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**Journal Articles
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ACSA Information Services Current Awareness Service

GUIDE TO USE

This list contains references to articles held in journals in the ACSA Library. Articles are listed under subject headings to make them easy to find. Please refer to the table of contents for the subjects included in this issue. You can request copies of these articles by following the instructions below.

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HIV/AIDS Journal Articles Index

GAY MEN

6504

"Dual identity among gay Asian Pacific Islander men"

Location:

AA VERTICAL FILE - GAY MEN - GM 42

Publication Type:

JOURNAL ARTICLE

by Operario, Don ; Han, Chong-suk ; Choi , Kyung-Hee

CULTURE, HEALTH & SEXUALITY

Volume: 10 Issue: 5 Day: Month: June Year: 2008 Page numbers: pp 447-461

Subjects:

1. GAY MEN 2. GAY MEN-PSYCHOSOCIAL ASPECTS 3. CULTURAL ASPECTS

Abstract:

This paper examines the complexity associated with having two potentially conflicting social identities in the USA: being Asian Pacific Islander and being gay. Twenty-five gay Asian Pacific Islander men completed individual interviews regarding their racial and sexual identities and the intersection between the two. Data analysis revealed diversity in ways by which individuals integrated their dual identities and expressed themselves to others; pathways by which individuals combined their race and sexuality into a coherent self-concept; and strategies for maintaining harmony and balance in self understanding. Findings emphasized the role of situational factors in determining the salience and relevance of each component of identity. Their experiences are discussed in the light of theoretical models of psychosocial development and frameworks for understanding self-concept complexity.

6505

"Understanding why gay men seek HIV-seroconcordant partners: Intimacy and risk reduction motivations"

Location:

AA VERTICAL FILE - GAY MEN - GM 43

Publication Type:

JOURNAL ARTICLE

by Frost, David M ; Stirratt, Michael J ; Ouellette, Suzanne C

CULTURE, HEALTH & SEXUALITY

Volume: 10 Issue: 5 Day: Month: June Year: 2008 Page numbers: pp 513-527

Subjects:

1. GAY MEN 2. GAY MEN WITH HIV-RISK BEHAVIOUR 3. GAY MEN-RISK BEHAVIOUR 4. GAY MEN-RELATIONSHIPS 5. GAY MEN WITH HIV-RELATIONSHIPS

Abstract:

Our goal was to situate the interest of some gay men in having HIV-seroconcordant partners within the psychosocial context of concurrent motivations for intimacy and sexual risk reduction. Data were obtained from semi-structured qualitative interviews with a racially/ethnically diverse sample of 32 gay men (16 HIV-positive and 16 HIV-negative) living in New York City who sought HIV-seroconcordant partners. Thematic analysis indicated that seroconcordant partner selection was strongly motivated by a desire to reduce

sexual risk as well as the pursuit of multiple forms of intimacy. Affirmative experiences in seroconcordant relationships and goals for future long-term relationships also informed men's current partner selection practices. When seeking seroconcordant partners, men reported key junctures and disjunctures between motivations for intimacy and interests in risk reduction. Our findings suggest that HIV prevention efforts will have greater relevance if they address broader motivational concerns for partner selection and serosorting, including the pursuit of intimacy.

GLOBAL EPIDEMIC

6491

"The two HIV/AIDS pandemics"

Location:

AA VERTICAL FILE - GLOBAL EPIDEMIC - 31

Publication Type:

NEWSLETTER

by Bowtell, Bill

DIVERSITY NEWS Multi-cultural HIV/AIDS and Hepatitis C Service, NSW

Volume: Issue: 8 Day: Month: Year: 2008 Page numbers: pp 8-9

Subjects:

1. GLOBAL EPIDEMIC 2. PUBLIC HEALTH 3. GOVERNMENT RESPONSES

Abstract:

Opinion piece by Bill Bowtell, former Prime Ministerial advisor and director of the HIV/AIDS Project at the Lowy Institute. Author suggests that there are two HIV epidemics, the first in sub-saharan Africa and the second in south-east Asia, and that these distinct epidemics demand differing responses.

