

# AHRF NEWS

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## EDITORIAL

Welcome to the first issue of Volume 2 of AHRF News. This latest edition features an overview of the 6<sup>th</sup> AHRF Seminar day which took place in April 2004. This successful day about African Women and HIV was attended by over 100 delegates and details of the presentations can be found on pages 2 and 3. Also in this issue are research updates from Forum members (page 4), funding opportunities (page 5) latest publications (pages 6-7) and a calendar of events (back page). As always we welcome comments and submissions from all our readers. Please see the back page for details.

### 6th African HIV Research Forum Seminar Day

# AFRICAN WOMEN AND HIV

In recent years African women have represented 70-75% of heterosexual women diagnosed with HIV in the United Kingdom. In 2002, there were an estimated 9,100 African women living with HIV in the UK. African women living with diagnosed HIV currently outnumber men 2 to 1. The majority of these women are thought to have been infected abroad, in sub-Saharan Africa. These figures pose a number of challenges to HIV service provision, treatment and prevention for health and social care professionals as well as researchers.

On April 28<sup>th</sup> 2004, the University of London Union played host to the sixth African HIV Research Forum seminar day. The day brought together over 100 individuals from a wide variety of organisations to focus on issues surrounding African women and HIV. The day began with Dr. Kevin Fenton, Co-chair of the Forum, asking delegates to form pairs and discuss what they thought were the key research questions pertaining to African Women and HIV. This short session proved to be very successful with a number of key areas identified by participants, including sexual health attitudes, partner notification and disclosure and access to treatment and care.

Dr. Katy Sinka, set the background for the seminar day by presenting an overview of the most recent epidemiological data. Dr. Simona Fiore delivered a highly engaging presentation about fertility issues faced by women living with HIV. Angelina Namiba provided the community perspective by outlining the excellent ways the charity Positively Women collaborates with researchers. The day concluded with a lively discussion about the treatment issues faced by HIV positive African women chaired by Drs Charles Mazhude and Chris Wood.



# African Women and HIV

### UK Epidemiological Update

Dr. Kay Sinka, Deputy Head of HIV and STI reporting section at the Health Protection Agency (HPA), gave an overview of the recent epidemiology of HIV among African women in the UK. She began by informing delegates that "African Women" as used in her presentation is based on data collected about ethnicity and country of birth. Using information gathered through routine surveillance at the HPA, Dr. Sinka reported that two thirds of women diagnosed with HIV in 2002 were of black African origin. Sexual transmission (98-99%) is the most common route of infection, followed by blood transfusion (in Africa), representing fewer than 10 diagnoses each year. Most African women were probably infected abroad, in Africa. Only around 50 adult black African women infected in the UK were diagnosed each year since 2000. This is thought to be an underestimate of the true number infected in the UK and there is

currently a study underway at the HPA examining how well the Agency has been estimating probable country of infection.

Most African men and women are diagnosed in their twenties and thirties; women tend to be diagnosed younger. Nearly 2% of women and nearly 3% of men diagnosed in the UK were aged over 55.

Since 2000 the proportion of women who are pregnant at the time of diagnosis has remained fairly steady (17 – 19%), but the actual numbers have been rising – almost 300 were reported for 2002 by the end of December 2003.

Over the years the proportion of women who are screened for HIV in pregnancy has also increased. However, mother-to-child transmission prevention interventions, such as providing anti-retroviral drug regimes to infected mothers, safer delivery practices and breast milk substitutes, has led to a decrease in proportion of babies born to HIV infected mothers.

Dr. Sinka ended her presentation by asking delegates to reflect on why African women living with diagnosed HIV currently outnumber men 2:1 and to consider this question in future research.



### Engaging with research from a community perspective

Positively Women (PW) is a registered charity that is committed to providing peer support for women living with HIV/AIDS. Angelina Namiba, the direct services manager at PW described how the charity involves itself in research.

