

# Challenges

durex network - Raising awareness of sexual health across the globe  
Issue 4, 2010

## Studies reveal that girls are maturing earlier

A number of recent studies carried out on both sides of the Atlantic have indicated that girls are reaching puberty at an increasingly early age

The findings that girls are maturing earlier have implications for sexual health as it is believed these girls tend to have sexual intercourse younger and go on to have more sexual partners than those who are later developers.

They are also thought to be at greater risk of sexually transmitted infections and more likely to have a teenage pregnancy.

A study of more than 1,200 girls from Cincinnati, New York and San Francisco was published this summer in the online journal *Pediatrics*. This showed that girls are now more likely to start developing breasts at the age of seven or eight than those of the same age born 10-30 years earlier.

Among seven-year-olds, more than 10 per cent of white girls, 23 per cent of black girls and almost 15 per cent of Hispanic girls had started developing breasts. Among eight-year-olds, the proportion rose to 18 per cent, 43 per cent and 31 per cent respectively.

Similar studies have also been carried out in other parts of the world. Research by the Department of Growth and Reproduction at the University Hospital in Copenhagen found that breast

development in a sample of 1,000 girls began on average at the age of nine years and 10 months. A similar study 15 years before found the same developments taking place a year later.

Further research is being carried out to pinpoint the cause of earlier puberty in girls, however the focus now should be on practical matters, believes Dr Warren Seigel, a member of the American Academy of Pediatrics' Committee on Adolescence.

"It's a little concerning, because we know that girls who develop early have significant social problems," said Dr Seigel.

Dr. Seigel recommends that paediatricians begin discussing sex education with patients before they become teenagers. He said such discussions should be based on a patient's physical and cognitive development, as well as their age. ■



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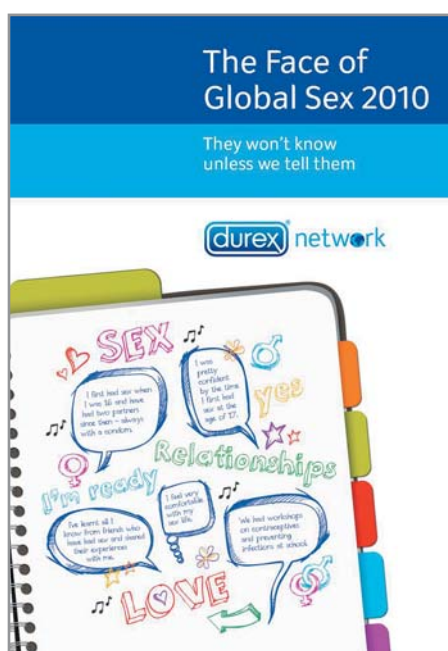
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# Assessing the impact of sex education on the sexual health of young Europeans

The latest Durex Network study reveals that young Europeans need greater knowledge if they are to protect their sexual health

The 2010 Face of Global Sex report examines the sexual health knowledge, attitudes and practices (KAP) of young people in 15 countries across Europe.



The report – *They won't know unless we tell them* – was conducted as an online survey of 15 to 20-year-olds. It included nine Western European countries – Austria, Belgium, France, Germany, Spain, Switzerland, Italy, Netherlands and the UK – and six in Eastern Europe – Hungary, Lithuania, Poland, Romania, Slovenia and Turkey.

The questions explored differences in levels of KAP and whether these can be explained by such factors as age, gender, age at first sex education, country or region of residence, source of sex education or relationship status.

More than 15,000 responses were received and the results revealed a high degree of ignorance of sexually transmitted infections (STIs) across the continent.

For example, in Eastern Europe, 36 per cent of people wrongly believed they could catch an STI from a toilet seat, while in Western Europe almost a quarter (24 per cent) thought this was the case. Overall, 28 per cent of Europeans believed they could catch STIs that way, with Turkey (44 per cent) having the highest figure and France (18 per cent) the lowest (see Table 1).

The results were equally worrying when it came to young people's perceived chances of them catching STIs. German respondents showed the greatest awareness, but even here as many as 45 per cent felt they were at little or no risk, with the proportion rising to 84 per cent in Spain and 86 per cent in Poland (see Table 2).

