

Judith Lumley Centre

for women, children and family health research

#54 July 2021

CONTENTS

Research in the time of COVID

MRFF grant: GEM (Group Education and Midwifery Care)

My latest publication started with a JLC research residency

Parents, Pets & Pandemic project

Pamela McCalman: Lowitja Institute scholarship success

Welcome to Sophia Holmlund

Abortion research in Ghana: A recent PhD submission

TramLAB: improving the safety of women and girls on public transport in Melbourne

Research in the time of COVID – the journey continues

Welcome to our latest edition of the Judith Lumley Centre (JLC) newsletter. Once again, I write to you from home, as Victoria, and indeed much of Australia now, grapples with recent COVID-19 outbreaks. We are learning to live with the uncertainty and disruption that a global pandemic brings, but after five lockdowns it is fair to say that some days are easier than others. La Trobe University is about to undergo further restructuring in response to the pandemic-related downturn in revenue. Our Vice-Chancellor John Dewar has been open and transparent with staff about the University's outlook and the tough strategic decisions we face, and we are hopeful that there will be limited impact on our Centre. In between lockdowns and restrictions, some of our students and staff are gradually returning to campus and it has been great to meet with people to face-to-face again. Our regular schedule of meetings and seminars continues to operate via Zoom, which has enabled our regional team members to attend more often and strengthen their connection to the Centre. I am very proud of the way our team has adapted to the many challenges we have encountered over the past 18 months while continuing to produce high quality research aimed at improving outcomes for women, children and families.



In April we held a series of research workshops to hear from each of our program leads, discuss our progress against the current [JLC Strategic Plan](#), and develop action plans for the year ahead. It was a fantastic opportunity for our Centre students and staff to come together as a group (albeit via Zoom) to take stock of where we are now and where we are headed. Among the many strategic activities we discussed, was the agreement reached with the La Trobe Rural Health School (LRHS) to establish JLC @ LRHS. We will be sharing more about this exciting opportunity in a future newsletter.

We have some wonderful articles for you to read in this edition, including:

- two very different but equally fascinating PhD projects: the first about a Pain and Movement Reasoning Model that can be applied in different settings; and the other examining women's experiences of abortion in Ghana; and
- our Parenting, Pets and Pandemic project;
- our TramLab project aimed at improving safety for women and girls on public transport;
- a new staff member who has recently joined the MAGNOLIA project team.

We also have much good news to share, including grant successes, PhD graduations and new PhD scholarships for students. We've included some photos taken by our staff and students during our intermittent opportunities to take a break and explore our beautiful state of Victoria. We hope you enjoy reading this latest edition. We particularly send our thoughts and best wishes to our NSW colleagues at this time.

Jan Nicholson, Director Judith Lumley Centre

Judith Lumley Centre

for women, children and family health research

#54 July 2021

NEWS IN BRIEF

Staff news

We welcomed

Dr Sophia Holmlund who has recently begun a postdoctoral fellowship at JLC, funded by the Swedish Research Council. She will be working on the MAGNOLIA project. More on page 8.

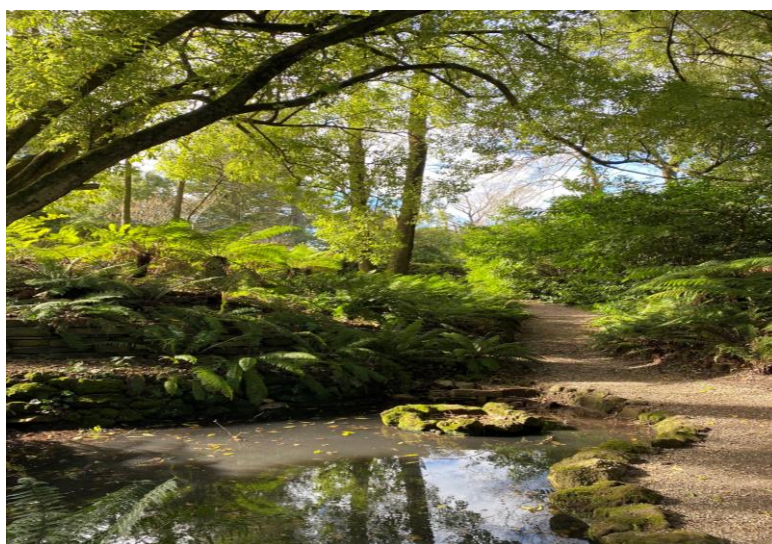
Dr Lorelle Martin who has recently commenced as a Research Assistant in JLC. Lorelle will be working with Chris East on projects: 'Shared decision making and induction of labour'; 'Maternal co-morbidities in pregnancy'; 'Peer-support for those experiencing long COVID'.

