

YOUNG BLACK AFRICANS AND HIV



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2011



ABOUT THE AFRICAN HEALTH POLICY NETWORK

The **African Health Policy Network [AHPN]** is an umbrella organisation of mostly African-led community based organisations that enables Africans to speak with a collective and representative voice on matters of HIV and sexual health, with a mission to advance the health and well being of Africans living in the UK.

The organisation is focused on:

- **Policy:** influencing, initiating, advocacy and campaigning
- **Research:** engaging in evidenced-based researches and contributing to the body of knowledge
- **Membership:** developing a network of community based organisations, individuals and corporate organisations
- **Voice:** working with a network of Africans in the UK living with and affected by HIV, informing policy and research
- **Projects & programmes:** acting as a strategic bridge and leader in coordinating national and regional projects and programmes

ABOUT THE GLOBAL YOUTH COALITION ON HIV/AIDS (GYCA)

GYCA is a youth-led global network of over 4,500 young leaders and adult allies working on youth and HIV/AIDS in 150 countries world-wide. GYCA's mission is to empower young leaders with the skills, knowledge, resources and opportunities they need to scale up HIV/AIDS interventions amongst their peers.

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ACRONYMS

AHPN	African Health Policy Network
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
NHS	National Health Services
PLWH	People Living with HIV

ACKNOWLEDGEMENTS

The authors would like to thank everyone who has supported and participated in this research project. Special thanks go to the AHPN team for their support and assistance during the data gathering process and Dr Muge Cevik of Global Youth Coalition on AIDS (GYCA), for participating in the report writing and also speaking at the youth conference. Finally, particular thanks must be extended to all the young people who gave their time to fill in surveys for this report.

EXECUTIVE SUMMARY

Young people make up a segment of the population that is particularly vulnerable to HIV, with approximately 50% of HIV transmission taking place among those aged 15-24. AHPN embarked on a youth project designed to assess the level of awareness of HIV amongst a sample of young black African youth residing in the UK. This included carrying out a literature review to identify relevant resources on youth and HIV, a survey to assess the knowledge levels of African youth in the UK aged between 13 and 19, with regards to HIV and its transmission, and a youth conference with focus groups designed to capture some of the participants attitudes, feelings, beliefs, reactions, and experiences towards HIV.

There has been limited research on youth HIV awareness issues among black African diaspora youth in recent years, and most literature focuses on educational interventions. The survey we carried out showed that although a high percentage of youth surveyed claimed to know what HIV is, the percentage knowledge level dropped with regards to understanding of HIV transmission. When asked if they would like to learn more about HIV, a large percentage (44 percent) said they would not.

The youth conference addressed some of the reasons behind this lack of interest. Some possible reasons given were that youth may not necessarily feel that HIV was any particular threat to them, as the media tends to portray affected people as being abroad in places such as Africa, without much emphasis on HIV infections in the UK. Other reasons stated were that HIV was still a taboo subject amongst African youth, hence the low interest.

Recommendations that have arisen from this project include;

- AHPN awareness-raising on HIV and young people by holding more youth seminars, youth discussion forums, and going into schools and colleges
- Engaging young people using celebrities, and mediums such as dance and drama events
- Having positive speakers give presentations at youth events, as this has been seen to send a very powerful message
- Forming a "youth reference group" under the supervision of the AHPN, which will be responsible for coordinating future youth awareness activities

INTRODUCTION

This report aims to give organisations/agencies working with young people, and in HIV, policy makers, programme providers, and service provider's useful information on issues surrounding young black Africans in the UK and HIV. For purposes of this report, young people are defined as those aged 10-24 years; this group combines adolescents - aged 10-19 years - and youth - aged 15-24 years.

A brief literature review outlines existing relevant work from around the world. AHPN distributed a survey aimed at assessing young black Africans knowledge and awareness of HIV and quantitative data from this survey is provided and analysed. We also held a youth conference, with 2 focus group discussions aimed at getting a more in-depth knowledge of black African youth knowledge of HIV, and also their challenges, limitations. This report highlights the main findings from these events. This information is brought together in the literature review and methodology sections.

