Cinq ans de CHIWOS : Survol des résultats et prochaines étapes de L'Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada

Karène Proulx-Boucher, Danièle Dubuc, Marilyn Fortin-Hughes, Alexandra de Pokomandy, de la part de toute l'équipe de recherche CHIWOS.

84e Congrès de l'ACFAS – Colloque 641
Les femmes et le VIH : Recherche et Pratiques d'intervention. Montréal, lundi le 9 mai 2016

CHIWOS
Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada
Canadian HIV Women's Sexual and Reproductive Health Cohort Study

Reconnaissances

CHIWOS reconnaît les propriétaires traditionnels des terres sur lesquelles nous nous rencontrons et les ancêtres qui nous précèdent.

Merci à

Toutes les FVVIH engagées dans l'étude;

Les IPs, les coordonnatrices, les paires associées de recherche et les paires alliées, cochercheurs-es et les collaboratrices-eurs;

Le comité directeur national, les membres des CCC et du CCC-Autochtone;

Nos bailleurs de fonds: IRSC, CTN et OHTN; Nos études affiliées: CANOC, REACH & OSC;

ET tous nos partenaires communautaires et cliniques pour leur soutien au recrutement et à la conduite d'entrevues

C.-B.: AIDS Vancouver Island, BC Centre for Excellence in HIV/AIDS, Cool Aid Community Health Centre, Downtown Community Health Clinic, Keys Housing and Health Solutions (Positive Haven), Living Positive Resource Centre, Oak Tree Clinic, Positive Living Fraser Valley, Positive Women's Network, Positive Living North, and Vancouver Island Persons with AIDS Society.

ON: 2-Spirited People of the 1st Nations; 519 Community Centre; ACCKWA; Africans in Partnership Against AIDS (APAA); AIDS Committee of Durham Region; AIDS Committee of Guelph and Wellington County; AIDS Committee of Simcoe County; AIDS Network Hamilton; Alliance for South Asian AIDS Prevention; Black Coalition for AIDS Prevention; Bruce House; Casey House; Centre Francophone; Elevate NOW; Fife House; Hemophilia Ontario; HIV/AIDS Regional Services (HARS); Maggie's: Toronto Sex Worker's Action Project; Peel HIV Network; Positive Living Niagara; Prisoners with AIDS Support Action Network; Réseau Access Network; Toronto PWA Foundation; Women's Health in Women's Hands; Children's Hospital of Eastern Ontario; Kingston Hotel Dieu Hospital; Health Sciences North, Sudbury Regional Hospital, HAVEN Program; Lakeridge Health; Maple Leaf Medical Clinic; McMaster Family Practice; Ottawa General Hospital; Riverside Family Health Team; SIS Clinic, Hamilton Health Sciences; St. Joseph's Healthcare London; St. Michael's Hospital; Sunnybrook Health Sciences Centre; Toronto East General Hospital; Toronto General Hospital; William Osler Health System; Windsor Regional Hospital, HIV Care Program.

QC: ACCM; L'ARCHE de l'Estrie; ASTT(e)Q; BLITS; BRAS-Outaouais; CACTUS; CASM; Centre Sida Amitié; Corporation Félix Hubert d'Hérelle; COCQ-SIDA; Fondation d'Aide Directe-SIDA Montréal; GAP-VIES; GEIPSI; M.A.I.N.S-Bas St-Laurent; Maison Plein Coeur; Maison Dominic; Maison du Parc; Maison Re-Né; MIELS-Québec; Le MIENS Chicoutimi; Portail VIH/sida du Québec; Sidaction Mauricie; Sida-Vie Laval; Stella, l'amie de Maimie.

CHIWOS

Objectif de la présentation

Dresser un portrait détaillé de la cohorte et mettre en lumière les principaux résultats obtenus à ce jour

- Cette présentation est basée sur les résultats préliminaires du questionnaire de référence qui a été administré par des Paires Associées de Recherche (PARs) auprès de FVVIH âgées de 16 ans et plus au Canada.

Contexte

CHIWOS
Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada
Canadian HIV Women's Sexual and Reproductive Health Cohort Study

- L'ASPC estime qu'environ 14 308 femmes vivaient avec le VIH au Canada en 2014 (ASPC, 2014).
- 24% des nouvelles infections au Canada ont eue lieux chez des femmes en 2014 (ASPC, 2014).
- Avec les données CHIWOS, nous souhaitons développer un modèle de soins axés sur les femmes afin d'optimiser les soins, la santé et le bien-être d'une grande diversité de FVVIH au Canada.

