Global Update | Donald G. McNeil Jr.

**AIDS Cases Increasing in Muslim Countries**

AIDS is on the rise in many Muslim countries, driven by men having sex with other men in secret because of homophobia, religious intolerance and fear of being jailed or executed, according to a new study.

The new report, released last week in the journal *PLoS Medicine*, was led by researchers from the Qatar branch of Weill Cornell Medical College who draw from dozens of smaller studies in Arabic, French and English.

About 2 to 3 percent of men in the region have sex with other men, consistent with global averages, the study found. But condom use is low, gay and bisexual prostitution is common, and married men hide their bisexuality and risk infecting their wives. In some countries, even male prostitutes often marry for appearances' sake.

**Vital Signs | Nicholas Bakalar**

**Soy Does Little for Menopause Symptoms**

Fears about the risks of estrogen replacement therapy have led many women to turn to soy products to treat the symptoms of menopause. But a clinical trial published on Monday in Archives of Internal Medicine has found them no more effective than a placebo.

Researchers at the University of Miami studied 248 women ages 45 to 60. Half were given 200 milligrams of soy isoflavones daily; the rest took a placebo. After two years, women in the soy group had ingested nearly 20 times as much soy as those taking the placebo, but researchers found no significant differences in bone density.

There were few serious effects in either group, but women taking soy showed no improvement regarding night sweats, insomnia, loss of libido or vaginal dryness, compared with the placebo group.

“Women should be reconsidering taking these types of products for menopausal health,” said Dr. Silvina Levis, lead author of the study. **THE CONSUMER**

**Demand Growing for Birth Control**

By RONI CARYN RABIN

When Kelly Brown gave birth three years ago, she labored for 22 hours, much of the time hooked up to an IV line that restricted her movement. Repeatedly offered pain medication she did not want, she narrowly avoided getting a Caesarean section.

“I decided I would never have another baby in a hospital,” said Ms. Brown, 33 of Warrenton, Va., who manages a Web site for a private school.

Five months ago she gave birth to her next child at home, attended by a midwife and surrounded by family. She walked, ate and drank as she wished, and pushed out the baby underwater in a labor tub set up in her own bedroom.

“Everything was so low-key and so comfortable, it was amazing,” Ms. Brown said.

A small but growing number of American women are making the choice to deliver at home. From 2004 to 2008, the number of home births in the United States inched upward to 28,367 — still less than 1 percent of the 4.2 million births each year, but a marked reversal in what had been a long trend toward hospital births.

Home births are less expensive than hospital births, but insurance policies may not always cover them and out-of-pocket costs can be higher. Still, money is not usually the factor driving the decision to avoid the delivery room.

Torrie Trautman, 27, and her fiancé, Kyle Birkemeier, 33, will save money when their baby is born at their home in Tempe, Ariz., but their main motive is to assure a natural and “calm” childbirth.

“We’re not against medicine,” Ms. Trautman said. “But we have a lot of friends who go in to do a natural birth at the hospital and end up getting all the things they didn’t want, and maybe a Caesarean, too.”

For most women, the first concern is safety. Several leading medical organizations, like the American College of Obstetricians and Gynecologists, have warned repeatedly that the safest place to deliver a baby is in a hospital or birthing center.

In a paper published in The American Journal of Obstetrics & Gynecology last year, researchers concluded that babies born at home are three times as likely as those born in a hospital to die before they are four weeks old. But the finding ignited a firestorm among experts and has beenRoundly questioned by critics.

One of the chief criticisms of the paper, which was a meta-analysis of previously published work, was that it seemed to have lumped together the outcomes of planned hospital births and much more dangerous unplanned home births, said Dr. Eileen K. Hutton, director of the midwifery education program at McMaster University in Hamilton, Ontario.

**HOPES | Kyle Birkemeier**

Unplanned home situations, like births with a pregnancy, those in emergency and have not and those who go into it.

Dr. Hutton’s own the outcomes of planned low-risk women and low-risk women who at the same midwives. The differences in babies’

Dr. William Harf, maternal-fetal medical, General Hospital as chair of ACOG’s study, said that in a baby dying is small a meta-analysis calculated: per 1,000 home births, 1,000 hospital births.

But he noted that it was sudden in the child birth.

While the medical birth advocates issues, they agree on considering home birth.

The Right Circumstances who are having complications that go to diabetes, hypertension.

They should be twins, and the baby position, not a but a ACOG and the AS.

Midwives agree that to have a vaginal delivery first baby by Caesare