Some limitations we came across were in reaching young people. This proved to be very challenging. It was quite difficult to motivate young people to fill in the surveys, and also to attend youth conference. We used social networking sites such as facebook and twitter, and also contacted major youth clubs in the London area. We also recruited youth in this age group to reach out to other youth, but it still proved quite difficult to raise interest. We tackled this issue during the youth conference, and some possible reasons for low interest levels by youth were given by attendees.

A summary of the objectives of this study are;

- To provide a comprehensive review of the literature available on HIV and young black Africans in the UK
- To highlight the interventions to achieve the global goals on HIV and young people that were endorsed during the UNGASS on HIV/AIDS
- To provide an overview of the level of awareness of a cross section of young black Africans who took part in the study
- To provide recommendations on best ways to engage with black African youth in the UK on HIV.

LITERATURE REVIEW

While there is quite a vast body of evidence on African communities and HIV in the UK, work specifically focused on young black Africans in the UK and HIV, especially regarding HIV awareness, and knowledge, is rather limited. Below follows a selective review, relevant to the topic of this report.

Search Methods: A systematic review was undertaken. To be as inclusive as possible, studies did not have to be published in peer reviewed journals to be included in this report. The review summarizes evidence sourced from Medline/Pub med, Ovid, Global Health/Global Health Archive, Cochrane library, Google scholar, dissertation abstracts, process evaluation reports, and previous literature searches and reviews from various authors. In addition the reference sections of all potentially relevant articles were reviewed. To be included in this review, each study had to focus on adolescents or young adults under 25 years. No study design filters were applied and there were no language restrictions, or restrictions on year of study. After screening the titles and abstracts 12 potentially relevant articles were reviewed.

Keywords: Youth, black Africans, England, UK, awareness, HIV/AIDS; peer education; Young people, HIV-related risk behaviours, prevention

Limitations to Study:

There is limited evidence on youth HIV awareness issues in recent years, and most literature focuses on educational interventions. Some full text articles could not be found online, and therefore the abstracts were used in the literature review.

Global Picture

Young people make up a segment of the population that is particularly vulnerable to HIV. Altogether, 50% of HIV transmission takes place among those aged 15-24, and 5 000-6 000 young people become infected every day^{i, ii}

A report by WHO noted that the second decade of life is a period of experimentation and risk.ⁱⁱⁱ In this period, many factors increase young people's vulnerability to HIV, including a lack of knowledge about HIV/AIDS, lack of education and life skills, poor access to health services and commodities, early sexual debut, amongst others. The United Nations General Assembly Special Session on HIV/AIDS^{iv} (UNGASS on HIV/AIDS) outlined a number of goals and targets focusing on young people aged 15-24. These focus on decreasing HIV prevalence among young people but also on promoting the core elements of the programme framework.

The UN General Assembly Special Session on HIV/AIDS targets are;

- By 2010 ensure that 95% of young people have access to the information they need to reduce their vulnerability to HIV
- By 2010 ensure that 95% of young people have access to the **skills** they need to reduce their vulnerability to HIV
- By 2010 ensure that 95% of young people have access to the **services** they need to reduce their vulnerability to HIV
- By 2003, develop and/or strengthen strategies, policies and programmes which reduce the **vulnerability** of children and young people
- By 2005 HIV **prevalence** among young people (15-24 years) reduced by 25% in the most affected countries, and by 2010 reduce prevalence by 25% globally

Unfortunately, many of these goals are yet to be met. A cross-sectional, nationally representative, household survey in South Africa was carried out to determine the prevalence of HIV infection, HIV risk factors, and exposure to national HIV prevention programs, and to identify factors associated with HIV infection among South African youth, aged 15-24 years.^v Researchers found that young women were significantly more likely to be infected with HIV in comparison with young men (15.5 versus 4.8%). Young women with older partners were also at increased risk of HIV infection. In men and women, increasing partner numbers and inconsistent condom use were significantly associated with HIV infection. They concluded that programs for youth must continue to promote partner reduction, consistent condom use and prompt treatment for sexually transmitted infections while also addressing contextual factors that make it difficult for them to implement behaviour change