HIV positive women, particularly those from Africa, are not particularly visibly in social and clinical research. Involving community organisations provides women with access to the whole research process, from project design to results dissemination.

PW are aware of the possible difficulties in involving African women in research projects. There is the possibility that such a small population might be over-researched and participants may end up feeling exploited once the study has finished. Such research also has the potential to drain the charity's limited resources.

In order to avoid these problems PW only engage with researchers that accept and understand the charity's role and responsibilities in the research project from the outset. PW will only endorse research it feels is inclusive and sensitive to the needs of the participants. It is essential

that participation is voluntary, inclusive, confidential and results in opportunities for improvements for participants.

When PW agrees to collaborate with a research project, assistance is often provided in advertising the study. PW will also make premises available for research interviews. The charity will give researchers presentation time at group meetings which ensures that the organisation as a whole is involved in research. Finally, PW will actively assist in disseminating research results and promote the benefits of research, such as improved services, treatment resources and reduced stigma.

## Fertility in couples in couples with HIV

Women who are childless when they receive their HIV positive diagnosis often rule out the possibility of ever having children for a number of reasons, most notably fear of transmitting the virus to the child. For those in stable relationships, the desire for parenthood may be strong, but the presence of the virus in the relationship may present difficulties. Dr. Simona Fiore, Clinical Research Training Fellow at the Institute of Child Health, gave delegates an overview of fertility issues for couples with HIV.

It is now possible to reduce vertical transmission rate to less than 2%, therefore making the parenthood a viable option for many women. However, there are many factors related to HIV that may impact on the fertility of a couple. Fertility is a definition that applies to a couple, since for conception to take place both parties must be able to provide gametes. There is an increased prevalence of infertility factors in couples with HIV due

to genital tract infections, tubal damage and dysspermia (difficult sperm).

Research has shown that couples affected by HIV request reproductive counselling and care for different reasons. In sero-discordant couples where the man is infected, the request for anti-retroviral therapy is to protect the uninfected woman and the unborn child. In couples where the woman is infected, irrespective of the infective status of the partner, the requests are often to overcome infertility problems.

Dr Fiore described a technique called *sperm washing*, where sperm are separated from seminal fluid in which HIV can be found. This technique reduces the need for sperm donors in couples where the man is HIV positive. A residual risk of HIV transfer to the HIV negative woman

still exists but is "under control". Sperm washing is not available on the National Health Service and fertility treatment costs around £2000, a cost which is prohibitive for many couples.

Dr. Fiore highlighted a number of areas in which future research must be directed. There is no Europe-wide policy on fertility care and no standardised procedures. Researchers have no data on the numbers of African women living with HIV who require assisted conception nor any knowledge the specific problems faced by these women. There is also a need for research into the interaction between fertility drugs and anti-retroviral therapy.



## Treatment Issues for women living with HIV

Dr. Charles Mazhude and Dr. Chris Wood chaired a stimulating and thought provoking discussion about treatment issues for African Women. Before the discussion was opened to the floor, Dr. Mazhude gave a brief presentation highlighting the differences faced between men and women living with HIV. Most data about the efficacy of anti-retroviral therapy is gathered from studies using natural cohorts that tend to have a limited number of women. The effect of these drugs on women is therefore highly under-researched and factors around body shape, body mass, menstruation, viral load and CD4 count have yet to be fully clarified. There are many studies that have confirmed that

women have higher rate of toxic reaction to ARV than men although there is little data on ethnicity.

Dr. Chris Wood gave a brief presentation illustrating prevention and psychosocial issues around women and HIV. In a study about the impact of ante-natal HIV testing, researchers found that around 73% of women had disclosed their status to a male partner. Of those who were diagnosed through ante-natal testing 75% of HIV negative male partners remained in the relationship. The study also revealed high levels of sero-discordant couples and lack of condom use is high in those couples. Given the potential impact of disclosure the question arises how far do health care providers go when a patient

refuses to disclose their status to their partner? UNAIDS, in its Best Practice Collection published in 2000, recommends that: *"In the few cases in which a properly counselled HIV-positive person refuses to counsel partners, the health care provider should be able to counsel partners, without the consent of the source client...."*

Management of psychosocial consequences of a positive HIV result during pregnancy may be challenging and time consuming and health care providers should be aware of the many potential problems that may arise.

