



School of Public Health
Departement Openbare Gesondheid
Isikolo Sempilo Yoluntu



UNIVERSITY OF CAPE TOWN
IKUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

RESEARCH DAY

18 SEPTEMBER 2025

**Innovation, Adaptability and Sustainability in a
Changing World**

SPH DRC seminar: Writing a conference abstract

Structure drawn from International AIDS Society abstract workshop

Thanks to Lucy Gilson for shared slides and to the DRC for inputs

What is a conference abstract?

- A conference abstract is a pitch for your work
- The reader needs to **quickly** and **easily** understand
 - what you did
 - why they should care about it



Who are you writing for?

- Your abstract is being compared with hundreds of others
 - Might go through multiple rounds of ranking
- Reviewers → smart people but not always experts in your field
- You need to convince them that
 - Your work is interesting and relevant
 - You have thought through this in terms of:
 - a) The question that you are looking at and why it matters
 - b) The methodological soundness
 - c) The conclusions you can draw to answer your question

Poll

What is the most important part of a conference abstract?

- a) Title
- b) Introduction
- c) Methods
- d) Results
- e) Conclusion



Title

- Summarise the study in 30 words
- WHAT, WHERE, WHO, HOW
- Mini advert
- Think of this as you start, but often finalize at the end
- Catches the eye while conveying the point
 - remember this is not a paper that is going out for peer review, but is being screened from a huge number of abstracts that reviewers are provided

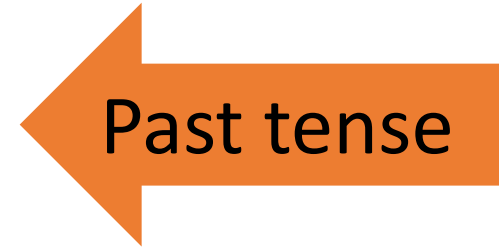
- Stated preferences among South African adults starting or restarting ART: findings from two discrete choice experiments (DCEs)
- What is missing from this title?
- Stated preferences **for antiretroviral therapy (ART) adherence support and models of HIV care** among South African adults starting or restarting ART: findings from two discrete choice experiments (DCEs)

Introduction

- Topic of the abstract
- The issue/problem/gap
- **The aim of this study/research question**
 - Final sentence of intro

- People starting or restarting ART are vulnerable to disengagement from care. We conducted two DCEs to elicit attribute preferences among people starting and restarting ART in Cape Town, South Africa.
- Is this background sufficient?
- People starting or restarting ART are vulnerable to disengagement from care. **Differentiated models of care (DMOCs) are often restricted to stable clients and, while evidence-based adherence support and DMOCs exist, use of client preferences to inform delivery in diverse populations is underutilised.** We conducted two DCEs to elicit attribute preferences among people starting and restarting ART in Cape Town, South Africa.

Methods



- Who
 - Who included, who was the target (if document review – which docs)
- What
 - What was done, what was measured, what was the analytic strategy
- How
 - Study design, how key things were measured, how analysed
- Where
 - Where did the study take place, setting
- When
 - Timeframe

Don't spend too much time/space here BUT need to make sure the methods connect to the results and results connect to the discussion

- We used a D-efficient design to generate 36 choice sets per DCE, blocked into six choices on adherence support and six on DMOCs. We used mixed effects logit models, presented as odds ratios (OR) with 95% confidence intervals (CI), to estimate relative preferences for each attribute level overall and by gender. Random effects were included on all attribute levels to account for and identify between-person preference heterogeneity.
- What is missing in the methods?
- **We enrolled 330 adults living with HIV at two peri-urban clinics (June–November 2024) who had newly started ART or restarted after an interruption (>3 months) in the last 6 months.** We used a D-efficient design to generate 36 choice sets per DCE, blocked into six choices on adherence support and six on DMOCs. We used mixed effects logit models, presented as odds ratios (OR) with 95% confidence intervals (CI), to estimate relative preferences for each attribute level overall and by gender. Random effects were included on all attribute levels to account for and identify between-person preference heterogeneity.

Results

- What are the **most relevant results** to respond to your research question/aim?
 - 2-4 most important findings: you don't have space for more
- Report specific results – not vague
- Sometimes can include visual representations (Figure or table)
- Do not repeat methods, do not discuss, do not speculate

- If you can submit a graph or table
 - Do you need one? What is best way to convey your findings
 - Make sure it is easy to read and stands alone
 - Usually removes word count (50 words)

- Most participants were restarting ART and most were female. In the adherence support DCE, participants preferred two-way appointment reminders relative to one-way reminders, and had a negative preference for home-based counselling relative to clinic-based counselling. Women, but not men, preferred group support relative to no group support. In the DMOC DCE, participants preferred integrated HIV and other chronic care relative to stand-alone HIV care, with no differences by gender. There were no significant preferences for clinic hours, multi-month dispensing or ART collection. There was statistically significant heterogeneity in between-person preferences for all attribute levels, except clinic hours.
- What is missing from the results?