We said farewell to

Simone Pakin who had been an integral part of JLC and the School of Nursing and Midwifery Admin team over many years. She had worked across a number of roles, most recently as JLC's Administration Officer. Simone has taken on a new role in the not-for-profit sector. We are already missing her dearly.

Assoc Prof Catherine Chamberlain who joined JLC four years ago and had been leading a research program aiming to improve Indigenous health equity by developing strengths-based family-focussed strategies in pregnancy, birth and early childhood. She has recently taken up a position as Chair/Professor of Indigenous Health at the School of Population and Global Health, University of Melbourne. This is a wonderful opportunity for Cath. Cath continues to collaborate with JLC across various projects and continues in an honorary capacity at JLC.

We thank Cath and Simone for their significant contributions to JLC and wish them all the best in their new roles.



Wombat Hill Botanical Gardens, Daylesford

MRFF grant: Impact of midwife-led group antenatal care and education on the proportion of women giving birth by caesarean section (in women of low to moderate risk of obstetric complications): a randomised controlled trial

Della Forster

We have recently been fortunate to receive a Medical Research Future Fund (MRFF) grant to explore whether providing pregnancy care combined with childbirth education in groups throughout pregnancy makes a difference to a range of outcomes compared with women receiving individual-based pregnancy care. How we provide pregnancy care can affect outcomes, so it is important to identify models that have a positive impact on clinical outcomes, are acceptable to women and care providers, and are able to be maintained if they have a positive effect.

We are testing the model, which we are calling GEM (Group Education and Midwifery) care, in a randomised controlled trial. If women are eligible for the study, which is being conducted at the Royal Women's Hospital and at Northern Health, they sign up, answer some background questions, then are randomly allocated to GEM care or to choose any of the usual care options. We need just over 3000 women to take part in this study.

Women allocated to GEM care will receive all their antenatal care in groups of 10 to 12 women. They will have a choice of group times and locations based on their due date, with each group including women due in the same 2-to-3-week period to maximise peer support potential and optimise timing of education and discussions. Women will have pre-set appointment schedules, with no waiting time for pregnancy visits. Group dates and times are booked for a woman's entire pregnancy. Groups meet for two hours, six times throughout pregnancy at the standard pregnancy appointment times. Each group is run by

Judith Lumley Centre

for women, children and family health research

#54 July 2021

Student news

Congratulations to **Dr Lester Jones** whose PhD was passed in February 2021. His thesis is titled: *The Pain and Movement Reasoning Model: Exploring Utility and Suitability*. Supervised by Lisa Amir and Stephen Kent.

New Higher Degree students

Congratulations to the following new PhD students, who were both recent recipients of La Trobe Research Theme Scholarships:

Desiree LaGrappe whose project is titled *'Maternal Child Health Nursing: A golden opportunity to integrate screening for reproductive coercion and increase effective contraception use?'*

Supervisors: Kristina Edvardsson, Angela Taft, Leesa Hooker, Laura Tarzia (University of Melbourne)

Molly Allen-Leap whose research is titled *'What are the experiences of migrant and refugee women when seeking support for family violence from their GP?'*

Supervisors: Angela Taft, Leesa Hooker, Kayli Wild, Ingrid Wilson (Singapore Institute of Technology)

Student placement

We welcomed third year Psychology student **Brian Ignacio**, who undertook a student placement with the 'Parents, Pets & Pandemic' project from March to May.

the same two midwives every session, to provide continuity and to allow flexibility with information provision over the course of any particular group, so timing of information/discussions can be altered to suit group needs. All sessions include routine clinical care and assessment, along with childbirth education, preparation for parenting, and peer support. Physical assessments take place individually, in the group space, but in a private screened area to maintain privacy. Women can bring a partner or support person, with some groups available for women-only for those who prefer.