More information about speakers and copies of the slides are available from the AHRF website: [www.ahrf.org.uk](http://www.ahrf.org.uk)

# Research Update

This section reports research news sent in to AHRF News by members of the Forum or announced at the 6th seminar day.



## Key Focus

### **SEXUAL HEALTH OF YOUNG PEOPLE FROM BLACK & MINORITY ETHNIC GROUPS**

#### Background

In order to improve sexual health among young black & minority ethnic (BME) people, accurate and current information is essential. Existing sexual health data is insufficient in terms of ethnicity-specific information. Definitions of ethnicity are limited to groupings that do not account for religious, linguistic and other cultural characteristics of diversity. As a result, a lack of understanding of young people from BME communities hinders the development of effective responses to sexual health issues. Recognising these significant issues and gaps in knowledge, the Trust for the Study of Adolescence (TSA) will conduct research to be used in targeting health intervention strategies to BME youth.

#### Objectives

Supported by a two-year Community Fund Research Grant, this joint research initiative between Naz Project London (NPL) and the TSA aims to identify the sexual health service and support needs of young BME people aged 15-18. The majority of participants will be recruited from London secondary schools with a large proportion of BME students that have been contacted through NPL's existing outreach work. Approximately 3,000 self-completion questionnaires and 100 in-depth interviews will be carried out to accomplish the following objectives:

- Identify and explore sexual beliefs, attitudes, lifestyles and behaviours among BME youth
- Develop a sexual health educational resource for practitioners working with BME youth
- Disseminate the research findings and resource throughout the UK

The research findings and educational resource will enable practitioners and other professionals to develop evidence-based responses to narrow the gap in mainstream sexual health service provision experienced by BME youth.

The questionnaire was pre-tested among young BME people in February. Data collection started in April 2004. Reporting, resource development and dissemination activities are planned for the last quarter of 2005.

#### Contacts

For more information contact **Adrienne Testa**, Research Officer for the project, on 01273 647 326 or [atesta@tsa.uk.com](mailto:atesta@tsa.uk.com).

**Jonathan Elford**, from City University announced a new study investigating the clinical, social and prevention needs of HIV positive people in East London. The East London Project will survey around 1000 patients using a questionnaire covering details on socio-economic status, access to support, risk behaviour and stigma.

**Lillian Ndawula**, Project manager for the National African HIV Prevention Programme (NAHIP), reported that the NAHIP HIV Testing Awareness Campaign has been launched across 10 sites in England. The campaign aims to encourage African people to consider HIV testing as part of good sexual health. The evaluation of the campaign will be carried out by Caroline Fenton at the Royal Free and University College Medical School.

**Jane Anderson**, Consultant at Homerton University Hospital, updated delegates about a qualitative study in East London focusing on African men living with HIV. Over 30 men have been interviewed so far about their experiences with HIV and how it has affected their lives.

**Katharine Sadler** from the Health Protection Agency reported that the pilot stage for the MAYISHA II study has been completed. The study will look at the sexual attitudes and lifestyles of Africans living in England. The pilot study took place in London using 9 fieldworkers. The aim was to recruit 100 black African men and women aged 16 years and over from social venues across London. A total of 114 people filled in the sexual health questionnaire, 82% of whom agreed to undertake an unlinked anonymous antibody test as part of the study. The main study will commence in August 2004.

# Funding Opportunities

New funding opportunities for HIV and Sexual Health related research appear throughout the year. In this section we highlight relevant call for proposals.