Almost nine out of 10 Western Europeans (87 per cent) said they would use a condom when having sex with a new partner – slightly more than young people in Eastern Europe (83 per cent). The country with the highest proportion saying they would use protection was Spain (95 per cent), and the country with the lowest was Turkey (61 per cent).

In total, a quarter of young people from across Europe had not used contraception – Hungary and Lithuania (both 45 per cent) had the highest proportion of non-users (see Table 3), while the Swiss were the most careful (15 per cent).

The lack of knowledge of the risks they were taking with STIs was reflected in the way that young Eastern Europeans regarded their sex lessons at school, with nearly six out of 10 (57 per cent) saying that their teachers did not have enough training to deliver sex education.

Almost half of Western European respondents (48 per cent) felt the same way, with a level of dissatisfaction ranging from almost three quarters of the Turks (73 per cent) to just over a third of the French (37 per cent).

The report also revealed that, overall, Western European countries had higher KAP scores than Eastern European countries and that females tended to score higher than males.

TABLE 1

Country	STIs can be transmitted by...				
	Blood donation/transfusion	Using public toilets	Through kissing	Unprotected sex between a man and a woman	Unprotected sex between men
Austria	85.9%	26.9%	16.0%	98.1%	85.1%
Belgium	89.6%	19.2%	24.6%	98.5%	90.1%
France	87.2%	18.0%	14.3%	98.3%	94.0%
Germany	87.2%	28.8%	17.9%	97.3%	82.5%
Hungary	88.9%	40.2%	27.6%	96.2%	87.7%
Italy	86.3%	33.8%	24.2%	96.0%	80.6%
Lithuania	91.4%	30.7%	29.0%	98.1%	74.4%
Netherlands	86.4%	22.9%	26.3%	99.3%	95.0%
Poland	87.9%	24.9%	16.8%	98.1%	80.4%
Romania	92.4%	40.3%	25.4%	97.8%	76.7%
Slovenia	86.8%	29.4%	24.1%	98.0%	83.9%
Spain	88.4%	27.9%	26.5%	98.3%	89.5%
Switzerland	86.0%	21.4%	13.6%	97.3%	88.0%
Turkey	86.6%	44.4%	46.9%	90.5%	56.4%
United Kingdom	87.9%	24.5%	25.1%	97.5%	92.5%

Almost a third of Eastern European respondents (32 per cent) said they had not used any form of contraception the last time they had sex, while for Western Europe the figure was significantly lower at 22 per cent.

Throughout Europe, higher KAP scores were achieved if individuals had received sex education information from parents, teachers or health professionals.

Continued on page 3

## The Face of Global Sex reports

The Face of Global Sex reports are authoritative scientific studies researched and written by global sexual health professionals.

They provide in-depth statistical analysis on a specific question linked to key sexual health issues. The analysis is performed on data gathered from responses to Durex surveys. *They won't know unless we tell them* is the fifth report in the series. Previous studies have included:

- ◆ *The Challenges of Unprotected Sex* – the first report, published in 2005. This identified the factors that led people to have sex without protection.
- ◆ *First Sex: An Opportunity of a Lifetime* – the second report, published in 2007, explored the influence that variables such as gender, age and location have on the use of contraception at first sex.
- ◆ *A Path to Sexual Confidence* – the third report was published in 2008 and focused on the factors most associated with sexual confidence around the world.
- ◆ *Sex and Relationships Education: Assessing the Gaps for Eastern European Youth* - the fourth report, published in 2009, looked at the predictors for perceived needs for further sex and relationships education among young Eastern Europeans.

The aim of the Face of Global Sex report series is to provoke debate in the international media and scientific forums about the importance of developing evidence-based sexual health interventions, and to provide pointers for future research and policy development.

Continued from page 2

Launching this latest report, Durex Network Vice President Peter Roach said:

“As the results show a clear gulf in scores between Eastern and Western Europe, this suggests it may be beneficial for policy makers across Europe to review their approaches and carry out further research to identify why such differences occur.

and input into the research for the 2010 Face of Global Sex. In their foreword to the report, YouAct representatives Mari-Claire Price and Fatma Hacıoglu said: “As an organisation working for and with young people in Europe, we welcome the Durex Network’s 2010 Face of Global Sex report and its findings. Research such as this helps to inform and support the work of organisations and young people focusing on sexual and reproductive health and rights.

effective programming and project implementation.