There is evidence that group care is acceptable to women, without any obvious adverse side effects, and that it is popular with midwives,¹ but there is less evidence about how it affects clinical outcomes. Despite this, group care is increasingly widespread, including in Australia. The World Health Organization considers group care a feasible pregnancy care option, but only in the context of rigorous research.²

We will test GEM care compared with usual care on clinical and psychosocial outcomes for women and infants, health service use and cost effectiveness, and care provider satisfaction. We did a pilot study in 2017 with 74 low risk women, and it was very successful, so we feel confident we will be able to complete this much larger study in the next three to five years.

We have a great team of investigators: From JLC we have Della Forster, Helen McLachlan, and Touran Shafiei. From the Women's we have Robyn Matthews and Beck Hyde as our Project Coordinators, along with Associate Professor Susan Jacobs, Jenny Ryan and Trish Ryan. We have Dr Stefan Kane and Dr Tram Nguyen from University of Melbourne, Dr Cattram Nguyen from Murdoch Children's Research Institute, Nicole Carlon from Northern Health, Associate Professor Emily Callendar from Monash University, and our consumer, Fleur D'Altera. The project is funded by Medical Research Future Fund.

References:

1. Catling CJ et al. Group versus conventional antenatal care for women. Cochrane Database Syst Rev 2015; (2):CD007622.
2. WHO. Recommendations on antenatal care for a positive pregnancy experience. 2016.



Group antenatal class in pilot study

Judith Lumley Centre

for women, children and family health research

#54 July 2021

Grants

Congratulations on the following major grants awarded to JLC staff:

Medical Research Future Fund (\$1.5M)

Assoc Prof Cath Chamberlain and the *Healing the Past by Nurturing the Future* team for project funding for the next stage of the project.

Research Council of Norway (\$1.8 AUD)

Crossing and Managing Boundaries between Work and Non-Work – Co-creating Healthy Teleworking (CROSSBOW)

Dr Mandi Cooklin is CI on a project led by Prof Wendy Nilsen, University of Oslo.

Medical Research Future Fund (\$1.2M)

Impact of midwife-led group antenatal care and education on the proportion of women giving birth by caesarean section: a randomized controlled trial

Prof Della Forster, Prof Helen McLachlan, Dr Touran Shafiei and team.

Castlemaine Health (\$47,000)

Evaluation of the Operational Maternity Model of Care for Castlemaine Health

Dr Meabh Cullinane, Prof Della Forster, Dr Laura Whitburn, Prof Helen McLachlan and Assoc Prof Michelle Newton.

My latest publication started with a JLC research residency

Lester Jones

More than a decade ago, I approached Professor Rhonda Small and Dr Mary-Ann Davey about the possibility of a research residency at JLC. My long interest in pain as a multidimensional experience made me curious about the pain experienced by women in labour. During the six-month residency, we devised a study to explore women's experiences of labour pain and I recruited Laura Whitburn as the research assistant. Laura ended up pursuing this all the way to a PhD! During this time, I explored the use of the Pain and Movement Reasoning Model, a reasoning tool that I co-created for musculoskeletal physiotherapists, and its application to labour pain and, with Lisa Amir, to breastfeeding pain. I came away from the research residency with increased confidence about the adaptability of the Model. I also came away with the knowledge that JLC had a supportive and nurturing approach to postgraduate researchers – important as there was workplace pressure building on me to complete a PhD.

My PhD got a bit delayed, in part because I had introduced my wife, Ingrid Wilson, to Angela Taft and she started her PhD at JLC. But eventually I had a conversation with Rhonda, and she agreed to be my primary supervisor. With Rhonda's retirement, Lisa became my primary supervisor (and this is another opportunity to thank her for her support and guidance to get me to completion).

The doctoral research project focused on the suitability and utility of the Model in physiotherapy practice. It explored the experiences of physiotherapists using the Model in hospital and community settings and across clinical areas. The areas represented by the participants included musculoskeletal, neurology, intensive care, emergency department, pain management, women's health, post-surgical wards, elder health and community. The participants were recruited from two of Melbourne's health networks and the sample had a range of clinical experience. The research protocol involved training the participants in the use of the Model, which required a foundation level of contemporary pain concepts, and then a consolidation phase where participants were encouraged to use the Model during their day-to-day practice. Measures of pain literacy, an emerging concept aligned with health literacy, were applied before the training and after the period of consolidation. Focus groups and interviews were also run with a selection of participants.