## **BUPA Foundation - Medical Research Grants**

Medical research grants are focused very carefully on areas which the Foundation governors perceive as relatively deficient in funding opportunities in the UK, these include:

- Preventive health: projects covering all health environments (including the work place) from epidemiology to health maintenance
- Information and communication: projects designed to enhance the partnership between medical professionals and the public/patients

Contact Lee Saunders, The BUPA Foundation, BUPA House, 15 - 19 Bloomsbury Way, London, WC1A 2BA • Tel 0207 656 2591 • Fax 0207 656 2708  
Email [saunderl@bupa.com](mailto:saunderl@bupa.com) • Web: <http://www.bupafoundation.org.uk/asp/research/>

## **Medical Research Council - Clinical Trials**

The Medical Research Council invites outline applications for grants to support trials which would provide high quality evidence on the efficacy and effectiveness of interventions in medicine and health services. The focus is primarily on trials that break new ground in terms of research questions or methodologies and that add significantly to understanding of biological or behavioural mechanisms and processes in human health and healthcare.

Contact Chris Watkins, Clinical Trials Manager, MRC, 20 Park Crescent, London W38 1AL • Tel 020 7670 5283 • Fax 020 7637 2856  
Email [chris.watkins@headoffice.mrc.ac.uk](mailto:chris.watkins@headoffice.mrc.ac.uk)  
Web: [http://www.mrc.ac.uk/index/funding/funding-specific\\_schemes.htm](http://www.mrc.ac.uk/index/funding/funding-specific_schemes.htm)  
Deadline 20 August 2004

## **British Infection Society - BIS Research Fellowship**

The British Infection Society aims to promote the science and practice of medicine in relation to infection, and to further research, training and education in the subject. The fellowship is for Infection-related research training in the UK or an appropriate centre overseas. Funding is up to £50,000 to include salary and up to £5,000 running expenses. Applicants may be at the beginning of their research training or in their first postdoctoral year.

Contact Dr. Rob Heyderman, Scientific Affairs Secretary  
Tel 0117 928 2514 • Email [r.heyderman@bristol.ac.uk](mailto:r.heyderman@bristol.ac.uk) • Web <http://www.britishinfectionsociety.org/schemes.html>

## **Essex Primary Care Research Network - Call for Proposals**

EPCRN is pleased to announce its second call for proposals for collaborative research projects designed and implemented by people working in NHS primary care, public health or community health services throughout the county. Cross-sectoral working, partnerships with regional and national academic and/or other established research bodies e.g. primary care, cancer, mental health research networks, social services, are strongly encouraged. The proposed research activities should be:

- Led by healthcare practitioner/s working in Primary Care in Essex;
- Have a research question that addresses the current national and local priorities;
- Able to contribute to EPCRN research programmes.

The scheme is open to general medical practitioners, practice nurses, practice managers, general dental practitioners, community pharmacists, opticians, physiotherapists and other professionals employed by any of the above. Public health practitioners and community staff employed by Primary Care Trusts are also eligible. Contact Oksana Hoile, Acting Manager, EPCRN • Tel 01255 206080 • Web: [www.ukf-pcrn.org/members/EPCRN.doc](http://www.ukf-pcrn.org/members/EPCRN.doc)

## **World Health Organisation - Directors Initiative Fund (DIF)**

The Director's Initiative fund is intended for:

- Projects for which rapid funding is essential
- Projects which may be preparatory to larger scale projects
- Projects which focus on new lines of research relevant to disease control that may not fall within the current workplans.

Tel: 00 41 22 791 2111 • Web <http://www.who.int/tdr/grants/grants/dif.htm>

## **NoCLoR - New Researcher Scheme Bursaries**

NoCLoR has 7 bursaries to give away to suitable candidates interested in developing their own research idea. The New Researcher Scheme is an individualised, mentored training opportunity. It offers 12 sessions of protected time and pays up to £1,500 to reprovide your service, so that you can take time out from your normal work and focus on developing your research idea. Priority is given to independent primary or community healthcare practitioners.