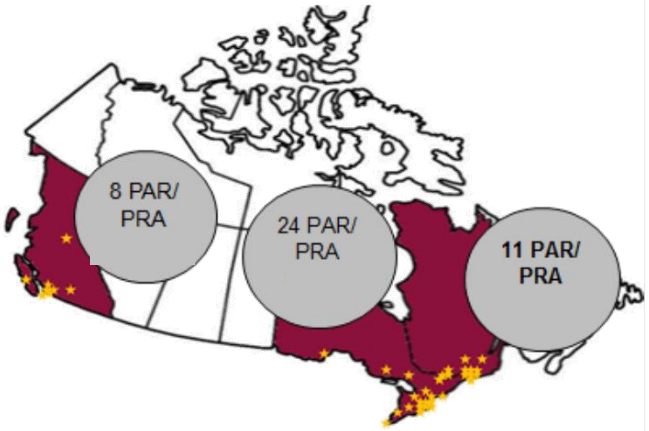
CHIWOS: Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada

- Cohorte longitudinale
- Enquête sur les soins centrés pour les FVVIH au Canada
- Durée de 5 ans, 2011-2016- renouvellement 2016-2020
- Multicentrique: QC, ON, C.-B.
- Basée sur les principes de la recherche communautaire (RC)

Principes Clés de CHIWOS

- Principes de la recherche communautaire (Minkler, 2004)
  - Un engagement équitable des personnes affectées *par* la recherche *dans* les projets de recherche (GIPA/MIWA)
  - Prise de décision partagée tout au cour de l'étude
  - Axé sur l'action et les changements positifs

- Rôle des Paires Associées de Recherche (PARs) dans CHIWOS
  - Plus de 40 PARs au Canada
  - 3 Rep. provinciales NMT
  - 3 Rep. provinciales au transfert des connaissances
  - Participent au recrutement
  - Passation questionnaire



Méthode

Participantes

Critères d'éligibilité:

- S'identifier comme femme
- Vivre avec le VIH
- Être âgée de 16 ans et plus
- Vivre au QC, en ON ou en C.-B.
- Parler français ou anglais (possibilité de faire appel à un traducteur)

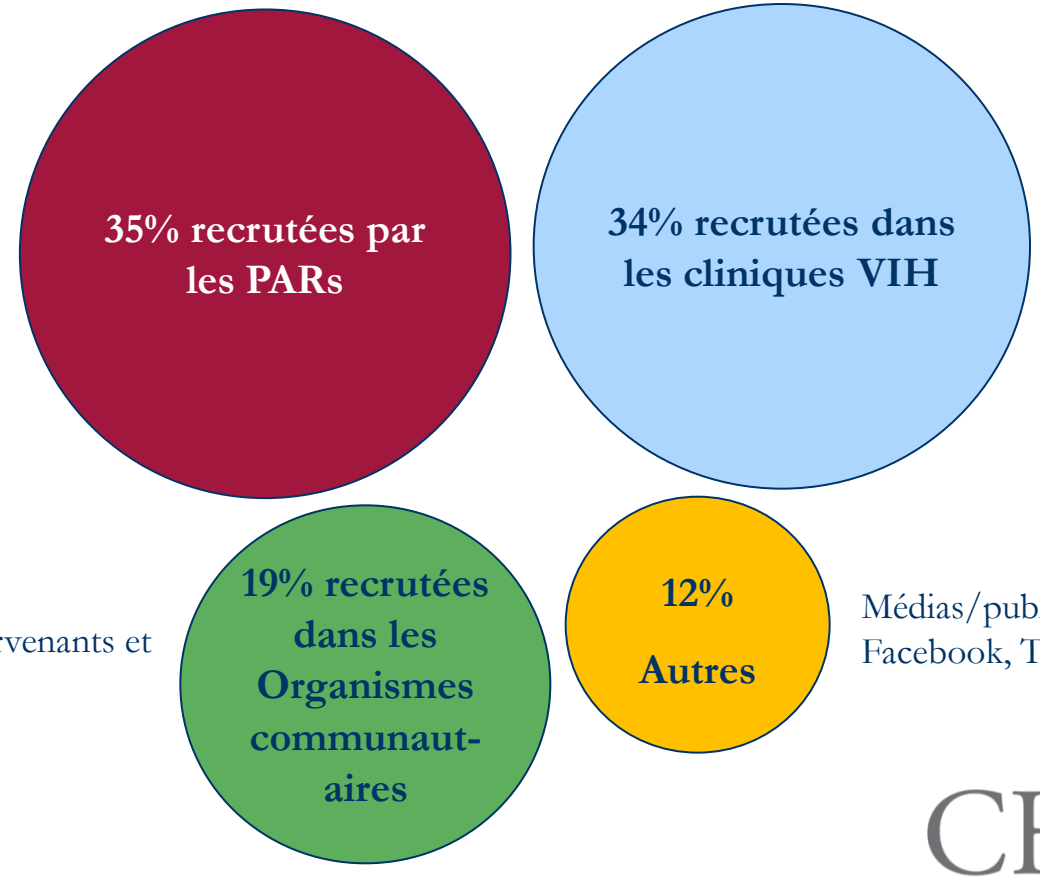
Consentement libre et éclairé lu et discuté avec les PARs

CHIWOS

Méthode

Recrutement: Plusieurs stratégies utilisées (Webster et al., 2016)

-Réseau des PARs et bouche-à-oreilles
-Forme de recrutement le plus efficace en ON (49%)
-PARs plus efficace pour recruter: LGBTQ, UDI, sans traitements ARV, sans soins VIH.