HEALTH & FINANCIAL ISSUES

6495

"Truth and consequences: a qualitative exploration of HIV disclosure in older adults"

Location:

AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 47

Publication Type:

JOURNAL ARTICLE

by Emlet, C A

AIDS CARE

Volume: 20 Issue: 6 Day: Month: July Year: 2008 Page numbers: pp 710-717

Subjects:

1. HIV POSITIVE PEOPLE 2. OLDER PEOPLE 3. DISCLOSURE OF HIV POSITIVE STATUS

Abstract:

While the number of older adults living with HIV/AIDS has increased substantially in recent years, research on HIV disclosure among this population is extremely limited. Studies on disclosure have typically not recruited older persons or have excluded age as a variable in the analysis. This study reports qualitative data from 25 in-depth interviews with older adults living with HIV disease. The ages ranged from 50-72 (mean 56.1; SD = 5.75). The interviews resulted in a model of disclosure patterns consisting of seven themes including protective silence, anticipatory disclosure, violations of confidentiality, unintentional disclosure and intentional disclosure. Approximately one quarter of informants had the

confidentiality of their HIV status violated by others. Reasons for disclosure and non-disclosure given by older persons were similar to research among younger persons. Older individuals who intentionally disclosed their status to the broader society held generativity and the education of others (particularly younger adults) as important reasons for their actions.

HEPATITIS

6489

"Prisons, hep C and harm minimisation"

Location:

AA VERTICAL FILE - HEPATITIS - HEP 37

Publication Type:

NEWSLETTER

by Levy, Michael

THE HEP C REVIEW

Volume: Issue: 61 Day: Month: June Year: 2008 Page numbers: pp 32-33

Subjects:

1. HEPATITIS C 2. PRISONS(AUST) 3. PRISONS-SEROPREVALENCE 4. PUBLIC HEALTH(AUST)

Abstract:

The Australian response to illicit drugs is directing a disproportionate burden of drug related illness including HCV infection, into the prison system. Not only is there a high level of HCV infection amongst those entering prison, but there is a high risk of contracting HCV in prison. Given the mobility of prisoners between community and prison, the public health repercussions for the whole community are great.

6490

"Highlights from the Everyday Lives social research conference"

Location:

AA VERTICAL FILE - HEPATITIS - HEP 38

Publication Type:

NEWSLETTER

by Thomas, Christina

THE HEP C REVIEW

Volume: Issue: 61 Day: Month: June Year: 2008 Page numbers: pp 18-19

Subjects:

1. HEPATITIS C 2. CONFERENCES

Abstract:

The Everyday Lives conference was held in Sydney on 27-28th March 2008. It brought together a range of people working in social research, medical, community and health planning fields. This article contains highlights of the conference presentations including work on living with hepatitis C; indigenous issues; health promotion and peer support; and drug use.

PREVENTION

6493

"A static epidemic"

Location:

AA VERTICAL FILE - PREVENTION - PV 51

Publication Type:

JOURNAL ARTICLE

by McEnery, Regina

IAVI REPORT

Volume: 12 Issue: 3 Day: Month: May-June Year: 2008 Page numbers: pp1, 7-10

Subjects:

1. SEROPREVALENCE 2. PREVENTION AND CONTROL 3. UNITED STATES OF AMERICA

Abstract:

New estimates show that public health efforts in the U.S. have had little success controlling the number of new HIV infections over time.

6502

"The Safety of Adult Male Circumcision in HIV-Infected and Uninfected Men in Rakai, Uganda"

Location:

AA VERTICAL FILE - PREVENTION - PV 52

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Kigozi, Godfrey

PLOS MEDICINE

Volume: 5 Issue: 6 Day: Month: June Year: 2008 Page numbers: pp 0911-0917

Also available online <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0050116>

Subjects:

1. CIRCUMCISION 2. PREVENTION AND CONTROL 3. AFRICA

Abstract:

Background

The objective of the study was to compare rates of adverse events (AEs) related to male circumcision (MC) in HIV-positive and HIV-negative men in order to provide guidance for MC programs that may provide services to HIV-infected and uninfected men.