- Overall, **235 (71%)** participants were restarting ART, **130 (39%)** were male (**median age 41 years; interquartile range [IQR] 35–49**) and **200 (61%)** were female (**median age 37; IQR: 30-41**). In the adherence support DCE, participants preferred two-way appointment reminders relative to one-way reminders (**OR 3.1, 95%CI: 2.2–4.2**), and had a negative preference for home-based counselling relative to clinic-based counselling (**OR: 0.4, 95%CI: 0.3–0.6**). Women, but not men, preferred group support (**either in-person [OR: 1.9, 95%CI: 1.2-3.0] or virtually [OR: 2.2, 95%CI: 1.5-3.5]**) relative to no group support. In the DMOC DCE, participants preferred integrated HIV and other chronic care relative to stand-alone HIV care (**OR: 3.9, 95% CI: 2.8–5.5**), with no differences by gender. There were no significant preferences for clinic hours, multi-month dispensing or ART collection. There was statistically significant heterogeneity in between-person preferences for all attribute levels, except clinic hours.

Discussion/Conclusions

- Key take-home message
- **Must be drawn from the data presented in the abstract – not new results or things you haven't included**
- Specific wider implications/recommendations/future research
- **No bland conclusion!** “more research is needed” “it is important to strengthen the health system”

“You want to leave the reader feeling like you have something new and interesting to say, and that you really believe in it.” - Eleanor Whyte

- Preferences for two-way appointment reminders and integrated health services highlight the need for support and convenience. Further research is needed to better understand preferences for HIV services.
- Any comments on the conclusion?
- Preferences for two-way appointment reminders and integrated health services highlight the need for support and convenience. **Preference heterogeneity was not fully explained by gender, underscoring diverse individual values. These insights will inform adaptation of interventions and strategies to improve ART engagement.**

Look at examples from your target conference

- Lots of conference publish abstract books online – some examples
- <http://interestworkshop.org/abstractbooks/>
- <https://theunion.org/our-work/conferences/history-of-the-union-world-conference-on-lung-health/conference-abstract-books>
- https://publichealthconference.co/wp-content/uploads/2025/01/Physical-Book-of-Abstracts-2024_compressed.pdf
- <https://www.climatehealthconf.africa/abstract-book/>

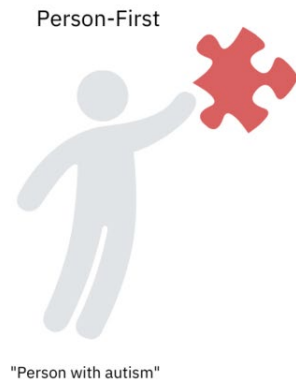
Overarching advice

- Know the scope of the conference
 - General public health, focused on your health area, focused on your methods area?
- Don't make assumptions about what the reader knows
- The reader does not want to read between the lines or fill in the gaps
- Don't assume the reader knows the context or the methods
 - it might affect their ability to understand your findings if they don't know
- Use simple descriptions
 - Someone from another country might understand terminology differently
- Can explain your methods rather than use field-specific terminology
 - Quant-oriented reviewer might be suspicious of qual methods (or vice versa)

Focus on your language



- <https://peoplefirstcharter.org/>
- Check DRC website for resources on inclusive language
 - 'person with diabetes', not 'diabetic person'
 - 'person with obesity' not 'obese person'



People First Charter: recommended terminology for research and publications related to HIV

Please avoid	Alternatives
AIDS patient	Person with complications of advanced HIV, person with an AIDS-defining illness
AIDS test	HIV test
AIDS virus	HIV
Catch HIV	Acquire HIV
Compliant	Taking medication as recommended, adherent, concordant
Contagious/infectious	Person with transmittable HIV or detectable viral load
Dirty or clean in the context of people or injecting equipment	Just don't use! Shared needles, injecting equipment or drug paraphernalia acceptable
HIV-infected person, people, individual(s), populations	Person/people living with HIV HIV-positive individual(s) or populations
Prostitute, prostitution	Sex worker, transactional sex
Consider avoiding	Alternatives
Abbreviations	Avoid abbreviating e.g. people who inject drugs (PWID), women living with HIV (WLWH) if possible
Co-infected person or people	Person living with HIV and <additional condition> e.g. person living with HIV and hepatitis B. Treating 'HIV/hepatitis co-infection' or living with HIV/HBV is acceptable, treating the 'HIV/hepatitis co-infected' is not
Detectable or viraemic patients	People with a detectable HIV-RNA or viral load, or people with viraemia
Disclose HIV status	Share or discuss HIV status