HIV Peer-education

Almost all the research on HIV and youth is centred on HIV education programme evaluation. There is a wide consensus about the main settings through which young people can be reached with preventive interventions; these include schools, health services, mass media and through communities and outreach programmes targeting the young people who are most at risk of HIV. A review paper of 83 studies looked at the impact of curriculum-based sex and HIV education programs on sexual behaviour and mediating factors among youth under 25 years all over the world.^{vi} Two thirds of the programs reviewed significantly improved one or more sexual behaviours. The evidence showed that programs do not hasten or increase sexual behaviour but, instead, some programs delay or decrease sexual behaviours or increase condom or contraceptive use. Factors such as limited opportunities for communication about sex outside of the peer educational setting, poor adult role

models of sexual relationships, poverty and unemployment, low levels of social capital and poor community facilities were seen to be contributors to HIV transmission in another study^{vii}

A study in Mongolia compared knowledge, attitudes, self-efficacy and safe sex practices of grade 10 students from schools with a peer education prevention program to grade 10 students from schools without the intervention^{viii} Survey data was collected among 720 randomly selected students from eight schools with the peer education prevention program and compared with those of 647 students from eight schools without this intervention. Students of schools with the program were statistically significantly more knowledgeable, had less traditional attitudes, and had greater awareness of their self-efficacy in regards to HIV and sexual health. Students from schools with the peer education program were more likely to practice safe sex, though the difference was not statistically significant.

The purpose of another study was to determine the extent to which a peer education program was effective in changing adolescents' HIV/AIDS knowledge, risk behaviour intentions, and confidence to engage in safe sex^{ix}. The results showed that there was a significant difference in HIV knowledge between the peer education group and the traditionally educated group, with the peer group demonstrating greater knowledge.

There was no significant difference in confidence to engage in safe sex between the two groups, but students in the intervention group were more likely to engage in safe sex than students in the traditionally educated group.

Another paper reviewed 11 published and evaluated school-based HIV/AIDS risk reduction programmes for youth in Africa. ^x Most evaluations were quasi-experimental designs with pre-post test assessments. The programme objectives varied, with some targeting only knowledge, others attitudes, and others behaviour change. Ten of the 11 studies that assessed knowledge reported significant improvements. All seven that assessed attitudes reported some degree of change toward an increase in attitudes favourable to risk reduction. In one of the three studies that targeted sexual behaviours, sexual debut was delayed, and the number of sexual partners decreased. In one of the two that targeted condom use, condom use behaviours improved. The results of this review suggest that knowledge and attitudes are easiest to change, but behaviours are much more challenging.

UK

Africans make up a significant proportion of people infected with and disproportionately affected by HIV in the UK. Whilst consisting of less than 1% of the UK population, Africans accounted for 38% of new HIV diagnoses in 2009. This represents a significant increase in diagnoses of 3% in the black African population compared to 2008 data. In 2008, an estimated 29,200 black Africans were living with HIV in the UK, a total of which 2,600 were newly diagnosed (35% of total new diagnoses)^{xi}.

		YEAR OF SURVEY									
Age Group ¹		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1-14	Boys	181	215	252	280	328	371	357	361	372	355
	Girls	167	187	254	282	303	345	358	381	385	347
	Subtotal ²	348	402	506	562	631	719	715	742	757	702
15-24	Men	48	81	108	134	157	179	213	213	244	264
	Women	186	304	466	604	691	767	761	713	680	642
	Subtotal	234	385	575	738	848	946	974	926	924	906

The following table and graphs below shows data from diagnosed HIV infected black African individuals seen for care in the UK between 2000 and 2009.