Prof Stephen Kent, Prof Lisa Amir and Dr Lester Jones

Judith Lumley Centre

for women, children and family health research

#54 July 2021

Conference presentations

Australian Institute of Family Studies
 virtual 'Snack Sized Research Showcase',
 February 2021:

- **Catina Adams:** Enhanced Maternal & Child Health nurses working with families experiencing domestic violence
- **Fiona Burgemeister:** Factors influencing implementation of evidence-based programs in an Australian place-based initiative for children
- **Dr Sharinne Crawford:** Parenting in the age of social media: Opportunities or challenges?

24th Annual Congress of the Perinatal Society of Australia and New Zealand (PSANZ) 'Bridging Gaps in Perinatal Care', March 2021:

- **Prof Della Forster:** GEM care: exploring the feasibility and acceptability of group antenatal care and education: a pilot randomised controlled trial
- **Robyn Matthews:** Impact of stage of career on burnout and experience of work for midwives and neonatal nurses working in a tertiary service
- **Prof Helen McLachlan:** Partnerships and collaboration: Implementing a continuity model of midwifery care for Aboriginal and Torres Strait Islander women in three Victorian maternity services
- **Charlie Smithson:** Asking women aBout disabiliTiEs (the ABLE Study): Exploring how women are Identified with a disability within maternity services

The first paper from this project was published online in June 2021 in *Physiotherapy Theory and Practice*. It focuses on the qualitative findings from the focus group and interview data. We found that the Model aligned with physiotherapy practice across the range of clinical areas. Participants reported that it also facilitated improvements to their clinical practice such as more comprehensive assessment of patients, selection of broader management techniques and increased confidence with clinical reasoning of pain presentations and in explaining the complexity of pain to patients. Participants who had supervising roles described using the Model for building skills in junior staff and training postgraduate students. The potential for adapting the Model for other disciplines and for other multifactorial conditions was also raised. Our conclusion was that physiotherapists working in a range of clinical contexts, found the Pain and Movement Reasoning Model both appropriate and beneficial in their daily practice and also in their teaching roles.

The next step is to explore the concept of pain literacy. In my thesis, I explored pain literacy as a similar concept to health literacy. In my study of physiotherapists, I defined it as the 'ability to apply contemporary concepts of pain in clinical practice', requiring 'the attainment of the collective attributes that allow a person to access and understand essential knowledge about pain and apply that knowledge in an appropriate way'. The *Pain and Movement Reasoning Model* provides a useful tool to facilitate both the education of health professionals about complex pain concepts, and to assist the application into clinical practice.

1. Jones LE, Heng H, Heywood S, Kent J, Amir LH. The suitability and utility of the Pain and Movement Reasoning Model for physiotherapy: A qualitative study. *Physiotherapy Theory and Practice* 2021; doi: 10.1080/09593985.2021.1934922.
2. Jones LE, O'Shaughnessy DF. The pain and movement reasoning model: introduction to a simple tool for integrated pain assessment. *Manual Therapy* 2014;19(3):270-6. DOI: [10.1016/j.math.2014.01.010](https://doi.org/10.1016/j.math.2014.01.010)



Yarra Bend Park

Judith Lumley Centre

for women, children and family health research

#54 July 2021

Conference presentations continued

Emma Toone: Safe connection after violent storms and togetherness droughts: Child-Parent Psychotherapy learning after family violence. 'Safe and Together Asia Pacific Conference', Melbourne & Online, May 2021.

'World Association for Infant Mental Health World Congress', Brisbane & Online, June 2021:

- **Emma Toone:** A palette of evidence: Child Parent Psychotherapy and Australian infant mental health practice.
- **Dr Leesa Hooker:** Early intervention to reconnect mothers and children exposed to domestic violence (RECOVER): The Australian Child-Parent Psychotherapy Pilot.

'International Confederation of Midwives Virtual Congress', June 2021:

- **Rebecca Hyde:** Exploring family satisfaction with breastfeeding support in the Neonatal Intensive Care Unit (NICU).
- **Prof Helen McLachlan:** Implementing continuity of midwifery care for Aboriginal women in four maternity services in Victoria, Australia.
- **Robyn Matthews:** Burnout, attitudes towards professional role and intention to leave the workplace and/or profession amongst midwives working at a tertiary maternity service in Melbourne, Australia.