“YouAct is pleased to see the focus on the importance of understanding young people’s varied and complex experiences and needs and how recognising this diversity is key to developing effective programming for young people’s sexual and reproductive health. YouAct commends the Durex Network’s support for youth participation and for really recognising and seeking to improve the situation of young people across Europe.”

*They won't know unless we tell them* is the fifth report in the Durex Network’s Face of Global Sex research series and was released on November 1st 2010. The report is available online at [www.durexnetwork.org/en-gb/research/faceofglobalsex](http://www.durexnetwork.org/en-gb/research/faceofglobalsex) ■

“Another cause for concern is the low KAP score among young males in all the countries surveyed compared to young females. This significant gap in knowledge needs to be addressed urgently if the sexual health of future generations is to be protected.

“By raising these issues we hope that this report proves useful in helping to inform educationalists and policy makers in the creation of sex and relationships education initiatives in the future.”

Europe-wide sexual health charity YouAct helped to provide case studies

“It also provides evidence of the needs of young people, their experiences, attitudes and knowledge, which in turn leads to more well-informed, needs- appropriate and

*YouAct is a network of young sexual and reproductive health and rights activists in Europe. To learn more about the organisation, turn to page 7 or visit [www.youact.org](http://www.youact.org)*

TABLE 2

Country	How much risk of STIs				
	No risk at all	Little risk	Don't know	Moderate risk	Great risk
Austria	18.8%	32.5%	3.3%	34.6%	10.8%
Belgium	23.2%	47.1%	5.5%	19.2%	5.0%
France	23.3%	28.9%	11.0%	20.7%	16.1%
Germany	22.3%	22.8%	4.9%	30.5%	19.5%
Hungary	39.0%	36.2%	6.6%	15.1%	3.1%
Italy	24.3%	34.7%	5.0%	26.7%	9.3%
Lithuania	45.2%	30.8%	3.8%	13.0%	7.2%
Netherlands	27.8%	48.7%	4.5%	15.1%	3.9%
Poland	53.1%	32.5%	2.2%	9.6%	2.6%
Romania	44.1%	31.0%	5.8%	10.3%	8.8%
Slovenia	23.3%	33.8%	5.4%	25.9%	11.6%
Spain	36.1%	47.9%	4.2%	9.0%	2.8%
Switzerland	18.0%	34.7%	4.0%	31.3%	12.0%
Turkey	39.4%	22.6%	8.8%	14.1%	15.1%
United Kingdom	37.7%	42.1%	3.2%	12.9%	4.1%

TABLE 3

Country	Any form of contraception during last sexual intercourse		
	Yes	No	Don't know/cannot remember
Austria	80.3%	16.6%	3.1%
Belgium	77.6%	18.3%	4.1%
France	78.6%	18.9%	2.5%
Germany	74.9%	22.4%	2.7%
Hungary	51.3%	45.4%	3.3%
Italy	52.4%	43.9%	3.7%
Lithuania	49.2%	45.2%	5.6%
Netherlands	80.3%	17.5%	2.2%
Poland	70.4%	26.0%	3.6%
Romania	74.7%	20.0%	5.3%
Slovenia	75.0%	20.7%	4.3%
Spain	76.7%	18.8%	4.5%
Switzerland	81.8%	15.3%	2.9%
Turkey	58.4%	37.4%	4.2%
United Kingdom	78.3%	18.9%	2.8%

# Rise in STIs among younger adults

An ongoing rise in the UK's number of STIs will not be halted until there is better education for young people, the sexual and reproductive health organisation Marie Stopes International has warned

Figures released by the UK Health Protection Agency (HPA) showed that 482,696 new diagnoses were reported to the agency in 2009 from sexual health clinics and community-based chlamydia testing.

This total is almost 12,000 higher than in 2008 and continues a steady upward trend over the past decade. And, once again, the group most affected are 15 to 24-year-olds and particularly young women.

Marie Stopes International has also experienced an increase in demand for services in its nine British clinics. Helen Jenkins, the organisation's Contraception and Sexual Health specialist, said it was clear that some young people are not fully aware of how they can protect themselves against getting an STI.

"We fear that STI rates may continue to rise, particularly among young people, without increased access to comprehensive sex and relationships education in all British schools," she commented.