Contact Josephine Njoki on 020 7445 8502 or Email [Josephine.njoki@camdenpct.nhs.uk](mailto:Josephine.njoki@camdenpct.nhs.uk)  
Deadline: 8th September 2004

## **Winston Churchill Memorial Trust - Travelling fellowships**

The Trust awards 100 grants to British citizens from all walks of life to carry out travelling fellowships overseas to the benefit of the country, community and international goodwill. The fellowships allow experience to be gained abroad and help the individuals to gain a better understanding of the lives and different cultures of people overseas. The categories for each year change and are normally announced in June.

Fellows can be of any age and in any occupation with British citizenship. No formal qualifications are required. Travelling fellowships normally cover stays of four to eight weeks and amount to a maximum of £6,000.

Contact: 15 Queen's Gate Terrace, London, SW7 5PR • Tel: (020) 7584 9315 • Fax: (020) 7581 0410 • Email: [office@wcmf.org.uk](mailto:office@wcmf.org.uk)  
Web: [www.wcmf.org.uk/2005categories.asp](http://www.wcmf.org.uk/2005categories.asp)  
Deadline: 21 Oct. 04

## **Department of Health New and emerging applications of technology programme**

The Department of Health, under the national programme for new and emerging applications of technology, invites outline proposals for strategic applied research to develop products and interventions for improved health and social care or for disease prevention and treatment.

The department also invites applications for 12-month feasibility study projects investigating proof of principle for technology applications currently at the preliminary stages of development.

Research providers in the academic and NHS communities may apply.

Contact: James Sanderson, NEAT Secretariat LGC, Queens Rd, Teddington, Middlesex TW11 OLY, UK

Web: [www.neatprogramme.org.uk/](http://www.neatprogramme.org.uk/)

Deadline: August 13<sup>th</sup> 2004

## **MRC - Fellowships**

The Medical Research Council invites applications for the following fellowships: The senior non-clinical fellowship is for non-clinical scientists who wish to concentrate on a period of research before taking up a permanent academic appointment. Support is provided for five years and is potentially renewable. Applicants would normally be expected to hold a PhD/DPhil and have at least six years' relevant postdoctoral research experience. Fellows are required to register for a research degree, normally a PhD, based on research undertaken during the fellowship. Medical/ dental graduates should be up to and including specialist registrar grade or the equivalent level in general practice. Nurses, midwives and researchers in the professions allied to medicine must have completed their professional training and hold a masters degree, or equivalent postgraduate research-oriented qualification. Contact Fellowships Section, MRC, 20 Park Crescent, London W1B 1AL, UK • Tel 020 7636 5422 • Email [fellows@headoffice.mrc.ac.uk](mailto:fellows@headoffice.mrc.ac.uk) • Web [http://www.mrc.ac.uk/index/funding/funding-personal\\_awards/funding-fellowships.htm](http://www.mrc.ac.uk/index/funding/funding-personal_awards/funding-fellowships.htm)  
Deadline: 3 September 2004

# Publications

This section aims to provide a comprehensive review of research related to the UK African HIV epidemic, published in the last quarter. This issue covers publications between April and July 2004.

## Stopping stigma with Awaredressers: perceptions on Terrence Higgins Trust's HIV prejudice and discrimination poster campaign

By Gillian Elam

Two new reports to emerge from Terrence Higgins Trust provide feedback on a collaboration between Terrence Higgins Trust and the Barnet based-Awaredressers network to tackle HIV related stigma and discrimination.

Terrence Higgins Trust devised a poster campaign to challenge HIV discrimination in the African community. The posters invited comparisons between racism and HIV discrimination to encourage people to acknowledge and question their prejudices towards people living with HIV. As part of the Campaign, Awaredressers volunteers were invited to display the posters in their shops, beauty salons, barbers, restaurants and phone centres across the London borough of Barnet.

Awaredressers is a community-based project supported by

Barnet Primary Care Trust's Health Development and Regeneration Team, comprising local African businesses working with an outreach team to raise awareness of HIV and distribute condoms to the African community. Barnet PCT joined forces with Terrence Higgins Trust to commission a qualitative research study to investigate reactions to the campaign posters.

