

Emerging Health Policy Research Conference 2010

Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Belinda Giles* MSc(Research), AEP MAAESS

Presenter(s) institution/organisation, address, email, and telephone:

The School of Health Sciences, University of Wollongong, Wollongong, AUSTRALIA.

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Short Biography of presenter(s) (maximum 50 words):

Belinda is a practicing Accredited Exercise Physiologist teaching (casually) at the University of Wollongong; she rewrote their undergraduate subject *Public Policy* for postgraduates. She patiently awaits PhD opportunity to study meaningful alternatives to calculative rationalities in judging sufficiency of physical activity in an urban community cycling distance from her home.

Presentation Details

Presentation Title (up to 10 Words):

Lay women have a complex adaptive concept of sufficient physical activity.

Keywords: (up to 5 to assist organisers in streaming papers):

Physical activity, exercise, guidelines, health promotion, women

Research Details (250 word limit)

Introduction/Background:

Older lay people describe themselves as being sufficiently physically active (PA) even when found to be sedentary (Brocksnick 2001; Crombie et al 2004; O'Neill and Reid 1991). Most models of behaviour change require recognition by the individual of the need to change. Understanding the lay concept of sufficient PA, and how it differs to that of the professional concept, might allow better communication with lay people about PA. Our current survey information leads us to believe fewer women are sufficiently physically active for health as compared to men and older people are more likely to be insufficiently active (Armstrong et al 2000). Consequently, women in their 50s was the chosen study group.

Research Question:

1. What are the concepts of sufficiency in PA for health from the lay perspective of women in their fifties?
2. How do their perceptions compare to the recommendations expressed in the National Physical Activity Guidelines for Australians (Commonwealth Department of Health and Aged Care 1999).

Methodology:

Semi-structured interviews were conducted with Australian women (English first language). Thematic analysis was conducted concurrently with NVivo software (Ver 2 ,QSR International Pty Ltd) until saturation was found (n=11).

Findings:

A lay concept of sufficient PA was identified that was different to the concept articulated in the National Guidelines. Eight indicators of sufficiency were used by the women to describe the PA of their daily lives. Their concept was characterised by outcome indicators largely inconsistent with the process focussed National Guidelines.

Policy Implications*:**

The Guidelines need revision to align with the non-calculative conceptual framework of the people who will apply them.

*****All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

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Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s): Hang Tran

Presenter(s) institution/organisation, address, email, and telephone:

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Short Biography of presenter(s) (maximum 50 words):

Education

- 2008: PhD student of Department of Anthropology- College of Asia and the Pacific- The Australian National University, Australia.
- 2005: Graduated Master in International Health, the University of Copenhagen, Denmark.
- 2004: Graduated Bachelor in Ethnography, the National University of Ho Chi Minh City.

Publications

- *Social consequences of Agent Orange in Vietnam 'Under the dark cloud of not knowing'* (co-author), Anthropology Review, Institute of Anthropology, N^o1/2006.
- *Late term abortion for fetal anomaly: Vietnamese women's experiences* (co-author), Reproductive Health Matters, 16 (31 supplement), 2008.

Presentation Details

Presentation Title (up to 10 Words): Sex selective abortion in Vietnam: Practice and Policy

Keywords: (up to 5 to assist organisers in streaming papers): sex determination, sex selective abortion, new reproductive technologies, abortion policy, Vietnam.

Research Details (250 word limit)

Introduction/Background:

The Population and Housing Census in 1999 provided evidence that the sex ratio at birth in Vietnam (then 107 males per 100 females) might have started to rise. In response, the government launched prohibitions forbidding sex determination and sex-selective abortions in 2003. However, the 2009 Census showed that this imbalance had reached an alarming level, with a national sex ratio at birth of 112. The census data raise some questions on the effectiveness of these public policies.

Research Questions:

How have regulations prohibiting sex selective abortions been practiced in Vietnam's health sector? Is there any insufficiency in these regulations? Are the bans effective in stopping sex selective abortion?

Methodology:

Qualitative study conducted between January and December 2009. The data include observations; interviews with 35 women seeking ultrasound scans and abortion at an obstetrical and gynecological hospital; interviews with doctors providing the ultrasound and abortion services; and interviews with managers and policy-makers on reproductive health.

Findings:

In Vietnam, prohibitions forbidding sex determination and sex selective abortion already exist but are not consistently or strictly enforced. To date, the bans do not appear to be effective in stopping sex selection. The loose management and supervision in providing and using reproductive health services as well as commercialized health care have created space for practicing sex determination, followed by sex selective abortion.

Policy Implications*:**

A ban alone is unlikely to change the circumstances that lead to sex selection. The legislation has to be strictly enforced by practical actions and close supervision. It is necessary to improve ethic ideals among providers and have broad social measures to improve the status of women.