Methods and Findings

A total of 2,326 HIV-negative and 420 HIV-positive men (World Health Organization [WHO] stage I or II and CD4 counts > 350 cells/mm³) were circumcised in two separate but procedurally identical trials of MC for HIV and/or sexually transmitted infection prevention in rural Rakai, Uganda. Participants were followed at 1–2 d and 5–9 d, and at 4–6 wk, to assess surgery-related AEs, wound healing, and resumption of intercourse. AE risks and wound healing were compared in HIV-positive and HIV-negative men. Adjusted odds ratios (AdjORs) were estimated by multiple logistic regression, adjusting for baseline characteristics and postoperative resumption of sex. At enrollment, HIV-positive men were older, more likely to be married, reported more sexual partners, less condom use, and higher rates of sexually transmitted disease symptoms than HIV-negative men. Risks of moderate or severe AEs were 3.1/100 and 3.5/100 in HIV-positive and HIV-negative participants, respectively (AdjOR 0.91, 95% confidence interval [CI] 0.47–1.74). Infections were the most common AEs (2.6/100 in HIV-positive versus 3.0/100 in HIV-negative men). Risks of other complications were similar in the two groups. The proportion with completed healing by 6 wk postsurgery was 92.7% in HIV-positive men and 95.8% in HIV-

negative men ($p = 0.007$). AEs were more common in men who resumed intercourse before wound healing compared to those who waited (AdjOR 1.56, 95% CI 1.05–2.33).

Conclusions

Overall, the safety of MC was comparable in asymptomatic HIV-positive and HIV-negative men, although healing was somewhat slower among the HIV infected. All men should be strongly counseled to refrain from intercourse until full wound healing is achieved.

SCIENCE & RESEARCH

6497

"The greater involvement of people living with AIDS principle: theory versus practice in Ontario's HIV/AIDS community-based research sector"

Location:

AA VERTICAL FILE - SCIENCE & RESEARCH - SR 44

Publication Type:

JOURNAL ARTICLE

by Travers, R et al

AIDS CARE

Volume: 20 Issue: 6 Day: Month: July Year: 2008 Page numbers: pp 615-624

Subjects:

1. SOCIAL RESEARCH 2. HIV POSITIVE PEOPLE

Abstract:

Drawing on the Greater Involvement of People with HIV/AIDS (GIPA) principle, the HIV/AIDS movement began to "democratize" research in Canada in the mid-1990s. To date, there is little evidence about the success of the community-based research (CBR) movement in relation to the implementation of GIPA. We draw on findings from a larger study examining barriers and facilitating factors in relation to HIV-related CBR in Ontario, Canada. An online survey was completed by 39 senior managers in Ontario AIDS service organizations (ASOs). Twenty-five in-depth, semi-structured interviews were then conducted to further explore the survey findings. Survey respondents reported that, compared to researchers and frontline service providers, people living with HIV/AIDS (PLWHA) tended to be the least involved in all stages (input, process and outcome) of CBR projects. AIDS service organizations with a mandate that included serving rural and urban communities reported even lower levels of PLWHA involvement in CBR. Qualitative data reveal complex barriers that make meaningful PLWHA engagement in CBR difficult, including: HIV-related stigma; health-related challenges; "credentialism"; lack of capacity to engage in research; other issues taking priority; and mistrust of researchers. Facilitating factors included valuing lived experience; training and mentoring opportunities; financial compensation; trust building; and accommodating PLWHA's needs. While there is strong support for the GIPA principles in theory, practice lags far behind.

SEXUALLY TRANSMITTED INFECTIONS

6503

"Effect of a Brief Video Intervention on Incident Infection among Patients Attending Sexually Transmitted Disease Clinics"

Location:

AA VERTICAL FILE - SEXUALLY TRANSMITTED INFECTIONS - STD 31

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Warner, Lee et al

PLOS MEDICINE

Volume: 5 Issue: 6 Day: Month: June Year: 2008 Page numbers: pp 0919-0927

Also available online at <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0050135>

Subjects:

1. SEXUALLY TRANSMITTED INFECTIONS 2. PREVENTION AND CONTROL

Abstract:

Background

Sexually transmitted disease (STD) prevention remains a public health priority. Simple, practical interventions to reduce STD incidence that can be easily and inexpensively administered in high-volume clinical settings are needed. We evaluated whether a brief video, which contained STD prevention messages targeted to all patients in the waiting room, reduced acquisition of new infections after that clinic visit.