These two study reports provide insight into a successful community-based HIV prevention initiative, understanding of community attitudes towards people living with HIV and beliefs about HIV and reveal important lessons for future interventions among the UK African population.

Download the reports at the AHRF website:

[www.ahrf.org.uk/articles](http://www.ahrf.org.uk/articles)

## RECENT REPORTS

UNAIDS. **2004 report on the global HIV/AIDS epidemic :4<sup>th</sup> global report.** UNAIDS, Geneva, 2004. ISBN 9291733555

This Global Report sets out current knowledge on the state of the epidemic based on the experiences of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which comprises nine United Nations system agencies. <http://www.unaids.org/bangkok2004/report.html>

Keogh, P. Henderson, L. Dodds, C. **Ethnic Minority Gay men: Redefining Community Restoring Identity.** Sigma Research, London, 2004. ISBN 1872956742

This report presents the results of one of three studies investigating how social and cultural factors shape gay male identity and influence gay male social life in London today. These studies aim to problematise monolithic and unhelpful concepts such as 'gay community' or 'gay scene' and show how the population of gay men in London is driven with cultural, political and social differences. <http://www.sigmaresearch.org.uk/reports.html>

## BOOKS

### Encyclopedia of Women's Health

Edited by Sana Loue

**Publishers Blurb:** The Encyclopedia of Women's Health covers a broad spectrum of women's health issues, ranging from the clinical to spiritual, from legal and historical, to emotional and psychological. It will serve as a valuable resource for physicians, nurses, case managers, and teachers, as well as those working at departments of public health, academic libraries, women's organizations and programs in women's studies and government agencies.

Kluwer Academic • May 2004 • 725 pages  
ISBN 0306480735

### Evaluating Health Promotion Second Edition

Edited by Margaret Thorogood and Yolande Coombes

**Publishers Blurb:** The authors of this book highlight key issues in the evaluation of health promotion interventions. Both qualitative and quantitative methods that are commonly used are described and the problems and benefits that arise with their use are explained. Practitioners of health promotion will find this book provides a clear practical guide to common methods of evaluation and will help them design and implement appropriate and informative evaluations which help to strengthen the health promotion evidence base. Programme Managers responsible for the implementation of health promotion interventions will find clear examples and guidance to help them evaluate activities.

Oxford University Press • August 2004 • 250 pages  
ISBN 0198528809

### Strategic Communication in the HIV/AIDS Epidemic

Neill McKee, Jane Bertrand, Antje Becker-Benton

**Publishers Blurb:** This book promotes the use of strategic communication to fight against the HIV/AIDS epidemic. Focusing on strategic communication for positive and measurable behaviour change, the authors elaborate on a wide range of issues including: the importance of advocacy and community mobilization; comprehensive approaches to prevention and the use of communication in reducing stigma.

Sage Publications Ltd. • June 2004 • 346 pages  
ISBN 0761932089

### Methods for Testing and Evaluating Survey Questionnaires

Stanley Presser *et al.*

**Publishers Blurb:** The book covers cognitive interviewing, interaction analysis, response latency, respondent debriefings, vignette analysis, split-sample comparisons, statistical modelling, mode of administration, and special populations. It also considers these topics in light of emerging techniques and technologies. The book's authors include more than two-dozen eminent professionals in a variety of fields related to survey methodology and questionnaire development. Copious tables, figures, and references, as well as an extensive glossary, supplement the high quality discussion throughout the text.

Wiley Canada • July 2004 • 606 pages • ISBN 0471458414

## PAPERS

The following papers were published in peer-reviewed journals between 1<sup>st</sup> April 2004 and 31<sup>st</sup> July 2004.

Rowe RE, *et al.* **Social and ethnic inequalities in the offer and uptake of prenatal screening and diagnosis in the UK: a systematic review.** *Public Health* 2004;**118**:177-89.