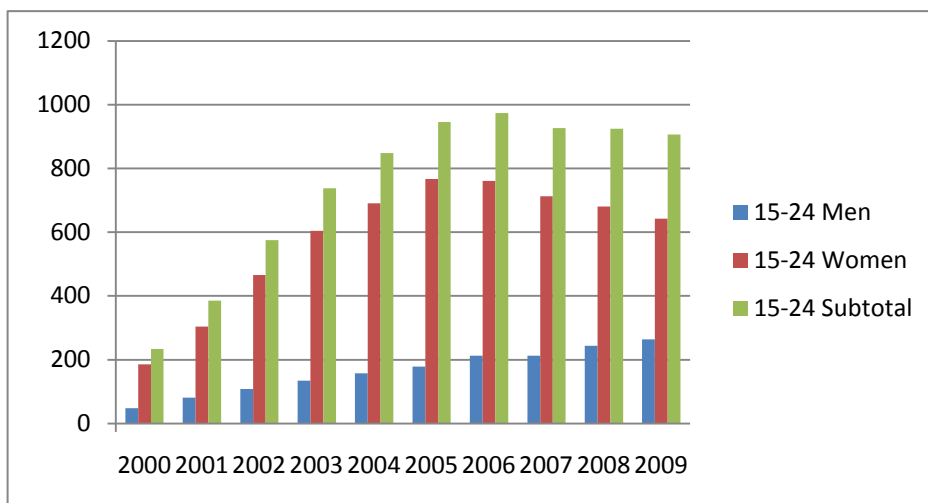
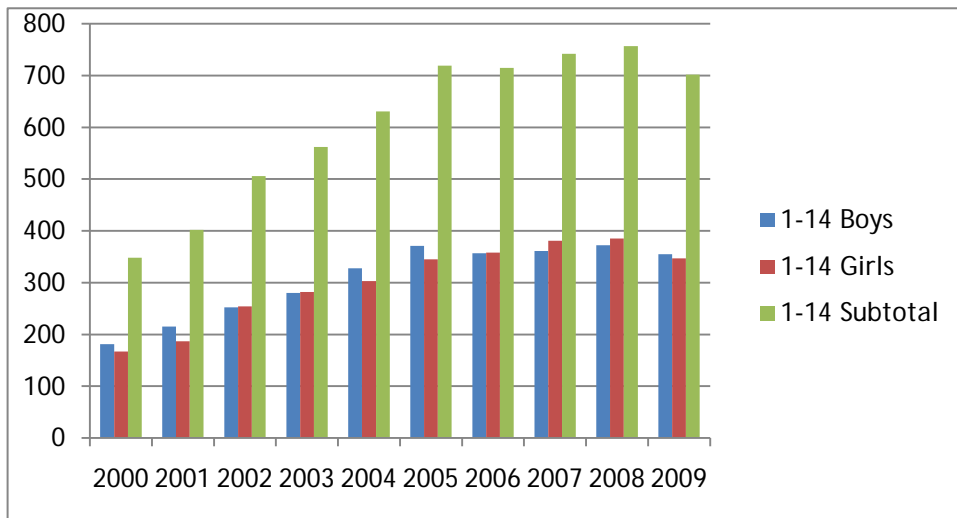
Table 1- HPA SOPHID Table: Diagnosed HIV infected black African individuals seen for care by age group and sex, UK^{xii}: 2000-2009³

¹ Patients with missing fields (e.g. ethnicity/age-group) may have been assigned values based on data from subsequent years

² Totals may include those whose sex was not reported.

³

Figures may be different to those released previously due to improvements in the methods used to identify patients seen more than once within the survey year. This method has been applied to all survey years.



The tables and graphs above show a steady increase in HIV prevalence in the 1-24 year age group. However this may be due to various reasons, such as an improvement in reporting and identification methods. Even though prevalence rates plateau from 2005-2009, they are still very high.

A retrospective review of HIV diagnoses reported to well-established national paediatric and adult HIV surveillance systems in the United Kingdom/Ireland was conducted to describe the characteristics of young people with vertically acquired HIV diagnosed aged ≥ 13 years^{xiii}. Forty-two young people with vertically acquired HIV diagnosed aged ≥ 13 years were identified; 23 (55%) were female, 40 (95%) were black African and 36 (86%) were born in sub-Saharan Africa. The median age

at HIV diagnosis was 14 years (range, 13-20 years). Half of the patients presented with symptoms; the remainder were screened for HIV following diagnosis of a relative. The median CD4 count at diagnosis was 210 cells/ [mu] L (range, 0-689 cells/ [mu] L), 12 patients (29%) were diagnosed with AIDS at HIV diagnosis or subsequently, and 34 (81%) started combination antiretroviral therapy (ART), most (31 of 34) within a year of diagnosis. They concluded that increased awareness among clinicians and parents is required to reduce delayed presentation with advanced disease and to avoid onward transmission as these young people become sexually active.