"Many teachers tell us that they don't have the confidence or information to teach sex and relationships education effectively, despite knowing that many of their students are sexually active."

According to the HPA, around two thirds of the new STI diagnoses in women were among those under the age of 25 years, accounting for 73 per cent of all new gonorrhoea diagnoses, 66 per cent of genital warts and 88 per cent of chlamydia.

The under-25s also made up over half of all the new STI diagnoses among men – including gonorrhoea (41 per cent), genital warts (47 per cent) and chlamydia (69 per cent). High rates of STI diagnoses were also found among men who have sex with men.



The peak age for an STI is between 19-20 years in women and between 20-23 years in men. And of all the 15-24 year olds diagnosed with an STI last year, around one in 10 of these is expected to become re-infected within 12 months.

Dr Gwenda Hughes, head of the HPA's STI section said: "Many studies have shown that young adults are more likely to have unsafe sex and often they lack the skills and confidence to negotiate safer sex.

"Re-infection is a worrying issue - the numbers we're seeing in teenagers are of particular concern as this suggests teenagers are repeatedly putting their own, as well as others, long-term health at risk from STIs."

Overall, the UK-wide figures showed year-on-year increases in chlamydia diagnoses of seven per cent, gonorrhoea (six per cent) and genital herpes (five per cent), while genital warts diagnoses stabilised with a 0.3 per cent decrease and syphilis with a one per cent decrease.

Dr Hughes said that the increase in diagnoses could be partly due to improved

testing programmes – such as the national chlamydia screening campaign. "However, we know that the rise in STIs is also due in part to unsafe sexual behaviour," she added.

At the same time as the number of gonorrhoea cases is rising, so is the potential resistance to drugs used to treat the infection. HPA scientists have seen an increase from 0.1 per cent in 2005 to 10.6 per cent in 2009 of bacteria which may be less likely to respond to the main antibiotic used in the UK.

Professor Cathy Ison, a gonorrhoea expert at HPA's Centre for Infections, said: "At the moment, the drugs we use in the UK are still effective for treating gonorrhoea. But our lab tests show that the bacteria are becoming less sensitive to these drugs and the worry is that we could see gonorrhoea become a very difficult infection to treat within the next five years, as elsewhere in the world.

"Potentially this means that in the case of gonorrhoea, practising safe sex may eventually be the only way of controlling the infection if new antibiotic treatments cannot be found." ■

# Taking testing to the people

A UK initiative to encourage young people to be tested for STIs such as chlamydia while they're out enjoying themselves looks set to be replicated in Australia.

The Terrence Higgins Trust (THT) has been offering tests to people in UK bars, clubs and festivals since 2008.

Men wanting a test are given a sample pot and asked to provide a discreet urine sample in a toilet cubicle, while women are provided with a self-administered swab.

Samples are collected and posted off to the laboratory, with the results available within a week. Negative results are given by text message and positive ones

through a phone call, with the THT providing antibiotics to treat the infection free of charge.

The THT started the service to make testing more convenient for people and help normalise sexual health practices.

Reports of its success have encouraged the National Centre for HIV Epidemiology and Research in Australia to set up a similar programme to encourage more STI checks.

Currently, only about four per cent of men and seven per cent of women aged between 16-25 in Australia get tested in any one year and it is hoped that the programme will lead to a significant increase in the future.

Meanwhile, a more direct sexual health testing programme is being launched in New York, where every patient receiving treatment for a non-life-threatening condition is being offered an on-the-spot HIV check.

An amendment to the New York state public health law now requires healthcare providers to offer the voluntary test to all patients between the ages of 13-64 in a hospital, a hospital emergency room, a doctor's surgery or outpatient clinic.

Under the state's former law, patients had to provide written consent for an HIV test; however the amendment now allows oral consent to be given there and then. ■

## Czech climb-down over sex education

The Czech government has bowed to criticism from parents' groups and withdrawn the country's first-ever guidelines for sex education in schools.

The "Sex Education: Selected Topics" guidelines were launched earlier this year and immediately drew criticism from the Catholic Church.

The Czech Bishops' Conference denounced the recommendations as imposing a moral threat to youth which it claimed was "criminal in nature" by failing to teach children responsible sexual behaviour.

However, at the time, the Education Ministry stood by its decision, saying sex education was needed as part of a holistic approach to promote and protect health in schools.