-Forme de recrutement le plus efficace en C.-B. (40%) au QC (43%)
-Cliniques plus efficace pour: femmes de 16 à 29 ans, n'utilisant pas les services communautaires VIH

Recrutées par des intervenants et référées au PARs

Médias/publicité (site internet, Facebook, Twitter, affiches, dépliants)

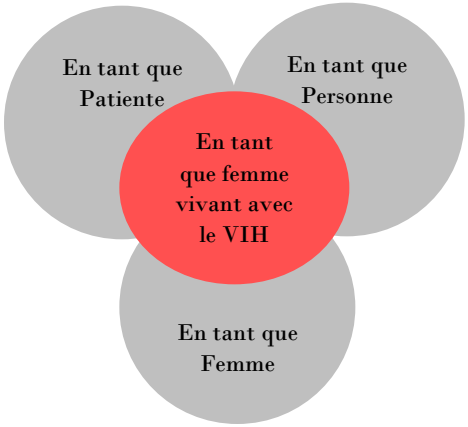
CHIWOS

Méthode

Instruments de mesure

Questionnaire développé à partir de 11 focus group (O'Brien et al., 2016) :

- Menés entre 2011 et 2012 au QC, ON, C.-B.
- Objectif: recueillir la vision des FVVIH concernant les soins de santé VIH, les besoins de soins de santé et la perception des soins de santé centrés sur les FVVIH.
- Guidé par les determinants sociaux de la santé et l'intersectionnalité



Collecte de données

- Questionnaire en ligne en face à face
- Entrevues menées par les PARs

CHIWOS

Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada

Canadian HIV Women's Sexual and Reproductive Health Cohort Study

Section 1: Données démographiques et statut socioéconomique
Section 2: Information médicale et sur l'infection par le VIH
Section 3: Soins de santé et utilisation des services sociaux
Section 4: Santé reproductive des femmes
Section 5: Stigmatisation et discrimination
Section 6: Consommation de drogues et d'alcool
Section 7: Violence et maltraitance
Section 8: Santé sexuelle des femmes
Section 9: Bien-être émotionnel, résilience et qualité de vie liée à la santé

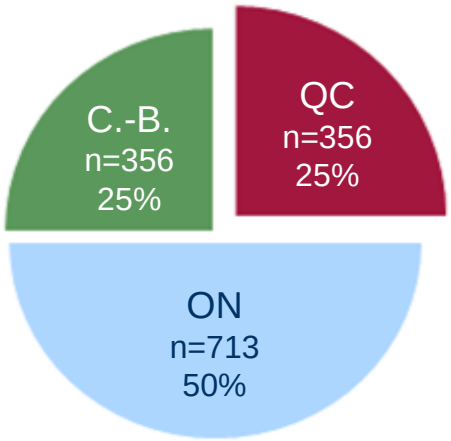
Dans quelle province se déroule l'entrevue?

- Colombie Britannique
- Ontario
- Québec

Portrait de la cohorte

- 1425 FVVIH au Canada ont répondu au questionnaire

Caractéristiques démographiques	Québec	Ontario	Colombie-Britannique	Total
	N=356	*N=713*	*N=356*	*N=1425*
Âge moyen	46(38-53)	41(34-49)	44(37-51)	43(36-51)
Identité de Genre				
Femme cisgenre	96%	95%	96%	96%
Femme Trans/Bispirituelle/Queer/Homme&Femme	4%	5%	4%	4%
Orientation sexuelle				
Hétérosexuelle	92%	87%	83%	87%
LBQQ2S*	8%	13%	17%	13%
Origine ethnique				
Autochtone – Premières Nations, Métis ou Inuit	2%	21%	45%	22%
Blanche/Caucasienne	47%	39%	39%	41%
Africaine/Caribéenne/Noire	46%	32%	8%	29%
Autres**	5%	8%	8%	7%
Expérience d'incarcération	28%	29%	62%	37%
Histoire d'utilisation de drogues par injection	23%	19%	63%	31%
Co-infection Hépatite C	29%	21%	56%	32%
Co-infection Hépatite B	10%	5%	13%	8%



(Loutfy et al., soumis le 7 mars 2016)

CHIWOS

Portrait de la cohorte

Québec

356 femmes recrutées

Ethnicité:

- 2% Autochtone
- 47% Caucasienne
- 46% Africaine/Caribéenne/ Noire Canadienne
- 5 % Autre

