

## ABSTRACT GUIDELINES

For your presentation to be considered, these abstract guidelines must be followed. Please ensure that the presenting author completes the abstract submission. Abstracts must be submitted by the deadline: **11:59pm AEST Sunday 7 May 2023**

**CONFERENCE THEME: Shaking up sexual and reproductive health.**

### CONFERENCE TOPICS

The conference program will revolve around 5 key topics relevant to the current challenges faced in sexual and reproductive health in Australasia. Abstracts must be allocated into one of the following topics:

1. Sexual and reproductive health for adolescents and young people
2. Reimagining our Sexual and reproductive health systems, services and care
3. Human rights for Sexual and reproductive health
4. Building resilience for sexual and reproductive health in future threats
5. What's hot: New technologies, tools, medicines and commodities

Topic	Examples of abstracts that can be submitted to the themes, not limited to
Sexual and reproductive health for adolescents and young people	<ul style="list-style-type: none"> <li>• Youth-led programs and research</li> <li>• Young people and contraception</li> <li>• Emerging language and technology</li> <li>• Culturally appropriate health promotion and education</li> <li>• Reproductive coercion and abuse</li> <li>• Intersectional identities and compounding disadvantages</li> <li>• Consent and healthy relationships</li> <li>• Digital literacy and online misinformation</li> <li>• Syphilis and young people</li> <li>• Generational changes in health behaviour/risk taking</li> <li>• Relationships and Sexuality Education</li> <li>• Co-design of services</li> <li>• Gender affirming care</li> <li>• Privacy and confidentiality practices and provider bias</li> <li>• School-based nurses and other healthcare providers who work with young people</li> </ul>
Reimagining our sexual and reproductive health systems, services and care	<ul style="list-style-type: none"> <li>• Innovative testing technologies (e.g. POCT, DBST)</li> <li>• Inquiry into universal access to reproductive healthcare</li> <li>• Online models for STI testing</li> <li>• Community/peer-led models of service/differentiated service delivery</li> <li>• Telehealth and virtual clinics</li> <li>• Self-collection of samples</li> <li>• Syphilis and antenatal care</li> <li>• Rural and remote service delivery models</li> <li>• Increasing nursing scope of practice</li> <li>• Health promotion and adult education for condom use</li> <li>• Nurse-led models of care</li> </ul>

	<ul style="list-style-type: none"> <li>• Reimagining pharmacists' roles in SRH</li> <li>• Mobile service delivery</li> </ul>
Human rights for sexual and reproductive health	<ul style="list-style-type: none"> <li>• Equity and access</li> <li>• Stigma and discrimination</li> <li>• SRH for migrants, international students and Medicare ineligible people</li> <li>• Birthing on country</li> <li>• The right to pleasure</li> <li>• Pain management for IUD insertion</li> <li>• SRH, disability and neurodiversity</li> <li>• Reproductive coercion</li> <li>• Sexual assault</li> <li>• Menopause and perimenopause</li> <li>• Paid leave (e.g. parental, domestic violence, menstrual, abortion, etc.)</li> </ul>
Building resilience for sexual and reproductive health in future threats	<ul style="list-style-type: none"> <li>• The role of healthcare workers</li> <li>• Lessons learned from the COVID-19 pandemic</li> <li>• Monkeypox/MPX</li> <li>• Antimicrobial resistance</li> <li>• Global warming impact on SRH</li> <li>• Congenital syphilis</li> <li>• Social media and misinformation</li> <li>• A sustainable primary care workforce</li> <li>• SRH care in a disaster situation</li> <li>• PoCT and same day treatment</li> </ul>
What's hot: New technologies, tools, medicines and commodities	<ul style="list-style-type: none"> <li>• Vaginal discharge (what we know and don't, innovations, changes)</li> <li>• Doxy-PEP</li> <li>• Sex tech and ethics</li> <li>• PrEP technologies</li> <li>• Hydrogel temporary vasectomy</li> <li>• Data science</li> <li>• HTLV-1</li> <li>• HPV self-testing</li> <li>• AI &amp; machine learning</li> <li>• Advances in genital dermatology</li> </ul>

### AREAS FOR ABSTRACT REVIEWING

The following areas are to be used to assist with the appropriate allocation of reviewers. Please select at least one from the following:

- Clinical management and therapeutics
- Discovery and translational science
- Health promotion, education & advocacy
- Epidemiology
- Social, political and cultural aspects
- Health services
- SRH & technology

## PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
<b>RESEARCH-BASED ORAL PRESENTATION</b>	12-minute presentation with additional Q&A OR Rapid-Fire 5-minute with additional Q&A	Oral presentations on original research findings, case studies, completed projects and theoretical analyses. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge.
<b>PRACTICE-BASED ORAL PRESENTATION</b>	12-minute presentation with additional Q&A OR Rapid-Fire 5-minute with additional Q&A	Oral presentations analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge and practice.
<b>POSTER PRESENTATION</b>	Permanently displayed during the Conference	Posters will be displayed within the exhibition and catering area. Top ranked posters in each discipline may be allocated to a poster tour. Poster tours will include a 3minute oral presentation.
<b>MULTIMEDIA PRESENTATION</b>	Multimedia presentations will be viewed in between sessions.	Presentations should be in video format. They are to be a maximum running time of five minutes. Presentations will be shared post-conference on the website so consent will be required for all persons appearing in photographs/videos/PowerPoint.
<b>JAN EDWARDS PRIZE</b> Sexual Health trainees only	12-minute presentation	Oral presentations on original research findings, case studies, completed projects and theoretical analyses. Presentations should be well structured, rigorous, and demonstrate a novel contribution to knowledge.

