

# AIDS briefs

## *Beliefs about gender equality predict multiple concurrent sexual partnerships*

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Beliefs about gender equality are strongly predictive of multiple concurrent partnerships and HIV risk behaviours in South Africa, suggesting that better prevention of HIV could be achieved with education campaigns that promote ideas of gender equality to men, and more frequent condom use to women, according to findings presented at the Fourth Southern African AIDS Conference in Durban.

Multiple partnering, often described as concurrency, is a strong risk factor for HIV and is believed by some scientists to be the key factor in explaining why HIV prevalence in southern Africa is so high compared with other regions on the Continent. However, despite some evidence of the dangers of the practice, little is known about it, particularly with regard to its interplay with condom use.

In order to better understand the role of concurrent partners and HIV risk, scientists at the Aurum Institute For Health Research examined the 2001 census and randomly sampled 16 of 154 areas in Rustenburg, South Africa. Fieldworkers then superimposed the population distribution onto a satellite map and performed interviews with people from 512 randomly chosen houses.

Residents in each dwelling were numbered and one of them was randomly subjected to an interview geared towards obtaining demographic information, beliefs about HIV vulnerability, condom use and perceptions of gender equality. The survey captured sexual acts that occurred 3 months before the interview. Multivariate logistic models were then used to analyse the data statistically.

Of the 351 people sampled, 59.8% were female and 84.9% black. Seventy-three per cent were sexually active and, of these, 9.7% admitted to having more than one sexual partner. Furthermore, only 56.1% of those surveyed reported using condoms (the definition of condom use included

all those who had used a condom once or more during the 3 months).

Men believing in greater gender equality were more likely (OR 95%, CI 0.30 (0.13 - 0.68)) to be monogamous while, paradoxically, women of the same belief were more likely to have multiple concurrent partners (OR 95%, CI 0.30 (0.13 - 0.68)).

The results suggest that beliefs about gender relations play a strong role in determining multiple concurrent partnering and HIV risk. Men are protected by believing in equality but women are at heightened risk.

The researchers call for more resources to be directed at gender equality campaigns and for women to be more actively encouraged to use condoms.

Latka M, *et al.* Factors associated with concurrent sexual partnering and condom use are not the same: Results from a Representative Household Survey in Rustenburg, South Africa (abstract 477). Fourth Southern African AIDS Conference, 31 March - 3 April 2009, Durban, South Africa.

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## *Integrated screening tool improves TB screening rate in HIV patients in Eastern Cape*

LESLEY ODENDAL

Integrating a TB screening tool into the adult clinical record (ACR) in antiretroviral facilities in the Eastern Cape has resulted in a significant increase in the number of HIV-positive people diagnosed with TB, say researchers from the International Centre for AIDS Care and Treatment Programs (ICAP).

Screening for TB is critical in HIV-positive people given the increased risk of infection and differences in clinical presentation.

Researchers Sabine Verkuijl and Jeanette Wessels from ICAP piloted the integration of TB screening into the adult clinical record in public health facilities in three subdistricts in the Eastern Cape.

The first step of the adult clinical record involves assessing if the patient who is

enrolled into HIV or antiretroviral care is symptomatic for TB, using a screening questionnaire.

Those patients who screen positive, meaning that they have 1 or more of 6 listed symptoms or signs, are then further investigated to confirm active TB. This includes investigations for pulmonary TB (sputum smears and/or culture, chest X-ray) and for extra-pulmonary TB (lymph node aspirates, pleural taps, abdominal ultrasound and other measures). If active TB is confirmed, TB treatment is started and these patients also receive co-trimoxazole prophylactic treatment.

Overall, the percentage of patients on antiretrovirals who were screened for TB increased from 73.2% to 95% between 2007 and 2008.

Of those screened, the percentage of patients with a positive symptom screen remained approximately the same, around 49% in both 2007 and 2008.

But of those with a positive screen, the percentage of patients diagnosed with TB decreased from 40.6% to 23.8%.

The data collected from the ACR allows for comparison of TB screening practices across regions and between facilities. In the ICAP-supported districts clear differences can be seen in the extent to which TB screening is routinely done. In Nelson Mandela Bay, almost all patients are routinely screened at enrolment into HIV care. In Buffalo City LSA (East London), only 35% of patients are screened, and less than 60% of those with a positive screen are investigated for TB.

The availability of these data allows for increased monitoring of the extent of TB screening for people in HIV care.

The proportion of HIV-positive people being screened for TB in South Africa is exceptionally low, with an average of only 40% in 2007. For the Eastern Cape Department of Health, this is significantly lower at 27% in 2007.

The main advantages of the integrated screening tool in the clinical record are for the quality and continuity of care. It reminds clinicians to screen for active TB at each and every visit for patients enrolled in HIV care and on antiretroviral treatment.

It also prevents unmasking of TB through immune reconstitution inflammatory syndrome (IRIS) in patients with lower CD4 counts.

Ruling out TB through the ACR is also crucial for the correct implementation of isoniazid preventive therapy (IPT).

The ACR also allows the clinician to monitor TB investigation results, TB treatment progress and TB treatment outcome. Essentially, the ACR improves practical integration between the HIV and TB programme.

In order to get feedback from users in the facilities, an 8-question questionnaire was administered in facilities in the Nelson Mandela Bay Municipality. Respondents were asked to indicate on a scale of 1 - 5 whether or not they agreed with different statements regarding the ease of use of the ACR and the perceived impact on the quality of care. Feedback was generally very positive, with scores between 4.6 and 5.0.

The operating characteristics of the TB screening questionnaire, including the

sensitivity and specificity of the symptoms and signs, will be assessed in a public health evaluation in two ICAP-supported facilities.

Wessels J, *et al.* Integration of a TB screening tool into a comprehensive HIV adult clinical record in the Eastern Cape, South Africa (abstract 485). Fourth Southern African AIDS Conference, 31 March - 3 April 2009, Durban, South Africa.

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**BRIDGET FARHAM**

## Single suture

### Coating that protects fetus' skins accelerates healing

An artificial version of vernix caseosa could speed up wound healing and treat eczema. Natural vernix caseosa contains a mixture of fatty compounds that provide protection and waterproofing for the fetus. It also contains dead cells called corneocytes, which store large amounts of water and ensure that the fetus does not become dehydrated. It may also act as a barrier to infections.

Joke Bouwstra and Robert Rissmann at Leiden University in the Netherlands mixed a range of fatty compounds, including lanolin, fatty acids, ceramides and cholesterol with particles made of a water-storing hydrogel. They then rubbed this cream onto mice, missing a patch of their skin. The treated mice healed three times faster than untreated ones.

Rissmann R, *et al.* *Int J Pharm* 2009; doi:10.1016/j.ijpharm.2009.01.013.