The authors undertook a systematic review of studies assessing the offer or uptake of prenatal screening or diagnosis according to social class or ethnic origin. From over 600 identified papers, 41 were potentially relevant. The studies included covered screening and/or diagnosis for Down's syndrome, neural tube defects, haemoglobin disorders and HIV. This review provides some evidence of ethnic inequalities in access to prenatal testing. Further research is required to improve our understanding of why testing may not be offered, the reasons for failure to take up testing when offered, and to identify whether there are other social inequalities in access to prenatal testing

Rice BD, *et al.* **Prevalent diagnosed HIV in England, Wales and Northern Ireland: adjusted totals 1996 to 2001 and extrapolations to 2004.** *AIDS* 2004;**18**:927-32.

The study aimed to predict trends in diagnosed HIV prevalence by extrapolation to 2004 using data from the annual surveys of individuals receiving HIV-related care in England, Wales and Northern Ireland from 1996 to 2001. Data from the annual surveys of prevalent HIV infections diagnosed (SOPHID) were extrapolated using negative binomial and linear regression models based on the 1996 to 2001 annual surveys. The negative binomial model predicted an increase of 56% in diagnosed HIV prevalence in England, Wales and Northern Ireland between

2001 and 2004. The linear model predicted an increase of 25% for the same time period. The predicted increases are mostly driven by the large rise in the number of new diagnoses, in particular in individuals infected heterosexually.

Thorne C, Newell ML. **Prevention of mother-to-child transmission of HIV infection.** *Curr.Opin.Infect.Dis.* 2004;**17**: 247-52.

This review addresses recent advances in the understanding of mother-to-child transmission risk factors, including maternal viral load (in plasma, genital tract and breast milk) and gender, and determinants and rates of postnatal transmission.

Brown AE, *et al.* **Recent trends in HIV and other STIs in the United Kingdom: data to the end of 2002.** *Sex Transm.Infect.* 2004;**80**:159-66.

This paper describes results from the available surveillance data in the United Kingdom from the Health Protection Agency and its national collaborators. In 2002, an estimated 49500 adults aged over 15 years were living with HIV in the United Kingdom, of whom 31% were unaware of their infection. Diagnoses of new HIV infections have doubled from 1997 to 2002, mainly driven by heterosexuals who acquired their infection abroad

Mitchell HS, Stephens E. **Contraception choice for HIV positive women.** *Sex Transm.Infect.* 2004;**80**:167-73. Women with HIV infection, like other women, may wish to plan pregnancy, limit their family,

or avoid pregnancy. Health professionals should enable these reproductive choices by counselling and appropriate contraception provision at the time of HIV diagnosis and during follow up. The aim of this article is to present a global overview of contraception choice for women living with HIV infection including effects on sexual transmission risk

Fiore S, *et al.* **Higher rates of post-partum complications in HIV-infected than in uninfected women irrespective of mode of delivery.** *AIDS* 2004;**18**:933-8.

The objective of this study was to inform the debate on the use of elective Caesarean section (CS) delivery in HIV-infected women; it investigated the occurrence of clinical events in the immediate post-partum period in women delivering in 13 European centres. Two separate matched case-control studies (vaginal and elective CS deliveries) among infected women (cases) and uninfected controls delivering between 1992 and 2002. The prevalence of minor and major post-partum complications was assessed overall for infected and uninfected women; within mode of delivery group (vaginal/CS) the complication rates of infected cases were compared with uninfected controls in a matched analysis. HIV-infected pregnant women are at increased risk of post-partum complications regardless of mode of delivery, but modification of clinical practice, particularly use of prophylactic antibiotics, would reduce this risk.

Dunkle KL, *et al.* **Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa.** *Lancet* 2004;**363**:1415-21.

Gender-based violence and gender inequality are increasingly cited as important determinants of women's HIV

risk. This cross-sectional study of 1366 women presenting for antenatal care at four health centres in Soweto, South Africa, postulates that abusive men are more likely to have HIV and impose risky sexual practices on partners.