## ABSTRACT PREPARATION GUIDELINES FOR ALL PRESENTATIONS

### All abstracts must:

- Use Arial 12-point type only
- Use single spacing only
- Be submitted as a - Microsoft Word (.doc) file only
- Leave one line between paragraphs
- Specify all abbreviations in full at the first mention, followed by the abbreviation in parentheses, thereafter abbreviation only should be used
- Be written in English
- Be checked thoroughly for spelling and grammar
- Not include references

### **All abstracts must include:**

**TITLE:** in **BOLD** at the top of the abstract (Sentence Case)

### **AUTHORS:**

- Principal author to appear first
- Underline the name of the author who will be presenting the paper
- Use surname followed by initials (do not use full stops or commas between surname and initials)
- Omit degrees and titles
- Include affiliations for each author. Use superscript numbering *after* the author's name to indicate affiliations

### **Abstract Template Options**

Please note there are two abstract Template Options

- Research-Based Abstract Template
- Practice-Based Abstract Template

**RESEARCH-BASED ABSTRACT:** maximum 300 words, with following headings:

- Background: study objectives, hypotheses tested, research questions or description of problem
- Methods: methods used or approach taken (e.g. study population, data collection methods, statistical analyses and/or theoretical approach)
- Results: in summarised form, must include data (e.g. statistics or qualitative data) but do not include tables, graphs or pictures. include results/outcomes and results of statistical tests such as p values, odds or hazard ratios and confidence intervals.
- Conclusion: describe the main outcomes and implications of the study. Highlight the novelty of findings, how they contribute to evidence-based practice and what steps are being taken to put the research into practice.

**PRACTICE-BASED ABSTRACT:** maximum 300 words

Submissions may use the Background/Methods/Results/Conclusion format from the Research-Based Abstract or the following headings:

- Background/Purpose: describe the problem and outline the project or policy aims
- Approach: outline the main components of the project or policy
- Outcomes/Impact: Include concrete observations and findings of the social community or political impact of your work based on completed or ongoing work
- Innovation and significance: Explain why your project or policy is unique and of significance, including why this project or policy is an important response to current HIV-related health priorities

### **Abstracts based on Indigenous Research**

- We encourage abstracts based on Indigenous issues be presented by Indigenous persons, or an Indigenous co-presenter be included.
- If this is not possible, please include some information in the abstract as to whether any member of the Indigenous community in which the research is based was involved in development of the research protocol or in conducting the research.

**Note: If the body of the abstract is more than 300 words it will be sent back to be revised. A sample abstract is available on the website. The 300 is not inclusive of the disclosure of interest.**

### **All abstracts must include:**

**DISCLOSURE OF INTEREST STATEMENT:**

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. **If you do not have a disclosure of interest, please state 'None'.**

#### **Disclosure of interest statement – Industry:**

*Example 1. Organisation X declares payments to his institution for investigator-initiated research from Industry Company X.*

*Example 2. Organisation X has received donated materials from Industry Company X. All other authors declare no competing interests.*

#### **Acknowledgement of Funding**

*Example 1. This study was funded in part by the Government Body X.*

*Example 2. Organisation X receive grant funding from the Government Body X. No pharmaceutical / Industry grants were received for this study.*

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.

### **SELECTION CRITERIA**

Research-Based Abstracts will be favoured at review if they incorporate:

- Completed rather than future work (Outline data as known at the time of submission however other studies that have final results may be prioritised for presentation)
- Original data of high quality.
- An analysis that extends existing knowledge
- Clarity of methodology, analysis and presentation of results
- Specific rather than general findings
- Highlight steps that take research into practice

Practice-Based Abstracts will be favoured at review if they incorporate:

- A project or policy change that is new, innovative and/or of high impact
- A project that has been successfully implemented (either completed or ongoing)
- An analysis of the project or policy change that extends current thinking or ideas
- Clarity about the evidentiary basis for the project
- Clarity with which the project purpose, approach, impact and significance has been described

In balancing the program the committee may require authors to present their work in an alternate format (e.g. as a poster rather than oral presentation).

### **ABSTRACT SUBMISSION**

Abstracts must be submitted electronically through the online abstract submission site. You will be required to enter:

- Preferred TOPIC
- Preferred presentation type
- Authors' names (indicate presenting author and contact details - address, telephone and email). Note: Abstract presenters will be required to fund their own attendance at the conference and should not submit an abstract if this is not possible. Scholarships are available and preference will be given to those who do submit abstracts, however authors should ensure they are able to fund their own travel if need be
- Authors' affiliations
- Abstract title
- Abstract as a word document (maximum 300 words) plus a disclosure of interest statement

- Short biography of presenter (maximum 50 words). This information will be used by the session chair for introduction purposes and may be published in conference literature
- Topics

Please contact the Conference Secretariat if you are unable to lodge your abstract via the website or if you have any queries. By submitting an abstract all authors agree to release the license to the Conference organisers and give permission to publish the abstract in the virtual conference portal, and on the website and, in so doing, certify that the abstract is original work. It is assumed by our conference reviewers and committees that appropriate ethical approval has taken place for your submission.

### **CONFERENCE REGISTRATION**

Abstract presenters are required to fund their own attendance at the conference and should not submit an abstract if this is not possible.

Notification of status will be advised in June 2023. All presenters must register for the conference before **31 July**. It will be assumed that any presenter not registered by this date has withdrawn from the program and their abstract will be removed from all sessions and documentation.

Disclaimer: The committee may allocate your presentation within an alternate discipline while developing the best fit sessions.