What the Ministry wasn't ready to withstand was a later broadside from the Committee for Protection of Parental Rights (VORP). The parents' group said it was shocked by the guide's assertion that a child has the right to information

regardless of parental consent. In addition, VORP said the guide's contention that "safe sex does not exist" is an 'outrageous' attempt to horrify children.

"I do not want my kid to learn about sexually transmitted diseases at the age of 10," said Anna Brychtová, spokeswoman for VORP. "This would be the age to start talking about getting your first period rather than scaring the poor child in advance."

As a result of VORP's opposition, the guidelines have been retracted and Education Minister Josef Dobe has written to all schools asking them to consult with parents about the content and form of sex education in advance. If the parents say the education goes against their moral beliefs, the school is obliged to provide alternative classes.

The climb-down has disappointed those who have been campaigning for a more comprehensive programme of sex education in Czech schools.

Hanka Fiková, a sexologist and one of the guide's co-authors, said the protests had only come from those who had been expected to object all along.

"They simply do not consider it important to teach kids about efficient protection from HIV/AIDS and other dangerous illnesses, unwanted pregnancies or sexual abuse," she commented. "For children whose families do not talk about sex, the school is the only and basic source of truthful and unbiased information." ■



Minister Joseph Dobe has retracted the guidelines

# What is the media teaching about sexual health?

The entertainment industry in the United States is being urged to take more responsibility for the sexual health messages that it's sending out to teenage viewers.

The American Academy of Pediatrics (AAP) has said broadcasters should be encouraged to produce more programming that contains responsible sexual content, focusing on the interpersonal relationship in which sexual activity takes place.

In a revised policy statement on "Sexuality, Contraception, and the Media", the AAP also calls on paediatricians and parents to be more cognisant of the sexual material that teens are exposed to through television,

music, the Internet and other media. Victor Strasburger, a professor of paediatrics at the University of New Mexico School of Medicine and the lead author of the statement, said, "The media represents arguably the leading sex educator in America today.

"We do such a poor job of educating kids about sex in sex education classes in school, and parents are notoriously shy about talking to kids about sex. The media picks up the slack."

Dr Strasburger outlined that 70 per cent of shows aimed at teenagers contain sexual content, and "less than 10 per cent of that content involves what anyone would classify as being responsible content". He said there is little mention of

contracting an STI or the need to wait to have sex until later.

The AAP has criticized US television networks for screening commercials for erectile dysfunction drugs before 10 pm, while at the same time rarely showing commercials for birth control pills, condoms or emergency contraception. "We're doing things completely backwards," Dr Strasburger commented.

The policy statement recommends that paediatricians should quiz their patients on whether they have a TV or Internet connection in their bedroom and how much time they spend each day in front of the screen.

In addition, parents are being advised to monitor their children's use of social networking websites. ■

## More finance needed for research into HIV gel

Although the announcement that a microbicide gel could significantly reduce HIV infections in women was widely welcomed this summer, financial support has so far been far less forthcoming.

The New York Times has reported that donors have not committed enough money for even one of the two studies needed to confirm the efficacy of the gel, which contains the antiretroviral drug tenofovir. Only about \$58 million of the \$100 million needed for follow-up research has been pledged.

The announcement came at the end of a two-and-a-half-year-old CAPRISA trial that had followed nearly 900 HIV-negative, sexually active South African women between the ages of 18 and 40 to determine how safe and effective tenofovir gel was in preventing HIV infection.

Researchers found that, overall, the gel reduced infection by 39 per cent after 30

months. Among women who used the drug consistently, infection was reduced by 54 per cent.

Dr. Kevin Fenton, director of the US National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, part of the Centers for Disease Control, said the results were an exciting step forward.

"While these findings may need to be confirmed by other research to meet requirements for licensure by FDA and other regulatory bodies throughout the world, they suggest that we could soon have a new method to help reduce the heavy toll of HIV among women around the world," he commented.

"It is also very encouraging that the study found that the microbicide significantly reduced the risk of genital herpes (HSV-2), which is common in developing countries and in the United States, and facilitates HIV transmission."

However, the question remains unanswered as to when this other research to meet the FDA requirements will be carried out.

There is also some concern that the faith put in the gel may make people less cautious about always using condoms.