Methods and Findings

In a controlled trial among patients attending three publicly funded STD clinics (one in each of three US cities) from December 2003 to August 2005, all patients (n = 38,635) were systematically assigned to either a theory-based 23-min video depicting couples overcoming barriers to safer sexual behaviors, or the standard waiting room environment. Condition assignment alternated every 4 wk and was determined by which condition (intervention or control) was in place in the clinic waiting room during the patient's first visit within the study period. An intent-to-treat analysis was used to compare STD incidence between intervention and control patients. The primary endpoint was time to diagnosis of incident laboratory-confirmed infections (gonorrhea, chlamydia, trichomoniasis, syphilis, and HIV), as identified through review of medical records and county STD surveillance registries. During 14.8 mo (average) of follow-up, 2,042 patients (5.3%) were diagnosed with incident STD (4.9%, intervention condition; 5.7%, control condition). In survival analysis, patients assigned to the intervention condition had significantly fewer STDs compared with the control condition (hazard ratio [HR], 0.91; 95% confidence interval [CI], 0.84 to 0.99).

Conclusions

Showing a brief video in STD clinic waiting rooms reduced new infections nearly 10% overall in three clinics. This simple, low-intensity intervention may be appropriate for adoption by clinics that serve similar patient populations.

TESTING

6498

"Is HIV Screening in the Labor and Delivery Unit Feasible and Acceptable in Low-Income Settings?"

Location:

AA VERTICAL FILE - TESTING - TES 27

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Celentano, David D

PLOS MEDICINE

Volume: 5 Issue: 5 Day: Month: May Year: 2008 Page numbers: pp 0693-0694

Subjects:

1. HIV TESTING 2. WOMEN-HIV TESTING 3. PREGNANCY

Abstract:

This Perspective discusses the following new study published in PLoS Medicine: Pai NPP, Barick R, Tulsy JP, Shivkumar PV, Cohan D, et al. (2008) Impact of

round-the-clock, rapid oral fluid HIV testing of women in labor in rural India. *PLoS Med* 5(5): e92. doi: 10.1371/journal.pmed.0050092 Nitika Pant Pai and colleagues report the results of offering a round-the-clock rapid HIV testing program in a rural labor ward setting in India.

6500

"Impact of Round-the-Clock, Rapid Oral Fluid HIV Testing of Women in Labor in Rural India"

Location:

AA VERTICAL FILE - TESTING - TES 28

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Pant Pai, Nitikia et al

PLOS MEDICINE

Volume: 5 Issue: 5 Day: Month: May Year: 2008 Page numbers: pp 07698-0776

Also available online at <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0050092>

Subjects:

1. HIV TESTING 2. WOMEN-HIV TESTING 3. PREGNANCY

Abstract:

In a busy rural labor ward setting in India, we demonstrated that it is feasible to introduce a program of round-the-clock rapid HIV testing, including prepartum and extended postpartum counseling sessions. Our data suggest that the availability of round-the-clock rapid HIV testing resulted in successful documentation of HIV serostatus in a large proportion (82%) of rural women who were unaware of their HIV status when admitted to the labor room. In addition, 11 (73%) of a total of 15 HIV-positive women received PMTCT interventions because of round-the-clock rapid testing in the labor ward. These findings are relevant for PMTCT programs in developing countries.

TRANSMISSION

6494

"Most HIV Cases Traced to Transmission of Single Virus, Study Finds"

Location:

AA VERTICAL FILE - TRANSMISSION - TRM 43

Publication Type:

ARTICLE (ONLINE)

THE BODY

Volume: Issue: Day: 22nd Month: May Year: 2008 Page numbers: Also available online at <http://www.thebody.com/content/toparts/art46819.html>

Subjects:

1. HIV 2. TRANSMISSION 3. VACCINES

Abstract:

Most HIV cases can be traced to the transmission of a single virus, according to a study published online Monday in the Proceedings of the National Academies of Science, the Birmingham News reports. According to researcher George Shaw, a professor at the University of Alabama-Birmingham, the findings are surprising and could have an impact on HIV/AIDS vaccine development.

TREATMENTS

6501

"Pharmacy Refill Adherence Compared with CD4 Count Changes for Monitoring HIV-Infected Adults on Antiretroviral Therapy"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 139

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Bisson, Gregory P et al

PLOS MEDICINE

Volume: 5 Issue: 5 Day: Month: May Year: 2008 Page numbers: pp 0777-0789

Also available online at <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0050109>

Subjects:

1. ANTIRETROVIRAL TREATMENTS 2. COMPLIANCE 3. CD4 COUNT

Abstract:

Pharmacy refill adherence assessments were as accurate as CD4 counts for detecting current virologic failure in this cohort of patients on cART and have the potential to predict virologic failure before it occurs. Approaches to cART scale-up in resource-limited settings should include an adherence-based monitoring approach.