46 ans en moyenne

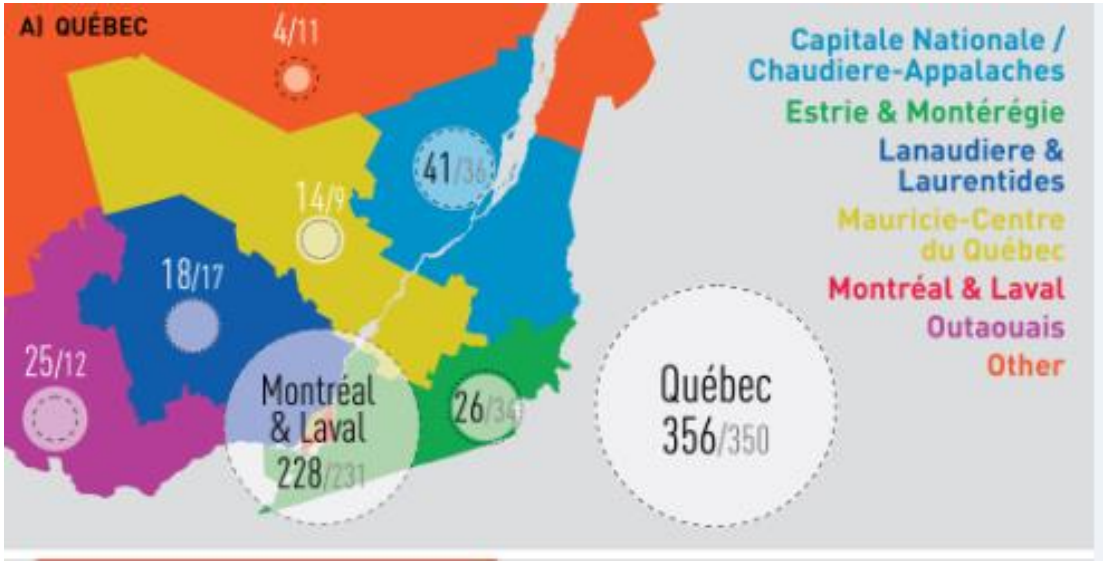
96% ont reçu des soins médicaux pour le VIH dans la dernière année

92% prennent présentement des ARV

87% ont une charge virale indétectable (auto-rapportée)

Au Québec :

- 13 ans en moyenne depuis le dx de VIH
- 96% s'identifient en tant que femme cisgenre
- 92% s'identifient hétérosexuelles
- 28% ont eu une expérience d'incarcération
- 23% ont affirmé avoir un historique d'utilisation de drogues par injection



(Loutfy et al., soumis le 7 mars 2016)

Principaux résultats

- Près de 40 propositions d'analyses ont fait l'objet d'une publication scientifique (oral, affiche ou article).

- Les résultats à ce jour abordent tant les processus de la recherche communautaires (stratégies de recrutement, principes GIPA et MIWA) que les questions entourant les enjeux de santé, sociaux, sexuels, de stigmatisation et d'accès aux soins chez les FVVIH au Canada.

CHIWOS

L'inactivité sexuelle et la satisfaction sexuelle chez les femmes vivant avec le VIH au Canada en contexte de surveillance de la santé publique, juridique et sociale

Objectifs:

- Mesurer la prévalence d'inactivité sexuelle et de satisfaction sexuelle
- Évaluer les corrélations démographiques, cliniques (VIH), socio-structurels de l'inactivité sexuelle

Résultats:

Analyses sur 1213 FVVIH

<u>Prévalence</u>

49% sont sexuellement inactives

64% sont satisfaites de leur vie sexuelle actuelle (incluant 49% des femmes inactives et 79% des femmes actives sexuellement) (p<0,001)

<u>Femmes inactives sexuellement</u>

Plus âgées

Pas mariée ni en couple

Revenu familial annuel inférieur à 20 000$

Taux plus élevé de stigmatisation perçue liée au VIH

- Aucune association avec les traitements ARV ou la charge virale indétectable

Kaida A et al. *Journal of the International AIDS Society* 2015, 18(Suppl 5):20284
http://www.jiasociety.org/index.php/jias/article/view/20284 | http://dx.doi.org/10.7448/IAS.18.6.20284

JIAS Journal of the International AIDS Society

Research article

Sexual inactivity and sexual satisfaction among women living with HIV in Canada in the context of growing social, legal and public health surveillance

Angela Kaida[&], Allison Carter[1,2], Alexandra de Pokomandy[3,4], Sophie Patterson[1,2], Karène Proulx-Boucher[3], Adriana Nohpal[2], Paul Sereda[2], Guillaume Colley[2], Nadia O'Brien[3,4], Jamie Thomas-Pavanel[5], Kerrigan Beaver[5], Valerie J Nicholson[1], Wangari Tharao[6], Mylène Fernet[7], Joanne Otis[7], Robert S Hogg[1,2], Mona Loutfy[3,8], on behalf of the CHIWOS Research Team[†]

[&]Corresponding author: Angela Kaida, Faculty of Health Sciences, Simon Fraser University, Blusson Hall Rm 10522, 8888 University Drive, Burnaby, BC, Canada V5A 1S6. Tel: +1 778 782 9068. Fax: +1 778 782 5927. (kangela@sfu.ca)
[†]Additional team members are listed at the end of the manuscript.