A recent study carried out in 2009 found that between a quarter to a third of HIV-positive African residents in the UK, and nearly half of HIV-positive African men who have sex with men, may have acquired their HIV infection in the UK, which is substantially higher than previously estimated. ^{xiv}Researchers state that these estimates are likely to worsen given the increasing HIV prevalence and sexual mixing in this community, especially among heterosexuals. HIV prevention interventions for Africans must focus on reducing transmission within the UK as well as addressing infections acquired abroad.

Higher Rates of STI's among young black people in London

Epidemiological research has found a ten-fold ethnic disparity in rates of sexually transmitted infections among young people in south-east London^{xv}. A rapid ethnographic assessment was conducted as part of a first phase of work to reduce the risk of bacterial sexually transmitted infections among heterosexual youth of Black Caribbean and African extraction. Methods included secondary data-collection, semi-structured street and group observations, interviews with key informants and group discussions with young people. Key informants attributed high rates of sexually transmitted infections to young people's 'natural' risk-taking, reluctance to use condoms, gender issues in intimate relationships, poverty and statutory services' shortcomings in addressing the needs of Black and young people.

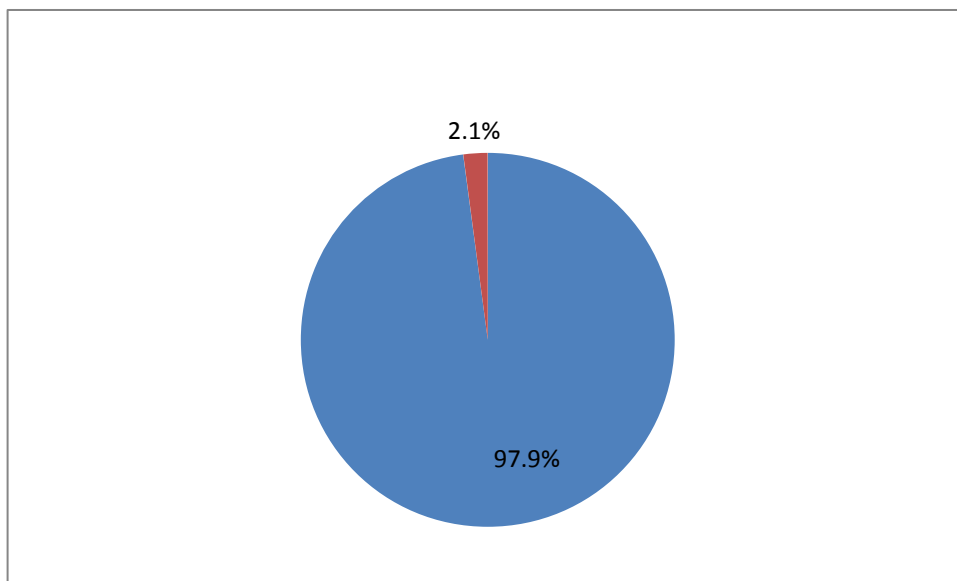
METHODOLOGY

QUANTITATIVE ANALYSIS

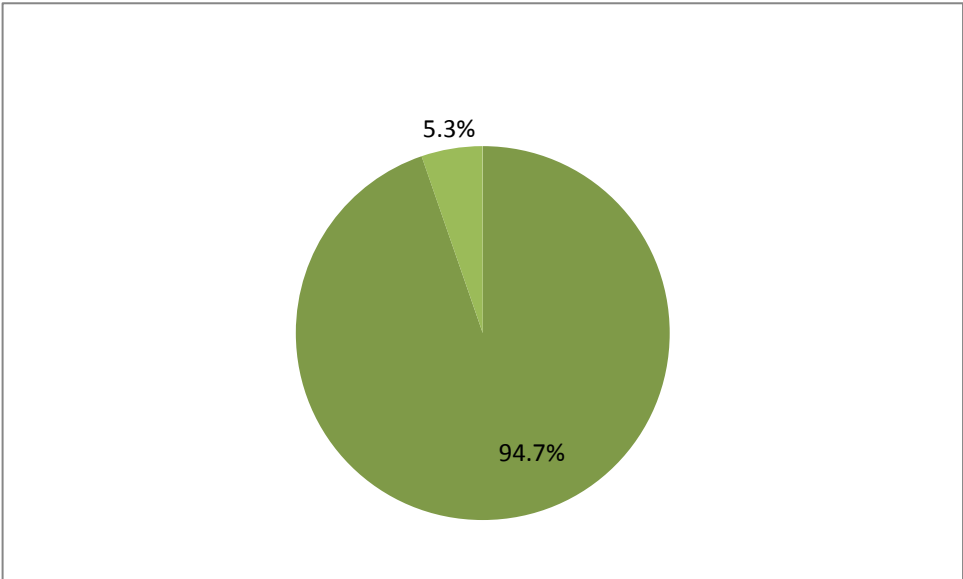
A questionnaire was developed, targeting young black Africans in the UK between the ages of 13-19. This was uploaded onto survey monkey, and distributed to youth clubs, HIV organisations, charities, local councils, and individuals. Social networking sites such as facebook were also used to distribute the questionnaire. Some questionnaires were taken to youth events and were filled in manually. In total 103 questionnaires were filled, over a period of 6 weeks.

Results

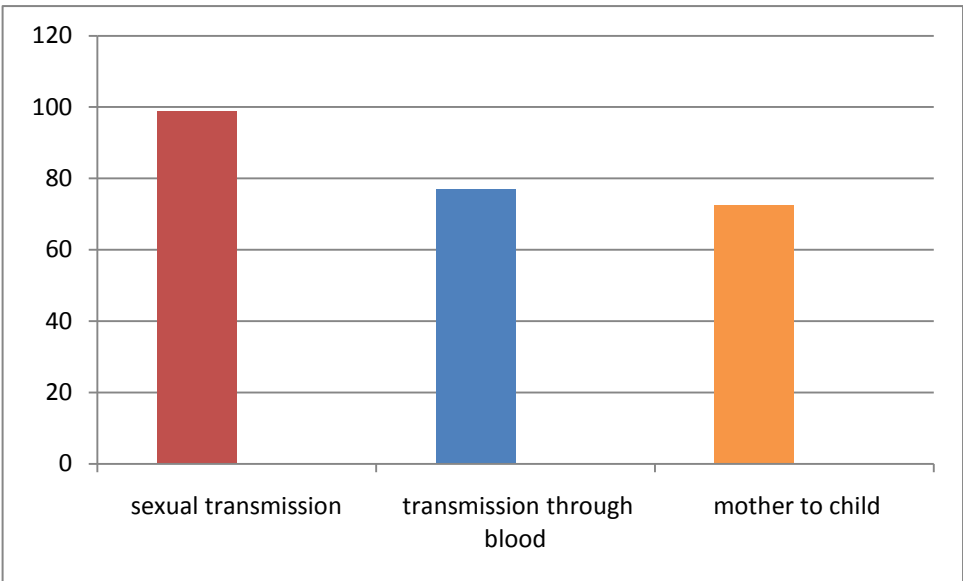
The first survey question was "do you know what HIV is?" 97.9% of the study participants said yes, while only 2.1% answered no. This could seem to portray a high level of knowledge of what HIV is amongst young black Africans. It could be interpreted that about ninety eight percent of respondents have at least heard of HIV.



