and transferred to STATA v9.0. Primary risk factors (otitis media, bronchitis and gastroenteritis) and possible confounders were measured at 1st year and 2nd year. Outcomes of atopic disease (asthma, hay fever and eczema) were measured at 6 years of age. Preliminary descriptive analysis, Pearson’s chi2 test and Fisher’s exact test were performed prior to logistic regression analysis to calculate crude and adjusted odds ratios.  
Result: There were approximately the same numbers of female and male infants who participated. Almost 60% of the MACS cohort had at least 1 sibling at the time of birth. The most common reported infection was otitis media, 39.6% in the first year; 42.7% in the second year. All 3 types of infections in the 2nd year were associated with increased odds of asthma. No association was seen between infections in 1st year and asthma, nor with hay fever and eczema.  
Conclusion: Each of the examined infections was associated with the development of asthma. These findings appeared to contradict the hygiene hypothesis. In the future, further examination of these associations and possible underlying mechanisms will be important to explore.
Amy WILLIAMSON  
AMS Unit: Public Health Perspectives in Women's Health (Key Centre for Women's Health in Society)  
Session 1  9:30 - 10:00am  Level 4, Room 410  
Reproductive experience and postpartum adjustment: Investigating a paradox

Australia’s Residential Early Parenting Centres (REPCs) are unique services that provide brief interventions for early parenting difficulties including mild to moderate maternal mood disturbance and infant sleeping and feeding problems.

There is consistent evidence that women admitted to REPCs have experienced a higher than average prevalence of adverse reproductive experiences including assisted conception and caesarean childbirth. More than half have clinically significant postpartum mood disturbance, including diagnosable depression and anxiety. However, systematic reviews conclude that there is not clear evidence that reproductive events are significant risk factors for impaired postnatal mental health.

The aim of this exploratory study was to investigate this paradox, specifically to explore the relationship between the reproductive events of assisted conception and operative childbirth and self-rated parenting confidence and mood in consecutive cohorts of women admitted to two Melbourne REPCs. Data were collected in two phases: first by a self-report survey including standardised psychometric measures, a diagnostic interview and second a brief follow-up opinion survey.

Complete data were available for 125 first phase and 50 second. It was found that caesarean birth was associated with poor first mother-infant contact, which was in turn associated with poorer quality mother-infant attachment, higher levels of mood disturbance and reduced confidence at birth. Psychological implications of assisted conception were difficult to determine due to the small number of participants who had experienced infertility treatment, but most had also experienced caesarean birth. There was a diversity of views about the impact of reproductive events on maternal confidence, but most participating mothers thought that sleep deprivation and a lack of support were more prominent causes of distress in the first postpartum year.

Lee Yung WONG  
AMS Unit: International Health (Australian International Health Institute)  
Session 1  9:30 - 10:00am  Level 4, Room 405A  
Living with Hope for the Future: Using Photovoice to explore the needs and experiences of participants of the HIV Care and Support Program of World Vision Myanmar (WVM)

There is a gap in knowledge regarding the current HIV situation in Myanmar. People with HIV in Myanmar generally face many barriers in receiving care and support such as stigma, poverty and lack of access to anti-retroviral treatment. The WVM HIV program uses a multi-sectoral approach to care and support people with HIV, incorporating financial, psychosocial, educational and material assistance, particularly through their involvement in the self-help groups.

Six key informants were interviewed and Photovoice was conducted among nine people with HIV who participate in the self-help groups. Perspectives of both caregivers and participants of the HIV program were compared. As part of Photovoice, participants discussed their main needs and were given cameras to photograph the themes that they chose. Critical discussion around the photographs and accompanying narratives reflected a positive focus from the people with HIV in contrast to the problem-centred approach of the key informants.

The identification of their felt needs and socio-economic barriers to meeting those needs was important in order to understand how participants perceived the HIV program in meeting their needs. Participants placed a significant emphasis on the role of family and the self-help groups for psychosocial support, and exhibited resilience and empowerment in their photographs and narratives.