Abstract

Introduction: Women represent nearly one-quarter of the 71,300 people living with HIV in Canada. Within a context of widespread HIV-related stigma and discrimination and on-going risks to HIV disclosure, little is known about the influence of growing social, legal and public health surveillance of HIV on sexual activity and satisfaction of women living with HIV (WLWH).

Methods: We analyzed baseline cross-sectional survey data for WLWH (≥16 years, self-identifying as women) enrolled in the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), a multisite, longitudinal, community-based research study in British Columbia (BC), Ontario (ON) and Quebec (QC). Sexual inactivity was defined as no consensual sex (oral or penetrative) in the prior six months, excluding recently postpartum women (≤6 months). Satisfaction was assessed using an item from the Sexual Satisfaction Scale for Women. Multivariable logistic regression analysis examined independent correlates of sexual inactivity.

Results: Of 1213 participants (26% BC, 50% ON, 24% QC), median age was 43 years (IQR: 35, 50). 23% identified as Aboriginal, 28% as African, Caribbean and Black, 41% as White and 8% as other ethnicities. Heterosexual orientation was reported by 87% of participants and LGBTQ by 13%. In total, 82% were currently taking antiretroviral therapy (ART), and 77% reported an undetectable viral load (VL <40 copies/mL). Overall, 49% were sexually inactive and 64% reported being satisfied with their current sex lives, including 49% of sexually inactive and 79% of sexually active women ($p < 0.001$). Sexually inactive women had significantly higher odds of being older (AOR = 1.06 per year increase; 95% CI = 1.05–1.08), not being in a marital or committed relationship (AOR = 4.34; 95% CI = 3.13–5.88), having an annual household income below $20,000 CAD (AOR: 1.44; 95% CI = 1.08–1.92), and reporting high (vs. low) HIV-related stigma (AOR = 1.81; 95% CI = 1.09–3.03). No independent association was found with ART use or undetectable VL.

Conclusions: Approximately half of WLWH in this study reported being sexually inactive. Associations with sexual dissatisfaction and high HIV-related stigma suggest that WLWH face challenges navigating healthy and satisfying sexual lives, despite good HIV treatment outcomes. As half of sexually inactive women reported being satisfied with their sex lives, additional research is required to determine whether WLWH are deliberately choosing abstinence as a means of resisting surveillance and disclosure expectations associated with sexual activity. Findings underscore a need for interventions to de-stigmatize HIV, support safe disclosure and re-appropriate the sexual rights of WLWH.

Keywords: HIV; women; Canada; sexual and reproductive health; sexual abstinence; sexual satisfaction; community-based research; antiretroviral therapy; CHIWOS.

Received 8 May 2015; **Revised** 23 September 2015; **Accepted** 5 October 2015; **Published** 1 December 2015

Introduction

Globally, women account for over half of all adults living with HIV [1]. In Canada, approximately one-quarter of the 71,300 people living with HIV (PLWH) are women, nearly double the proportion observed in 1999 (12%) [2]. With early and sustained use of antiretroviral therapy (ART), women living with HIV (WLWH) are living longer and healthier lives [3–5] with improved sexual and reproductive options accompanying lowered risks of sexual and perinatal HIV transmission [6–8]. This altered landscape of HIV risk has re-ignited global discourse regarding the need for a rights-based approach to sexual health [9–12]. Sexual health research and programming

Les relations sexuelles non-consensuelles comme mode d'acquisition du VIH chez une cohorte de femmes vivant avec le VIH au Canada: une préoccupation de santé publique sous-reconnue

Objectifs:

- Évaluer la prévalence et les facteurs associés au mode d'acquisition du VIH par relation sexuelle non-consensuelle chez les FVVIH.
- Mode d'acquisition du VIH auto rapporté

Résultats:

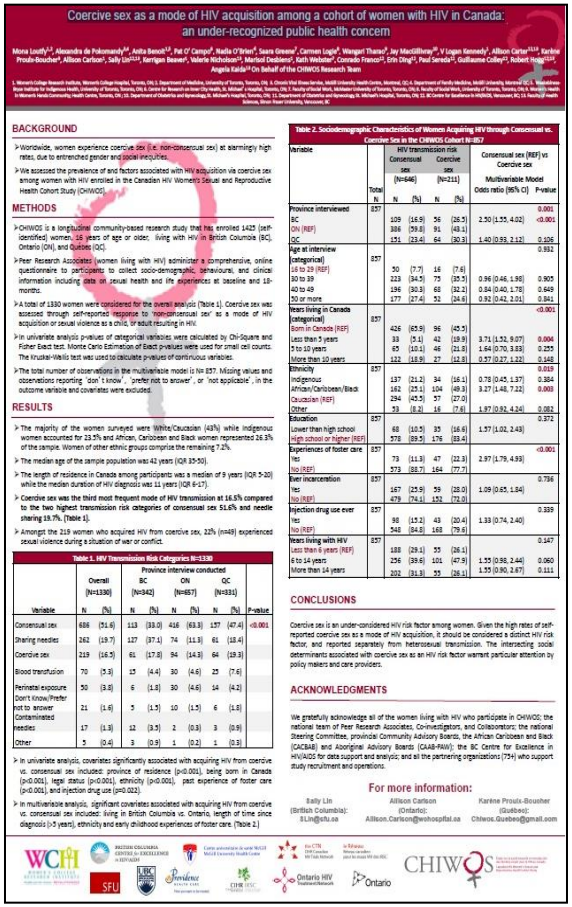
1 330 FVVIH ont été inclut dans cette analyse

Les modes d'acquisition du VIH en ordre de proportion sont de :

51.6 % Relations sexuelles consensuelles
19.7 % Partage de seringue
16.5 % Relation sexuelle non-consensual
5.3 % Transfusion de sang
3.8 % Perinatale

Analyses univariées : être née à l'extérieur du Canada, statut d'immigration, origine ethnique, experience de famille d'accueil par le passé, expérience d'utilisation de drogues injectables.

Analyses multivariées: Résider en C.-B., nbr d'années depuis le diagnostic (>5 ans), origine ethnique, séjour en famille d'accueil à l'enfance.



Coercive sex as a mode of HIV acquisition among a cohort of women with HIV in Canada: an under-recognized public health concern

BACKGROUND

METHODS

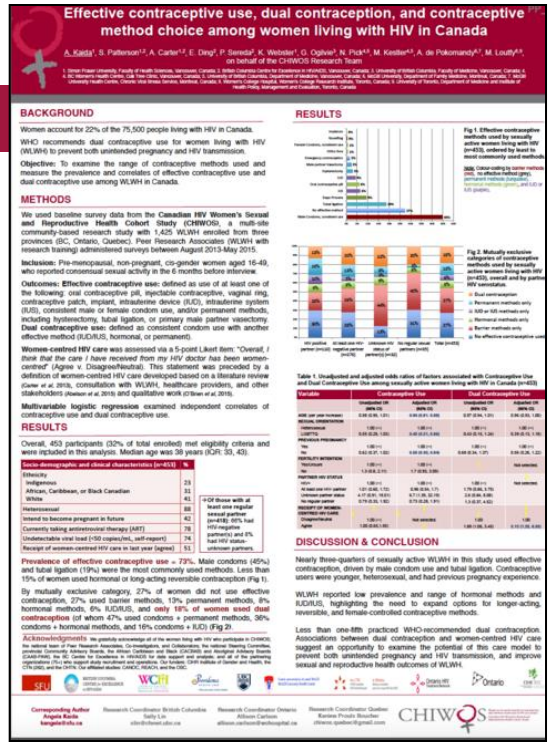
RESULTS

CONCLUSIONS

ACKNOWLEDGMENTS

For more information:

L'utilisation efficace de la contraception, la double contraception et le choix de la méthode contraceptive chez les femmes vivant avec le VIH au Canada


Effective contraceptive use, dual contraception, and contraceptive method choice among women living with HIV in Canada

BACKGROUND

Women account for 22% of the 75,500 people living with HIV in Canada.

WHO recommends dual contraceptive use for women living with HIV (WLWH) to prevent both unintended pregnancy and HIV transmission.

Objective: To examine the range of contraceptive methods used and measure the prevalence and correlates of effective contraceptive use and dual contraceptive use among WLWH in Canada.

METHODS

We used baseline survey data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), a multi-site community-based research study with 1,425 WLWH enrolled from three provinces (BC, Ontario, Quebec). Peer Research Associates (WLWH with research training) administered surveys between August 2013-May 2015.

Inclusion: Pre-menopausal, non-pregnant, cis-gender women aged 16-49, who reported consensual sexual activity in the 6 months before interview.

Outcomes: Effective contraceptive use: defined as use of at least one of the following: oral contraceptive pill, injectable contraceptive, vaginal ring, contraceptive patch, implant, intrauterine device (IUD), intrauterine system (IUS), consistent male or female condom use, and/or permanent methods, including hysterectomy, tubal ligation, or primary male partner vasectomy. Dual contraceptive use: defined as consistent condom use with another effective method (IUD/IUS, hormonal, or permanent).

Women-centred HIV care was assessed via a 5-point Likert item: "Overall, I think that the care I have received from my HIV doctor has been women-centred" (Agree v. Disagree/Neutral). This statement was preceded by a definition of women-centred HIV care developed based on a literature review (Carter et al., 2015), consultation with WLWH, healthcare providers, and other stakeholders (Asboson et al, 2015) and qualitative work (O'Brien et al, 2015).