Parents, Pets & Pandemic project

Shannon Bennetts

The global COVID-19 pandemic has changed the way that most of us work, live, and study. Many families have spent more time at home together with their pets, and there has been an enormous demand for pet adoptions. Between July and October 2020, we conducted an online survey to understand:

- How families with children were spending time with their cats and dogs, including new pets;
- How human-pet attachment relates to parent and child mental health; and
- The perceived benefits and challenges of having children and a cat or dog during the pandemic.

A total of 1,299 parents across Australia responded to our survey. Families were living in metropolitan and non-metropolitan areas and represented all states and territories. About 65% responded about their dog and 35% responded about their cat. The sample included 18% sole-parent families and 22% fathers.

Many parents reported changes in how they lived and interacted with their pets during COVID-19. One-fifth of the sample had adopted a new cat or dog during the COVID-19 pandemic (since March 2020). Most parents and children were spending more time with their cat or dog. More than half the dogs were being walked 'a bit' or 'a lot' more than before, and dog walking was more likely to be a family activity during this time. Two-thirds said they participated in cat/dog pages or groups on social media, and 43% had a specific account for their pet.

Perhaps unsurprisingly, many families were experiencing distress. Around 14% of parents were experiencing significant psychological distress, 23% said that their child was often or always feeling 'worried about things' and 46% felt at least 'a little' worried about their pet's emotional wellbeing (e.g. seems unsettled or anxious). However, 78% of parents said their pet was helpful for their own mental health and 80% said their pet was helpful for their child's mental health.

The survey also included free-text items for parents to describe, in their own words, the benefits and challenges of having a cat or dog in the family during the pandemic. Parents described many positive aspects of having a pet during the pandemic (e.g. companionship, affection, comfort), however, families were also experiencing a diverse range of challenges (e.g. worries about pet costs, challenging interactions between pets and children, and pets disrupting work or learning from home).



Judith Lumley Centre

for women, children and family health research

#54 July 2021

Other presentations

Prof Lisa Amir: *Breastfeeding and COVID-19 vaccines. 'Australian Breastfeeding Association webinar'*. February 2021.

Pam McCalman: *Storytelling and baby catching: Becoming a midwife and a researcher*. The Royal Women's Hospital 'Meet a Scientist' virtual event, February 2021.

Prof Lisa Amir: *Towards ending formula industry influence and commercial bias in health professional journals. 'Webinar Event: Protecting women's and children's health and human rights in the 'first food' system: commercial influence and conflicts of interest on infant and young child feeding in Australia'*, Australian National University, February 2021.

Awards

Congratulations to **Prof Lisa Amir** (Editor in Chief and founder) and team at the *International Breastfeeding Journal* for the increase in Journal Impact Factor from 2.545 to **3.461!**



Summer sunrise, North Fitzroy

We extend special thanks to Brian Ignacio, a 3rd year La Trobe student studying a Bachelor of Psychological Sciences. Brian completed a student placement on the project, as part of the Future Ready for Work subject, which allows students to extend their academic knowledge and skills beyond the classroom. As part of this placement, Brian supported the team to code our open-ended participant responses using NVivo.

Two papers are currently in preparation; one examines the quantitative role of human-pet attachment for parent/child mental health during the pandemic, and the other describes parents' qualitative experiences of the benefits and challenges of having a pet during the pandemic.

The Parents, Pets & Pandemic research team: Shannon Bennetts, Sharinne Crawford, Cath Chamberlain, Fiona Burgemeister, Jan Nicholson (all from JLC), Dr Tiffani Howell (School of Psychology and Public Health, La Trobe University), Dr Kylie Burke (Royal Brisbane and Women's Hospital) and Brian Ignacio (La Trobe Bachelor of Psychological Sciences student).

Lowitja Institute scholarship success

Pamela McCalman

I was recently awarded a Lowitja Institute Postgraduate Top-up Scholarship for my PhD through the JLC.

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of Dr Lowitja O'Donoghue AC CBE DSG. The Lowitja Institute is an Aboriginal and Torres Strait Islander organisation, which has overseen research covering all areas that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples for over 20 years. The Institute focuses on high impact quality research and knowledge translation by supporting Aboriginal and Torres Strait Islander health researchers.



