

Interest Holder-Driven Research Priorities in Sexual and Reproductive Health for Migrant and Refugee Adolescents and Young Adults in Australia

Chaudhry AS¹, Castleton P¹, Mengistu TS², Mirzaei Damabi N¹, Mahmood MA¹, Meherali S³, Salam RA⁴, Mengesha Z⁵, Bhaumik S⁶, Tessema GA⁷, Maheen H⁸, Munn Z⁹, Lassi ZS^{1,2}

¹ School of Public Health, Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia, ² School of Public Health, University of Queensland, Brisbane, Australia, ³ Faculty of Nursing, University of Alberta, Edmonton, Canada, ⁴ The Daffodil Centre, University of Sydney, Sydney, NSW, Australia, ⁵ Health Research Institute, University of Canberra, Australia, ⁶ Meta-research and Evidence Synthesis Unit, The George Institute for Global Health, University of New South Wales, Australia, ⁷ Curtin School of Population Health, Curtin University, Australia, ⁸ Centre for Health Policy, Melbourne School of Population and Global Health, University of Melbourne, Australia, ⁹ Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, University of Adelaide, Adelaide, SA, Australia

Background:

Migrant and refugee adolescents and young adults in Australia face persistent barriers to sexual and reproductive health (SRH) services, yet research priorities remain shaped primarily by institutional perspectives rather than community-identified needs. This study identifies SRH research priorities using a Priority Setting Partnership (PSP) approach, uniquely centring the perspectives of young people themselves alongside professional interest-holders.

Methods:

A standardised PSP following James Lind Alliance methodology was conducted in two survey phases (September 2024-March 2025) and a consensus workshop. An initial rapid evidence scan identified 83 research uncertainties. Youth (aged 18-24 years from migrant/refugee backgrounds n=31) and professional interest-holders (n=61; researchers, clinicians, policymakers) rated questions on a 9-point Likert scale (1-3 low, 4-6 moderate, 7-9 high priority). Data were analysed separately for each group to capture divergent perspectives.

Results:

Eleven final priority questions were identified across five SRH domains. Only three achieved combined high-priority consensus: **(1)** community-based maternal health and peer support; **(2)** barriers and facilitators to reporting gender-based violence; and **(3)** psychosocial factors affecting SRH and gender-based violence perpetration. A substantial divergence emerged: youth interest-holders assigned higher priority ratings across a broader range of SRH topics than professionals. Notably, abortion access barriers exemplified this divergence rated high by youth but low by professionals (combined moderate priority). Male-specific SRH priorities, STI/HIV access barriers, and culturally responsive SRH education were consistently prioritised by youth but underweighted by professional stakeholders.

Conclusion:

This is the first PSP to identify SRH research priorities for migrant and refugee youth in Australia and uniquely highlights substantial misalignment between youth and

professional priorities. These findings underscore the importance of centering lived experience in research agenda-setting.

Disclosure of Interest Statement:

This study was funded by the University of Adelaide Research Scholarship (UARS). No pharmaceutical or industry grants were received in the development of this study. All authors declare no competing interests.