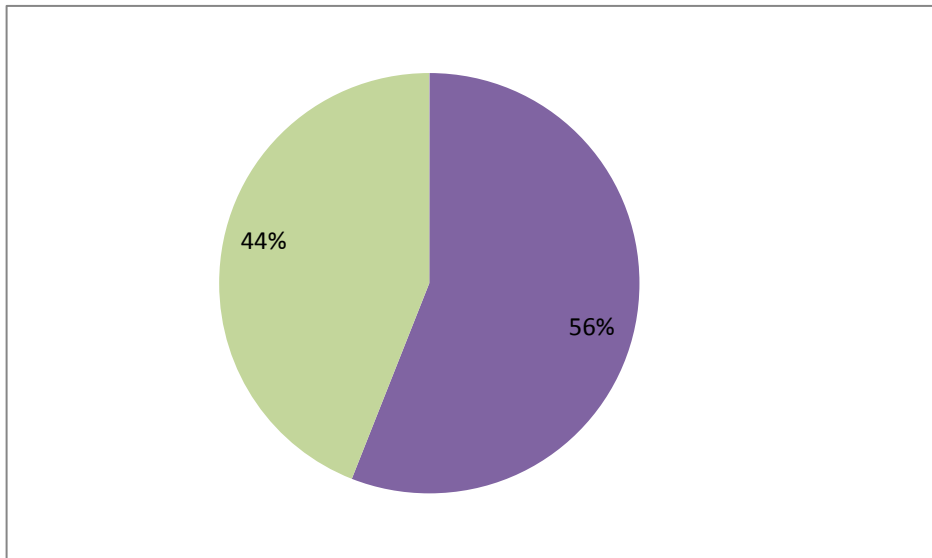
The second question focused on HIV transmission. On answering the question; do you know how HIV is transmitted, 94.7% of the responders answered "yes", while 5.3% answered "no". A drop in the percentage of knowledge can be seen here as compared to the first question. This could be translated to mean that not everyone that has heard of the virus necessarily knows how actually HIV transmits.



Another question asked was “what modes of transmission are you aware of?” with tick options for sexual transmission, transmission through blood, and mother to child transmission. The results for sexual transmission, transmission through blood, and mother to child were 98.9%, 76.9% and 72.5% respectively. These results are quite interesting. Even though almost ninety nine percent acknowledge sexual transmission as a means of HIV transmission, only 76.9% and 72.5% know about the other modes of transmission. Even though a majority of transmission is by sexual contact, by no means should these other modes be played down or ignored. Poor knowledge of other modes also leads to increase in stigma, as people may assume that if a person has HIV, it must have been through sexual contact, and false assumptions of promiscuity could be made.



There was quite a disappointing response to the question “would you like to learn about HIV?” 56% said yes to this question, but a large percentage, 44%, said no. These results can be explained by several possible reasons. It could be because young people feel they already have knowledge of the condition or it might be because youth in this age group believe HIV cannot affect them. This could also reflect on the stigma associated with HIV. There is a need for research to find out the reasons behind young people’s reluctance to learn more about HIV, and therefore work around them.



The table below summarizes the results;

Question	Yes	No
Do you know what HIV is?	97.9%	2.1%
Do you know how HIV is transmitted?	94.7%	5.3%
What modes of transmission are you aware of?		
• Sexual transmission	98.9%	
• Transmission through blood	76.9%	
• Mother to child	72.5%	
Would you like to learn more about HIV?	56%	44%

QUALITATIVE ANALYSIS

2 focus groups were held at the youth conference, made up of seven and eight youth respectively. The young people were aged between 13 and 19, and were all of African origin. At each session, there were self introductions and participants were informed about the aims and purpose of the focus groups, and guidelines for participation were agreed upon. There were at least 2 facilitators at each discussion group. Participants had all previously completed survey questions that also informed the focus group discussions. Facilitation allowed each group to raise pertinent issues peculiar to their experience.

The groups spent about forty minutes discussing open-ended questions regarding HIV and young black Africans. Personal experiences were discussed in depth. A general discussion followed after each question, under the following general themes;

- Do you know what HIV is?
- Do you know how HIV is transmitted?
- Do you think HIV is a problem in the UK?
- Do you think HIV is a problem amongst your age group?
- Do you ever discuss HIV with your friends?
- What is the best way to engage people in your age group on HIV related issues?

The discussions were recorded on tape - with the permission of the participants - and transcribed and written notes were also made. These were then categorised and analysed.

Note:

The results of this research are qualitative and not statistically high, albeit significant. The purpose of a qualitative methodology such as a focus group is not to test predetermined hypotheses, but rather to elicit the perspectives of individual participants. Some writers have argued that focus groups are fraught with problems that cause even expert groups to produce less-than-optimal results, primarily because the interpersonal dynamics of group members often get in the way of the members' rational thinking processes^{xvi}. Therefore, the ability to generalise from a "representative sample" of young black Africans in the UK is not the intent or purpose of this research. Readers are therefore encouraged to see these insights as illuminating and directional, not definitive.