Principal Investigator of the CAPRISA study, Professor Quarraisha Abdool Karim, has urged women to continue to use condoms as protection during sexual intercourse. She said double protection is required. ■



Dr Abdool Karim (left) explains how to use an applicator to women taking part in the trial

# Young people give voice to the need for change



YouAct is a youth organisation working in the field of sexual and reproductive health and rights. Challenges spoke to YouAct's Co-ordinator Mari-Claire Price to find out more

YouAct was established in 2004 by EuroNGOs and CHOICE for Youth and Sexuality, operating for its first five years under the World Population Foundation (WPF) to help give a greater voice to young people across Europe. Since then, its members have been working hard to make that voice heard and in 2009, YouAct became an independent youth-led NGO.

Currently, there are 26 members from 15 Council of Europe states who between them bring wide-ranging experience as volunteers, activists and peer educators in Sexual and Reproductive Health and Rights (SRHR) in their national countries and regionally.

"Although the membership is very diverse in terms of the countries we live in, we are all young people under the age of 29 who share the common vision of wanting to get involved in SRHR advocacy and projects at national, regional and international levels and to lead change," Mari-Claire explained.

"Our mission is to achieve a world in which every individual's sexual and reproductive rights are realised and where meaningful youth participation is integrated into policy and decision-making at all levels."



YouAct members get their message across at this year's International AIDS Conference

Last year, YouAct became an independent, non-profit making organisation. This was seen as a way of further strengthening the network as a youth-led organisation, where young people shape the strategic direction and lead on implementing the projects and decision making.

As the organisation's UK-based co-ordinator, 26-year-old Mari-Claire is its only salaried member of staff and before taking up the post in 2009 had been a YouAct member for more than two years.

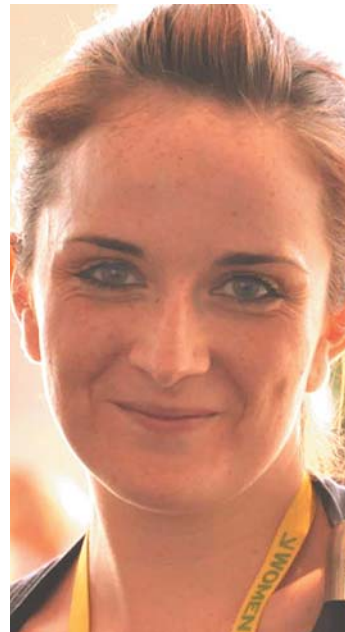
Although YouAct's full membership only comes together once a year, the close contact kept through phone calls, emails, and on-line meetings allows them to work together across borders with synergy on a wide range of projects.

"Much of our work is advocacy focused and also training of young people to raise awareness about SRHR and develop their skills in advocacy in this field," said Mari-Claire.

"We advocate for young people's rights and build the capacity of other young people through training programmes and collaboration to empower them to stand up for their own rights as well. As we are a small organisation made up of only 26 people, it's important that we cascade our message through other groups, networks and young people wherever we can."

Despite its limited size, YouAct has already notched up an impressive record of success during the past six years.

Members have been invited to attend several high level meetings on SRHR in the European



Union and at the United Nations, where it partners with other organisations to ensure the voice of Europe's young people is heard.

The organisation has also conducted a number of training sessions to build the skills and knowledge of young people in SRHR and HIV/AIDS advocacy, not only in the Central and Eastern European regions but in Central Asia and Africa as well.

"YouAct works directly with individual young people, youth organisations and other NGOs and decision-makers at all levels to maximise the effectiveness of our advocacy efforts," Mari-Claire explained.

"One such collaboration, for example, led to a hearing at the European Parliament to promote the commitment of Official Development Assistance (ODA) for the Global South for programmes that include and promote Comprehensive Sexuality Education.

"Another, earlier this year, involved us joining young people from across the world attending the United Nations' 54th Commission on the Status of Women where we took part in a progressive youth caucus, working together on advocacy efforts towards decision makers attending the event.

"We have also recently contributed to a factsheet series with the Youth Coalition on Millennium Development Goals' linkages to SRHR for young people, and a factsheet with the World AIDS Campaign on HIV and young people.