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Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Lesley Barclay*, Beatriz Carrillo Garcia*, Yu Gao*

Presenter(s) institution/organisation, address, email, and telephone:

Lesley Barclay: University of Sydney, Director, Northern Rivers University Department of Rural Health, PO Box 3074, Lismore, NSW. Lesley.Barclay@sydney.edu.au Ph. (02) 6620 7231

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Beatriz Carrillo Garcia: University of Technology, Sydney, Lecturer, China Research Centre, PO 123, Broadway, NSW 2007. Beatriz.CarrilloGarcia@uts.edu.au Ph. (02) 9514 1564

Short Biography of presenter(s) (maximum 50 words):

Lesley Barclay (AO): is Professor and Director of the Northern Rivers University Department of Rural Health (U of Sydney). She has a long standing career in broad aspects of midwifery and maternal health in Australia and in several other countries including China, Samoa, Indonesia and Jordan. One of her more recent publications (edited with Davis-Floyd, Daviss & Tritten) (2009) is *Birth Models That Work*, University of California Press.

Yu Gao: is Research Fellow at the Northern Rivers University Department of Rural Health (U of Sydney). She completed her PhD in 2008 on maternal death in Shanxi province, China. Her publications include work on emergency obstetric care, maternal mortality surveillance and maternal health care utilisation in China.

Beatriz Carrillo Garcia: Her research includes work on China's rural migrant workers social inclusion, China's changing welfare mix, and on China's changing state-society relations through the examination of private entrepreneurs. Her forthcoming publications: (edited with Jane Duckett) *China's Changing Welfare Mix: Local Perspectives* and *Small Town China: Rural Labour and Social Inclusion* (both with Routledge).

Presentation Details

Presentation Title (up to 10 Words): China's rural health governance: the case of maternity care

Keywords: (up to 5 to assist organisers in streaming papers): Rural China, health policy, public-private provision, maternity care, women's health

Research Details (250 word limit)

Introduction/Background:

Increased privatization of health provision in rural China has dramatically increased the cost of health care leaving many unable to afford it. Government funding reductions for public medical facilities drove these institutions to seek profit over health needs. In the case of rural maternity care this resulted in rising levels of ultrasound tests and caesarean sections, which brought increased revenue to providers, but which also put the health of rural women and of their babies at risk. (77 words)

Research Question:

Using rural maternity care, this project hypothesises that given the high level of privatization of China's rural health, and in order to achieve a more efficient and affordable provision of medical services the government will need to engage and better regulate private health providers, while fostering collaboration between its own departments, which are currently separately providing maternity services (i.e. health and family planning). (63 words)

Methodology:

The study will be carried out in eight counties in two Chinese provinces, where the authors previously carried out research on maternal and child health. It will undertake a qualitative analysis of rural health governance (including the balance of public-private provision) through interviews with county government, health, family planning and medical staff, with private health providers and with women. (59 words)

Findings:

Filed research to commence in 2011 (6 words)

Policy Implications*:**

An examination of the balance of public-private provision of maternity services will elucidate changes in the values and norms shaping China's welfare provision, and will help understand the consequences of changing delivery patterns in rural maternity care on women's health and their reproductive decisions. (44 words)

Total 249 words

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Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Katherine Carroll*
Catherine Waldby

Presenter(s) institution/organisation, address, email, and telephone:

School of Sociology and Social Policy, The University of Sydney

Short Biography of presenter(s) (maximum 50 words):

Dr Katherine Carroll is a post-doctoral research fellow working on Professor Catherine Waldby's ARC Linkage Grant titled "Human Oocytes for Stem Cell Research: Donation and Regulation in Australia". Her research interests include the donation of women's body tissue and the complexities involved in the delivery of healthcare.

Presentation Details

Presentation Title (up to 10 Words):

Fresh Egg Donation During IVF Treatment: Views from Australia

Keywords: (up to 5 to assist organisers in streaming papers):

Egg donation, in vitro fertilisation, infertility, therapeutic cloning

Research Details (250 word limit)

Introduction/Background:

Australia has legislated to allow therapeutic cloning which offers the hope of a cure for some incurable conditions. Yet this type of research requires large numbers of fresh, good quality oocytes (eggs) from young women. There is a worldwide shortage of fresh oocytes. Some countries offer incentives for fresh oocyte donation within and outside of *in vitro* fertilisation (IVF). These incentives are yet to arrive in Australia.

Research Question:

How do IVF patients, egg donors, and IVF clinicians view fresh oocyte donation for science during IVF treatment?

Methodology:

Semi-structured interviews were conducted with 20 IVF patients, 5 egg donors and 10 clinicians in Australia. Participants detailed their experiences of providing or receiving IVF treatment or egg-donation. Participants responded to different incentives for fresh egg-donation. Interviews were transcribed verbatim and analysis followed a thematic coding method using NVivo software.

Findings:

IVF treatment is a journey toward a hoped-for pregnancy that is fraught with emotion, uncertainty and discomfort. This has an impact on both the preparedness of IVF patients to donate oocytes and their perceived suitability as donors. Participants view oocytes as too precious to donate during IVF. Moreover, until women have undergone IVF it is unlikely that they can be fully informed as to the embodied and social costs of doing so.

Policy Implications*:**

Women should have undertaken at least one cycle of IVF before being approached for, or consenting to fresh oocyte donation for research purposes regardless of whether or not compensation or payment is offered in exchange for oocytes.

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