I am a Ballarong Noongar woman, also with European descent, and my professional background is in midwifery. My PhD thesis focuses on the experiences of Aboriginal and Torres Strait Islander (or First Nations) women, who are having a baby in Victoria. The objective of my research is to explore the voices, opinions and stories of women who are receiving pregnancy care or have recently given birth to a First Nations baby via Victorian mainstream maternity services. I hope that this research will directly inform and improve the maternity care that is available to First Nations women and newborns, ultimately to address the racial perinatal health inequities that persist within the current system. My research is also investigating the accessibility and acceptability of recently implemented caseload midwifery models for First Nations families in Victoria, which is a partnership project between La Trobe University and VACCHO, funded by the NHMRC. This project is known as "Woman's Journey, Baggarrook Yurrongi & Nurragh Manma Buliana" – Improving the health of Aboriginal and Torres Strait Islander women and babies through continuity of midwife care." Factors which facilitate cultural safety in the Victorian mainstream maternity setting will be explored. I am using questionnaires and have conducted in-depth interviews which were guided by Indigenous methodologies.

Judith Lumley Centre

for women, children and family health research

#54 July 2021

In the media

Prof Lisa Amir: Prescribing antibiotics for women with mastitis. *RACGP NewsGP*, 6 May 2021: [Prescribing antibiotics for mastitis](#)



Prof Della Forster: Indigenous midwifery care made all the difference for Amie. *The Age*, 9 May 2021: [Baggarrook midwifery program](#)

Prof Angela Taft: Britney Spears case highlights issue of reproductive coercion, which causes suffering for many Australian women. *ABC news*, 26 June 2021: [Reproductive coercion](#)

Prof Lisa Amir: Reassuring news on mRNA vaccines for breastfeeding mums. *RACGP NewsGP*, 7 July 2021: [mRNA vaccines for breastfeeding mums](#)

Charlie Smithson: Call for disability status of pregnant women to be recorded to improve the standard of care. *ABC News*, 20 July 2021: [Disability status of pregnant women](#)

Welcome to Sophia Holmlund

Meabh Cullinane

The Judith Lumley Centre welcomes Dr Sophia Holmlund to work with Helen McLachlan and team on the MAGNOLIA trial. Following completion of her PhD, Sophia was employed as a Senior Midwifery Lecturer at Umeå University, Sweden. In July 2021, she will begin a postdoctoral fellowship at the Judith Lumley Centre, funded by the Swedish Research Council. This funding will allow Sophia to work on the MAGNOLIA Project, a multi-centre randomised controlled trial exploring whether continuity of care from one midwife through pregnancy, birth and after-birth (caseload midwifery) reduces preterm birth among vulnerable and disadvantaged women. The MAGNOLIA trial has investigators from La Trobe University, King's College London, the University of Melbourne, the Royal Women's Hospital, Karolinska Institute Stockholm and the Murdoch Children's Research Institute, and is being conducted at three Victorian hospital sites: The Royal Women's Hospital, Melbourne; The Northern Hospital, Melbourne; and Bendigo Health in Bendigo.

Sophia has experience in both epidemiological and qualitative research methodologies. She completed her PhD in 2019 at Umeå University, which focused on health professionals' views and experiences of obstetric ultrasound during pregnancy. Given her previous research experience, she will contribute to the MAGNOLIA trial exploring the views and experiences of trial stakeholders including caseload midwives, which is key to informing long term sustainability and future translation of the model if shown to be effective. We welcome Sophia to the Judith Lumley Centre!



Inverloch beach

#54 July 2021

JLC Lunchtime seminars

We hold lunchtime seminars on the **first Wednesday of every month** from February to December, from **12.30 - 1.30 pm**.

These seminars showcase the work of our colleagues as well as national and international academics and researchers. They are free. Members of the wider community are welcome to attend.

Please refer to our website at www.latrobe.edu.au/jlc/news-events/seminars-and-clubs



Port Melbourne beach

Abortion research in Ghana: A recent PhD submission

Angela Taft

Mercy Otsin, a JLC doctoral student from Ghana, has recently submitted her PhD '*A mixed methods study of post abortion women and service providers in the Ashanti region of Ghana.*' Mercy has long been concerned that unsafe abortion is an important public health problem in Ghana that makes significant contributions to the morbidity and mortality of reproductive-aged women. Because all the previous Ghanaian studies of this topic have either interviewed women or abortion providers, Mercy wanted to triangulate their narratives to see how the differing perspectives could shed more light on this difficult area. She conducted 47 face-to-face interviews with women who had experienced unsafe abortions, with formal abortion providers (abortion providers in hospitals) and with informal and non-legal abortion providers (pharmacy workers and market herb sellers). She also conducted a chart audit of 12 months of clinical records.