Gregson S, *et al.* **Community group participation: can it help young women to avoid HIV? An exploratory study of social capital and school education in rural Zimbabwe.** *Soc.Sci.Med.* 2004;**58**:2119-32.

The authors use cross-sectional data from a large-scale, population-based survey in rural eastern Zimbabwe to describe the relationships between membership of different forms of community group and young women's chances of avoiding HIV. The results show that participation in local community groups is often positively associated with successful avoidance of HIV, which, in turn, is positively associated with psychosocial determinants of safer behaviour. However, whether or not these relationships hold depends on a range of factors that include how well the group functions, the purpose of the group, and the education level of the individual participant. The findings suggest that promotion of and organisational development and training among community groups could well be an effective HIV control strategy.

To include your publication in this section see page 8 about contact details or visit our website: [www.ahrf.org.uk](http://www.ahrf.org.uk)

# Calendar of Events

For more details about these events visit our website: [www.ahrf.org.uk/events](http://www.ahrf.org.uk/events)

## AUGUST

- NAHIP HIV Health Promotion Training Skills Programme Starts 16th Aug. 2004
- African HIV Policy Network (AHPN) Feedback from XV International AIDS Conference, Bangkok 19th Aug. 2004

## SEPTEMBER

- National Conference of People Living with HIV 4th - 7th Sep 2004
- HDA Conference: Mainstreaming Action on Health Inequalities 23rd -24th Sep 2004

## OCTOBER

- AHPN Annual General Meeting 1st Oct. 2004
- Conference on Sexually Transmitted Infections, Mykonos, Greece 7-9 Oct. 2004
- British HIV Association Autumn conference 8-9 Oct. 2004
- **7th AHRF Seminar Day - African Men & HIV** 27th Oct. 2004
- AHPN Fundraising Event, South Africa House 29th Oct. 2004

## NOVEMBER

- National HIV Social Care Conference 5th Nov. 2004
- 7th International Congress on Drug Therapy in HIV Infection 14th - 18th Nov. 2004

## First Announcement

# NATIONAL AFRICAN SEXUAL HEALTH CONFERENCE

In February 2005 the African HIV Research Forum will be holding a one day conference focusing on African sexual health in the UK. This event offers an chance for all those interested in sexual health in African communities to share their knowledge and experiences.

Delegates will be given an opportunity to discuss the key challenges currently faced by health professionals, policy makers, researchers, community based organisations and community members.

## Call for Abstracts

The AHRF welcome the submission of abstracts on all subjects relating to African sexual health including:

Clinical Research • Community Participation • Health Policy • Health Promotion • Psychosocial, Behavioural & Social Research • Programme / Intervention Implementation • STI prevention • Surveillance & Epidemiology

For more information about the how to submit an abstract or summary please visit [www.ahrf.org.uk/Conference](http://www.ahrf.org.uk/Conference) email or contact AHRF News (details below)

## Visit the African HIV Research Forum Website.

The AHRF website is a community resource, accesible to all those interested in UK African HIV issues. The site is updated weekly and provides information about forthcoming events; research findings, job



vacancies, tenders available and much more. If you would like to publicise a conference or tender or announce research findings feel free to contact us at [info@ahrf.org.uk](mailto:info@ahrf.org.uk) or go to [www.ahrf.org.uk/contactus1.htm](http://www.ahrf.org.uk/contactus1.htm) and follow the instructions.

## Call for papers

The next issue of AHRF News will be a Prevention Update and is due for publication in **October 2004**. We welcome submissions about prevention interventions from individuals involved in the African HIV sector. Additionally, if you would like to update us about your research or to submit an article about an event you have hosted, please send your article to the address below. Submissions should be no long than 1000 words. If you are posting your submission please ensure you include an electronic copy on a PC formatted floppy disk.

## Contact AHRF News

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