AI and plagiarism

2. Recommendations for Authors

Authors are solely responsible for ensuring the authenticity, validity, and integrity of the content in their manuscripts. Because it is not the work of the authors, any use of content generated by an AI application must be appropriately referenced. Not acknowledging such use could amount to plagiarism.

ASSAf and SciELO Guidelines

for the Use of Artificial Intelligence (AI) Tools and Resources in Research Communication

- AI can be really helpful to get your writing to be more concise
- Don't use blindly → check what it's done
 - on chat GPT you can say, show me the changes you made, so that you can make sure the meaning isn't changed.
- Not to replace your thinking
 - Generally ok to use to improve your writing but NOT for content generation without acknowledgment
- https://www.assaf.org.za/wp-content/uploads/2024/09/Final-ASSAf-and-SciELO-Guidelines-for-the-Use-of-Artificial-Intelligence-AI-Tools-and-Resources-in-Research-Communication_17-Sept-2024-.pdf
- <https://www.aidscentre.sun.ac.za/guidelines-for-responsible-ai-use-in-academic-writing/>



Logistics for the SPH research day

- Student abstracts for poster exhibition
 - Abstract deadline **4 July 2025 (23:00)**
 - Submit using **link in the call for abstracts/check on DRC website**
 - Consult with your supervisor
 - may present completed work, or works in progress
 - encourage you to consider the theme
- Max 350 words
 - Introduction, Methods, Results, Discussion



- **Abstract scoring Criteria**

- **Objectives:** Are the objectives of the work clear and linked to the results/outcomes presented
- **Methods:** Clearly described, non-technical language for general public health audience
- **Results:** Clearly presented in text, no speculation
- **Discussion:** Clearly drawn from the results and linked to the objectives. Specific, not over-reaching conclusion.
- **Bonus - Link to theme:** Have threaded in/linked to the research day theme



School of Public Health
Departement Openbare Gesondheid
Isikolo Sempilo Yoluntu



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

RESEARCH DAY

18 SEPTEMBER 2025

Innovation, Adaptability and Sustainability in a
Changing World

Abstract submission	Submit your abstract to show your intention to present a poster. Submit your abstract here: Abstracts will be reviewed and feedback sent back to you by 18 July.	4 July
Poster seminar	We will be hosting a seminar on how to create a poster on 22 July 12.00-13.00 . Falmouth Building: Seminar room 1 Join the meeting now	22 July
Electronic poster submission deadline (to be considered for award)	A link will be sent to you to upload your final e-poster. These will be judged by a panel before the research day . NOTE: You will need to print your poster for the research day. Discuss with your supervisor/division.	28 August
SPH Research Day	Hang your poster at the student poster exhibition on the morning of Research Day. Prizes will be announced during the symposium. Details of the day will be confirmed.	18 September

Queries? Email sph-drcethics@uct.ac.za with the subject “Research Day Student Poster”.

Final words

- Use simple and succinct language - no jargon/unnecessary abbreviations
- Follow the conference guidelines and stick with word count
 - Don't use weird abbreviations to save words
 - Don't delete necessary punctuation/spaces to save words
- Make things easy for the reader
 - May not be an expert in your field
 - Focus on strength of argument
 - Link title, aim, methods, results and discussion
- Check for typos, spelling and grammar – ask someone else to read
- Clear title
- Punchy and specific conclusion → not overreaching

Additional resources

- https://journals.co.za/doi/pdf/10.10520/ejc-mp_whsa-v13-n2-a2
- **IAS abstract writing:**
 - https://www.youtube.com/watch?v=ho5h-GRT_nU
 - **Source of the structure of this seminar!**
- **DRC resources**
 - <https://health.uct.ac.za/school-public-health/resources>
 - The recording of this session will be saved here
- **Also might be of interest: Upcoming JIAS webinar**
 - “How to write and submit a scientific manuscript” taking place on 17 June



School of Public Health
Departement Openbare Gesondheid
Isikolo Sempilo Yoluntu



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

RESEARCH DAY

18 SEPTEMBER 2025

**Innovation, Adaptability and Sustainability in a
Changing World**

Questions?