Multivariable logistic regression examined independent correlates of contraceptive use and dual contraceptive use.

RESULTS

Overall, 453 participants (32% of total enrolled) met eligibility criteria and were included in this analysis. Median age was 36 years (IQR: 33, 43).

Socio-demographic and clinical characteristics (n=453)	%
Ethnicity	
Indigenous	23
African, Caribbean, or Black Canadian	31
White	41
Heterosexual	88
Intend to become pregnant in future	42
Currently taking antiretroviral therapy (ART)	78
Undetectable viral load (<50 copies/mL, self-report)	74
Receipt of women-centred HIV care in last year (agree)	51

*Of those with at least one regular sexual partner (n=418): 60% had HIV-negative partner(s) and 8% had HIV status unknown partners.

Prevalence of effective contraceptive use = 73%. Male condoms (45%) and tubal ligation (19%) were the most commonly used methods. Less than 15% of women used hormonal or long-acting reversible contraception (Fig 1).

By mutually exclusive category, 27% of women did not use effective contraception, 27% used barrier methods, 19% permanent methods, 8% hormonal methods, 6% IUD/IUS, and only 18% of women used dual contraception (of whom 47% used condoms + permanent methods, 36% condoms + hormonal methods, and 16% condoms + IUD) (Fig 2).

Acknowledgments

RESULTS

Fig 1. Effective contraceptive methods used by sexually active women living with HIV (n=453), ordered by least to most commonly used methods

Fig 2. Mutually exclusive categories of contraceptive methods used by sexually active women living with HIV (n=453), overall and by partner HIV serostatus.

Table 1. Unadjusted and adjusted odds ratios of factors associated with Contraceptive Use and Dual Contraceptive Use among sexually active women living with HIV in Canada (n=453)

DISCUSSION & CONCLUSION

Nearly three-quarters of sexually active WLWH in this study used effective contraception, driven by male condom use and tubal ligation. Contraceptive users were younger, heterosexual, and had previous pregnancy experience.

WLWH reported low prevalence and range of hormonal methods and IUD/IUS, highlighting the need to expand options for longer-acting, reversible, and female-controlled contraceptive methods.

Less than one-fifth practiced WHO-recommended dual contraception. Associations between dual contraception and women-centred HIV care suggest an opportunity to examine the potential of this care model to prevent both unintended pregnancy and HIV transmission, and improve sexual and reproductive health outcomes of WLWH.

Corresponding Author Angela Kaida kangela@sfu.ca

CHIWOS

Objectifs:

- Examiner l'éventail des méthodes contraceptives utilisées et mesurer la prévalence et les corrélations de l'utilisation des contraceptifs efficaces et l'usage de la double contraception

Résultats:

Analyses sur 453 FVVIH

Prévalence des méthodes contraceptives

73% utilisent un moyen de contraception (45% condom masculin et 19% ligature des trompes)

Moins de 15% utilisent un moyen contraceptif hormonal ou réversible longue durée

Corrélations

27% n'utilisent pas de méthode contraceptive efficace

18% utilisent une double contraception (47% condom+ MP, 36% condom+MH, 16% condom+ DIU

Discussion:

Les utilisatrices de contraception sont plus jeunes, hétérosexuelles et ont eu une expérience de grossesse antérieure

À venir

CAHR 2016: Winnipeg, Canada, 12-15 mai 2016

1. Yes We Can! Ensuring Momentum, Motivation and Morale in a long term Community Based Research Project: The Canadian HIV Women's Sexual and Reproductive Health Survey - Tracey Conway

2. The Spectrum of ARVs - What are Women Taking and How Well are they Doing? Findings from the Canadian HIV Women´s Sexual and Reproductive Health Cohort Study (CHIWOS), - by Nadine Kronfli

3. Key Interventions and Populations to Target to Facilitate ART Use: Findings from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), - Nadine Kronfli

4. The prevalence and correlates of incarceration experience among women living with HIV in Canada. - Sally Y. Lin.

5. Community-based research strategies for recruiting a diverse cohort of women living with HIV in Canada. - Sally Y. Lin.

6. Characteristics of women living with HIV who use illicit drugs and experience incarceration in a Canadian setting. - Sophie Patterson.

7. Condomless sex among virally suppressed women living with HIV with serodiscordant sexual partners. - Sophie Patterson.

AIDS 2016: Durban, South Africa, 18-22 Juillet 2016

1. Factors shaping a high prevalence of ever and recent incarceration experience among women living with HIV in Canada" has been selected for presentation as a poster exhibition at AIDS 2016 in Durban, South Africa.
2. 'High Reports of Violence in Adulthood Among Women living with HIV in Canada and Affiliated Risk Factors'.

Merci! Questions?