"The choices that today's young people make concerning their sexual and reproductive lives - and the freedom to make those choices - will affect not just their own future but the future of the wider communities." ■

# Children with HIV cross borders to seek treatment

## Zimbabwean families take advantage of free treatment in neighbouring countries

**G**rowing numbers of HIV-positive children from Zimbabwe are being taken by their families across the borders into South Africa and Botswana to receive antiretroviral treatment (ART).

Faith-based organisations, which have been helping with the migration, say it has been spurred by the long waiting lists for antiretrovirals in Zimbabwe where government programmes to provide free medication for HIV patients are reportedly failing to match demand.

“This is how desperate the people are to provide treatment for their children,” said Khumbulani Khaphela, a pastor with an evangelical fellowship church working in rural Plumtree. “Some families, after hearing that others have sent their children across the border, have approached us to assist them with going there as well.”

The people in that area of Zimbabwe are no strangers to crossing the borders into the neighbouring countries. Thousands of men have done so in search of work and it is their economic migration which is being blamed for the spread of HIV.

Husbands living and working away from their wives have engaged in extramarital sexual relations and returned home HIV-

positive, resulting in the birth of a number of HIV-positive children.

While the Zimbabwean government offers free ART, it is hard to obtain as those living with the virus have to undergo rigorous vetting before they are placed on long waiting lists. According to a United Nations report, for the approximately 160,000 children living with HIV in Zimbabwe only one in 16 have access to the life-prolonging drugs.

Local AIDS activists say that the Zimbabwean economic migrants have shunned seeking treatment in neighbouring countries because they have no legal status and fear deportation. However the situation is different for young children as the South African and Botswana governments attempt to provide free health care for all children under their own Millennium Development Goals commitments.

“Many know that children’s treatment in these countries is free and have taken advantage of this to send their sick children there,” said Khaphela.

“We cannot fold our hands and watch children die when their families have these rather desperate alternatives. We will keep on helping them.” ■

## Conferences and events

**3rd National Conference on HIV/AIDS Therapy: Current Practices & Future Options**  
**Date:** 8-9 January 2011  
**Location:** Mumbai, Maharashtra, India  
**Key theme:** Focusing on HIV therapeutics and translating advances for sustained success, the programme will also include topics on basic sciences, applied and clinical research, and social and preventive aspects of the disease.  
Contact: [www.hhrfonline.com](http://www.hhrfonline.com)

**14th Bangkok International Symposium on HIV Medicine**  
**Date:** 19-21 January 2011  
**Location:** Bangkok, Thailand  
**Key theme:** Topics include - antiretroviral drugs; hepatitis; the immune system; paediatric HIV/AIDS treatment; persons with HIV/TB; how sexually transmitted infections affect quality of life.  
Contact: [www.hivnat.org/bangkoksymposium](http://www.hivnat.org/bangkoksymposium)

**Keystone Symposia: HIV Evolution, Genomics, and Pathogenesis**  
**Date:** 20-25 March 2011  
**Location:** Whistler, British Columbia, Canada  
**Key theme:** Using diverse disciplines to promote further insights into the dynamic interplay between the virus and the host in areas of pathogenesis, mucosal biology, the roles of viral and host genes, and viral latency.  
Contact: [www.keystonesymposia.org/11X7](http://www.keystonesymposia.org/11X7)

**Current Issues in Sexual Health 2011: 3rd National Conference**  
**Date:** 24-25 March 2011  
**Location:** London, UK  
**Key Theme:** Bringing together leading experts in the fields of genitourinary medicine, sexual health and infectious diseases, to discuss the central issues and current challenges in the prevention and treatment of STIs.  
Contact: [www.mahealthcareevents.co.uk/cgi-bin/go.pl/conferences/detail.html?conference\\_uid=223](http://www.mahealthcareevents.co.uk/cgi-bin/go.pl/conferences/detail.html?conference_uid=223)

**The 20th Annual HIV Conference of the Florida/Caribbean AETC**  
**Date:** 13-14 May 2011  
**Location:** Orlando, Florida, USA  
**Key theme:** To increase the knowledge and skills of HIV health care providers with lectures and interactive case presentations.  
Contact: [www.faetc.org/Conference/](http://www.faetc.org/Conference/)

*Challenges* is an occasional publication produced by the Durex Network. While the articles are accurate summations of current sexual health matters, the views and opinions expressed are not those of the editor.

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