One of the first of two major contributions of her research was to discover through her data that the 'three delays model', long used to explain maternal mortality in the antenatal period, could enhance understanding of women's experiences and access to induced and unsafe abortion care. The first delay (delay in seeking care) occurred because of women's poor knowledge of pregnancy, the influence of religion and because of women underestimating the seriousness of abortion complications. Factors including cost, provider attitudes, stigma, and the proximity of pharmacies to women's homes delayed their access to safe abortion and resulted in their experience of the second delay. The third delay was a result of hospitals' non-prioritisation of abortion complications and a shortage of equipment resulting in long hospital waiting times before treatment. This description of the model from her study has just been accepted by the journal [*BMJ Sexual and Reproductive Health*](#).

The second major contribution was to demonstrate the harm that the illegal status of pharmacy provision of medication abortion has on providers' attitudes and practice and on women. Despite access to safe legal abortions, most women preferred illegal medication abortion from pharmacies due to their cost and proximity. However, because pharmacy provision of abortion is illegal, it is poorly regulated and monitored resulting in poorly trained staff who engage in unsafe practices, such as dispensing out of date medicines or not providing any, or inaccurate information to women. These issues can result in hemorrhages and the need to go to hospital or can result in death.

There were many other important findings occurring from overall societal and health system issues, such as gender inequality, stigma and religious beliefs that could all contribute to shame and avoidance, and the cost of services for poorly educated and disadvantaged women. Below is the quote that opens Mercy's thesis.

Judith Lumley Centre

for women, children and family health research

#54 July 2021

...I have just remembered a sad incidence of a young girl whom we lost. She took various concoctions in her attempt to end a pregnancy and was rushed in here bleeding profusely but died. It was after she died that the sonographer working with us mentioned that the girl came to enquire from him about the cost of an abortion and he mentioned the charge. He said the girl told him she had only 30 cedis and asked whether it was possible for her to still access the service. He told her to go and raise the additional money and then come. Since the girl could not raise the extra money, she opted for the cheaper option which led to her death. I told him he should have let her come; we would have done it for her.

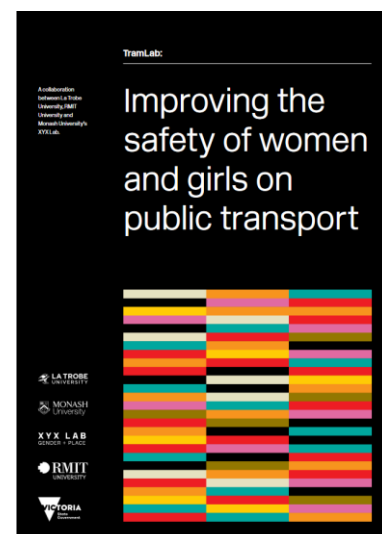
(Aunty Charlotte, Midwife)

TramLAB: improving the safety of women and girls on public transport in Melbourne

Jess Ison

Aiia Maasarwe, a female Palestinian Israeli student at La Trobe University was raped and murdered after catching the tram home from the city in 2019. Aiia's death was the most recent in a string of murders and rapes of young women in similar circumstances. The rape and murder of young women are at the extreme end of a spectrum of sexual assault and harassment that a wide diversity of women and girls experience every day in their journeys to, on board and then in the final pathways from public transport to home. These journeys can generate fear and anxiety that mean many women change their behaviours, the routes they take and the level of vigilance they enact. We wanted to change this reality of women being afraid, to make these journeys safer.

The TramLAB project, funded by Victorian Department of Transport, aimed to provide evidence and recommendations for the enhanced safety of women and girls on public transport in Victoria. The project brought together the twenty years of applied public health studies on violence against women at the Judith Lumley Centre at La Trobe, together with expertise from the Design and Social Context centre at RMIT and Space, Gender, and Communication from the XYX lab at Monash University. We started with an extensive literature review to ascertain what initiatives, evaluations and evidence-based practices exist in this space both nationally and internationally. In-depth interviews were then undertaken with service providers and victim-survivors who use public transport to examine how data collection could be improved in Victoria. A one-day workshop was also held with designers, researchers, stakeholders and most importantly women, to discuss how public transport could be made safer. This all culminated in a final report and four toolkits: Data, Placemaking, Training and Communications. It was exciting to bring together this team of researchers to address women's safety.



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