Pour plus d'information sur CHIWOS:

Sally Lin (C.-B.): 604-558-6686, 1-855-506-8615 x 1, slin@cfenet.bc.ca
Allison Carlson (ON): 416-351-3800 x 2323, allison.carlson@wchospital.ca
Karène Proulx-Boucher (QC): 514-934-1934 x 32146, chiwos.quebec@gmail.com

https://www.facebook.com/CHIWOS

https://twitter.com/CHIWOSresearch

www.chiwos.ca

Références

- Cargo, M., & Mercer, S. L. (2008). The Value and Challenges of Participatory Research: Strengthening Its Practice. Annual Review of Public Health, 29(1).
- Carter, A., Sereda, P., Nohpal, A., Colley, G., Proulx-Boucher, K., Thomas-Pavanel, J., Nicholson, V., Beaver, K., Hogg, R.S., de Pokomandy, A., Loutfy, M., Kaida, A. & CHIWOS Research Team. Validating self-report of undetectable viral load against laboratory plasma viral load measures in a multi-site cohort of women living with HIV in British Columbia. *24th Annual Canadian Conference on HIV/AIDS Research (CAHR 2015).* Toronto, ON. April 30–May 3, 2015. (Poster, EPH12)
- Jagosh J, Macaulay AC, Pluye P, Salsberg J, Bush PL, Henderson J, Sirett E, Wong G, Cargo M, Herbert CP, Seifer SD, Green LW, Greenhalgh T. (2012) Uncovering the Benefits of Participatory Research: Implications of a Realist Review for Health Research and Practice. Milbank Quarterly, 90(2).
- Kaida, A., Carter, A., de Pokomandy, A., Patterson, S., Proulx-Boucher, K., Nohpal, A., Sereda, P., Colley, G., O'Brien, N., Thomas-Pavanel, T., Beaver, K., Nicholson, V.J., Tharao, W., Fernet, M., Otis, J., Hogg, R.S., Loutfy, M. & CHIWOS Research Team. (2015). Sexual inactivity and sexual satisfaction among women living with HIV in Canada in the context of growing social, legal and public health surveillance. Journal of the International AIDS Society, 18(Supp 5).
- Kaida, A., Patterson, S., Carter, A., Ding, E., Sereda, P., Webster, K., Ogilvie, G., Pick, N., Kestler, M., de Pokomandy, A., Loutfy, M. & CHIWOS Research Team. Effective contraceptive use, dual contraception, and contraceptive method choice among women living with HIV in Canada. 6th International Workshop on HIV and Women. Boston, MA. February 20-21, 2016.
- Loutfy, M., de Pokomandy, A., Benoit, A., O' Campo, P., O'Brien, N., Greene, S., Logie, C., Tharao, W., MacGillivray, J., Kennedy, V.L., Carter, A., Proulx-Boucher, K., Carlson, A., Lin, S., Beaver, K., Nicholson, V., Desbiens, M., Webster, K., Franco, C., Ding, E., Sereda, P., Colley, G., Hogg, R., Kaida, A. & CHIWOS Research Team. Coercive sex as a mode of HIV acquisition among a cohort of women with HIV in Canada: an under-recognized public health concern. 6th International Workship On HIV And Women. Boston, MA. February 20-21, 2016.
- Loutfy, M., de Pokomandy, A., Carter, A., O'Brien, N., Lewis, J., Nicholson, V., Beaver, K., Greene, S., Tharao, W., Proulx-Boucher, K., Benoit, A., Kennedy, V.L., Thomas-Pavanel, J., Ding, E., Sereda,, P., Jabbari, S., Shurgold, J.H., Colley, G., Hogg, B., Kaida, A. & CHIWOS Research Team (soumis le 7 mars, 2016). Cohort Profile: The Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS).
- Minkler, M. (2004). Ethical Challenges for the "Outside" Researcher in Community-Based Participatory Research. Health Education & Behavior, 31(6).
- O'Brien, N., Greene, S., Carter, A., Lewis, J., Nicholson, V., Rawson, S., Kwaramba, G., Ménard, B., Kaufman, E., Ennabil, N., Andersson, N., Loutfy, M., de Pokomandy, A., Kaida, A. & CHIWOS Research Team. Envisioning Women-Centred HIV Care: Perspectives from Women Living with HIV in Canada. 6th International Workshop on HIV & Women, 20 – 21 February 2016, Boston, MA, USA. (Abstract P47, Poster).
- Webster, K., Carter, A., Desbiens, M., Dubuc, D., Nicholson, V., Beaver, K., Gasingirwa, C., Ménard, B., O'Brien, N., Lin, S.Y., Proulx-Boucher, K., Thomas-Pavanel, J., Mitchell, K., Jabbari, S., Ding, E., Hogg, R.S., de Pokomandy, A., Loufty, M., Kaida, A. & CHIWOS Research Team. Community engagement in research: Recruiting a large, diverse cohort of women living with HIV in Canada. AIDS 2016 (Abstract).