WOMEN

6492

"Small loans: big hopes"

Location:

AA VERTICAL FILE - WOMEN - WOM 76

Publication Type:

JOURNAL ARTICLE

by Zandonella, Catherine

IAVI REPORT

Volume: Issue: Day: Month: May-June Year: 2008 Page numbers: pp11-14

Subjects:

1. WOMEN 2. AFRICA

Abstract:

Reports on a microfinance project with women in Nairobi, Kenya aimed at reducing their risk of acquiring HIV.

6496

"Desire for motherhood: exploring HIV-positive women's desires, intentions and decision-making in attaining motherhood"

Location:

AA VERTICAL FILE - WOMEN - WOM 77

Publication Type:

ARTICLE (ONLINE)

by Kanniappan , S ; Jeyapaul , M J ; Kalyanwala , S

AIDS CARE

Volume: 20 Issue: 6 Day: Month: July Year: 2008 Page numbers: pp 625-630

Subjects:

1. WOMEN 2. PREGNANCY

Abstract:

With access to prevention of parent-to-child transmission (PPTCT) and antiretroviral therapy (ARV), people living with HIV/AIDS are better able to consider childbearing and parenthood. However, there is limited understanding of the reproductive healthcare needs and the impact of infection on the fertility desires of women living with HIV/AIDS. Research on the relationship between fertility and HIV/AIDS has been largely clinical, focusing on the ability of women living with HIV/AIDS (WLHA) to conceive or their pregnancy outcomes. This paper describes the findings of a qualitative study undertaken in Namakkal district, Tamil Nadu, India that aimed to explore fertility desires, intentions and fertility decision-making in WLHA and the barriers they face in fulfilling these desires. In-depth interviews were held with selected 43 currently married WLHA aged 18-35 years and 10 key informants. The women were classified according to whether or not they had living children and, within that, whether they had experienced abortion, wanted more or any children or were pregnant. The main factors distinguishing women who wanted to have a child and those who did not were their levels of anxiety about the future and available family support. Women who indicated that they did not have family support and were stigmatised by the family were reluctant to opt for a pregnancy as they were not sure of the future, including child care in event of parental death. In contrast, those women who decided to have a child did so based on family support, especially when family members offered to take care of the child in the future in the event of parental death. Awareness and access to PPTCT and ARV was another key factor guiding the final decision on child bearing. Findings highlight the need for further research on issues faced by WLHA in fulfilling their fertility desires and intentions and for programmes that both enable WLHA to exercise informed choice in meeting their fertility desires and sensitise healthcare providers about these needs.

6506

"Sex and the 'recently single': perceptions of sexuality and HIV risk among mature women and primary care physicians"

Location:

AA VERTICAL FILE - WOMEN - WOM 78

Publication Type:

JOURNAL ARTICLE

by Grant, Kathryn ; Ragsdale, Kathleen

CULTURE, HEALTH & SEXUALITY

Volume: 10 Issue: 5 Day: Month: June Year: 2008 Page numbers: pp 495-511

Subjects:

1. WOMEN 2. WOMEN-RISK BEHAVIOUR 3. HEALTH CARE WORKERS-ATTITUDES

Abstract:

Primary care physicians may mistakenly conclude that sexual issues are unimportant to divorced or widowed mature women, based on age and gender biases. Although research suggests that many single mature women are sexually active, physicians are often reluctant to discuss sexual matters with them. Structured and open-ended interviews explored perceptions regarding mature women's sexuality and HIV-related risk for patient-physician communication among 44 'recently single' mature women aged 45-68 and 31 primary care physicians. Age and ethnic group comparisons with the mature women suggest that younger and African-American women reported higher HIV and STI risk perception than older and White women. Many mature women (64%) believed that they were at-risk for HIV and STIs, whereas physicians considered younger

patients most at-risk and that risk declined with patients' advancing age and with female status. Mature women and physicians had different expectations regarding initiation of clinical sexual health discussions, with 44% of the mature women placing the onus of responsibility on the patient, whereas 74% of physicians believed it was the role of both doctors and patients to bring up these topics. The findings are instructive to primary care physicians and healthcare policy makers, indicating that sexual health issues are relevant to mature women's continued health and well-being.