During general discussions, participants at the youth conference were asked questions regarding their knowledge of HIV. Attendees showed a general basic knowledge and understanding of HIV, and the virus effect on the body.

"HIV breaks down your immune system and you can die"

Female, 19

"It attacks our immune system"

Male, 17

They also showed a basic knowledge of the routes of transmission of HIV.

"You can't just get it from sex; it can be from needles and breastfeeding also"

Female, 18

However, some questions were raised about anecdotal routes of transmission;

"Why don't mosquitoes transmit HIV?"

Female, 17

The facilitators discussed the fact that HIV does not live outside the human body in answer to the above question. To the question; "who gets infected by it?" a participant responded:

"Anyone can if you practise unsafe sex or expose yourself"

Male, 20

To other questions about how a person can tell if they are infected or not, and how do you protect yourself, participants gave various responses, highlighted below;

"In the early stages there are no signs, the only way you can know is through a test"

Male.19

"Practice safer sex"

"Stay celibate"

"Don't share needles! - A lot of people are taking drugs and sharing the needles"

"Always get regular checks"

"Use PEP if condom splits or you are unsure about your status"

"A condom can only last for 30 minutes; if you are having sex for more than 30 minutes then you need to change the condom"

"Condoms are 98% effective"

During more in depth in depth discussions, participants shared their own experiences with HIV.

"HIV is a problem in our age group. Everyone knows about it, but it's a taboo subject. You find that your friends don't really want to talk about it, even when you try and bring it up"

Female, 18

The huge impact of having an HIV positive person speak at the conference was discussed;

"Abigail's story really moved me. Looking at her, I wouldn't have thought that she had HIV. It's time for us to stop stereotyping, and listening to myths about HIV"

Female, 18

"We have to stop focusing on the negatives of HIV, and people need to know that you can live a normal life, even if you are infected"

Female, 20

The negative effect of stereotyping was also highlighted;

"People need to know that it's not just from being gay that you can get HIV"

Female, 21

"The HIV adverts usually show people in Africa, but don't show people in the UK. Images are powerful, so you have to show that anyone can be infected"

Male, 16

"HIV is not a disease, it's a virus"

Male, 17

Some possible reasons why HIV was not discussed among young people were offered;

"Why don't we talk about it?"

- *Fear*
- *Ignorance*
- *Not talked about or taught at school*

Participants expressed their desire to be more involved with HIV work, and dissemination of information;

"Word of mouth is a powerful tool; for someone like me, I'm going to leave here and spread the word to my friends"

"There need to be more seminars like this one, and on a wider scale too. I was really engaged, and I have learnt a lot"

"We would like to learn more about HIV in school"

Participants suggested ways of spreading awareness among young people;

- *Use of television programs*
- *More youth seminars in schools*
- *AHPN should go to schools and youth clubs*
- *Short films and presentations on HIV, youth focused.*

- *Text messages*
- *Target career and lifestyles*
- *Hearing from positive speakers*
- *More facts and statistics*
- *Sometimes scaring people by showing the reality of it works*
- *Events organised by positive people*
- *More discussion forums*

They also suggested methods for engaging young people for future HIV work;

- *Be short and sweet*
- *Don't be condescending*
- *Be tactful*
- *Use a medium to draw young people in, e.g. through dance or drama, football*
- *Use celebrities, even if it is local celebrities that young people are familiar with. Information has to be right and relevant*
- *The most important thing is the person delivering the information. Rapport starts in a second. The person delivering the message has to be engaging.*

Conclusion and Recommendations

There is limited documented evidence of the level of awareness of young black Africans in the UK in regards to issues pertaining to HIV. Researchers also found a low desire among young people to learn more about HIV, which could be due to a number of reasons, such as nonchalance, stigma of HIV, or a feeling that HIV could not be a threat to them. With HIV still being an important health issue, especially among this age group, and the African community in general, it is important that HIV awareness is raised in this group.

Some recommendations include;

- Future AHPN youth work on awareness-raising by holding more youth seminars, youth discussion forums, and going into schools and colleges
- Engaging young people using celebrities, and mediums such as dance and drama events
- Have positive speakers give presentations at youth events
- Form a “youth reference group” under the supervision of the AHPN, which will be responsible for coordinating future youth awareness activities

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