

**Has HIV/AIDS Epidemic Changed Sexual Behaviour of High  
Risk Groups in Uganda**

**By**

**James P.M. Ntozi**

**Fred Ahimbisibwe**

**Innocent K. Mulindwa**

**Natal Ayiga**

**Jonathan Odwee**

**The Department of Population Studies**

**Makerere University, P.O. Box 7062, Kampala, Uganda.**

**Email: [jntozi@uol.co.ug](mailto:jntozi@uol.co.ug)**

**A paper to be Presented to the Conference of the International  
Union for Scientific study of Population, to be Held in  
Salvador, Brazil 18<sup>th</sup> - 24<sup>th</sup> August 2001.**

## **Has HIV/AIDS Epidemic changed sexual behaviour of high-risk groups in Uganda.**

### **Background**

HIV/AIDS epidemic has been witnessed in Uganda for the last two decades and killed hundreds of thousands of people. A major route of transmission of the HIV infection has been identified as heterosexual intercourse contributing over 90 percent of the epidemic in the country. Sexual behaviour of high risk groups, namely, adolescents, street children, drivers, barmaids and sexual workers has frequently been blamed for rapid spread of the disease.

The African AIDS epidemic is concentrated primarily in Eastern, Central and Southern Africa and most heavily affects adults of both sexes between the ages of 15-44. Poverty is one of the major contributors to the spread of AIDS. Long distance drivers, prostitutes and barmaids have been identified as the groups, which engage in risky sex, which promotes HIV transmission in Uganda and other countries across the continent. For instance, in a study carried out in 1997 among 368 female prostitutes in Accra, 76% were HIV-seropositive and 66% of the prostitutes became infected during their first year of work in prostitution. Data on urban female prostitutes show infection levels of greater than 30% for many countries in the region (Stanecki and Way, 1996).

Pickering, et al (1997) in their Ugandan study on casual and commercial sex in a trading town found that the primary clients of prostitutes were drivers from other urban areas or neighbouring countries who transit through these towns. Together with drivers were men from fishing villages and local unskilled workers. The long periods these drivers spend away from home while taking their long journeys to various destinations together with the huge amounts of money they always carry along makes them vulnerable and easy prey of prostitutes.

Like the prostitutes, barmaids were involved in risky sex. For example, Mhalu et al. (1991) observed that the barmaids (sometimes called waitresses) in Dar-es-Salaam, Tanzania sell sex after work. Another study carried out during the same period in a Ugandan town on the Trans-African Highway showed that this group was at a high risk of HIV-1 infection (50%) compared to other risky groups (Nunn et al. 1996). The high risk to infection was related to their low condom use (Mnyika et al. 1995).

Of late, studies in Uganda and Kenya indicate that most HIV infections occur among adolescents aged 15-19 years. For example, in Kenya, this group constitutes 35% of all AIDS cases (Ankrah, 1996). She observed that adolescents are at high risk of contracting AIDS because of socio-cultural pressures, physical development and behavioural factors including early initiation into sexual activity and the risk was exacerbated by short-term relationships, frequent partner changes, multiple partners, low rates of condom use and negative attitudes.

The behaviour of street children becomes standardized in response to the organization of street life, where sex, drugs and crime are the primary economic channels (Richter, 1997). Street children particularly girls are at a very high risk of HIV because life on the streets makes them have little personal control over themselves. Rape, prostitution and survival-sex are the norm. Knowledge of HIV/AIDS and the avenues through which it is transmitted are not commonly known among street children. Most programmes for street children tend to focus on their immediate needs of food and shelter more than HIV prevention (Richter, 1997).

In a study conducted among street children in South Africa, Richter and Swart-Kruger (1995) found that most respondents agreed that selling sex to both men and women is the best way to get money on the streets. In addition, the street children reported that their clients usually insisted upon unprotected penetrative oral, anal or vaginal sex.

It is now accepted that with HIV vaccine not forthcoming, the only hope to avoid HIV infection remains change of sexual practices by having protected sex, being faithful to the partner and abstinence from sex. Initially, condoms were not well received and the public considered their use as irresponsible behaviour which increased sexuality while they were not perfect and would decrease sexual pleasure (Kigotho, 1997, Meekers et al 1997 and Besharov et al 1997).

Social marketing has been used to promote condom use in Africa, where the condom is the primary defense against the transmission of HIV infection. A study of public house workers in Dar-es-Salaam, indicated that females, and specifically barmaids were more likely to use condoms but were less likely to have changed their behaviour in other ways (Mhalu et al, 1991). A study by Bolido (1995) found high usage of condom by one female bar attendant who insisted that her customers used condoms. Similar sentiments were expressed by customers of high risky establishments in Malawi such as bars and motels (Meekers, 1998a). Other increased use of condoms was noted in adolescent studies in South Africa (Meekers 1998b) and Uganda (Ndyanabingi et al 1998).

Further positive responses to sexual behaviours were observed including abstinence (Matasha et al. 1998), increased HIV testing (Watt, 1998) and delayed sexuality and reduced casual sex (Asiimwe-Okiror et al., 1996).

This paper investigates whether there were changes of sexual behaviour and practices among five risky groups in Uganda as a consequence of HIV/AIDS epidemic.

## **Methodology**

In 1999, Focus Group Discussions (FGD) were conducted in three urban centres of Uganda located at the African Highway. Kampala in central Uganda is a metropolitan capital city of Uganda with approximately one million people. Lira in northern Uganda is a rural town of over thirty thousand people and on the northern African high way to the Sudan and Democratic Republic of Congo. Kabale in rural south-western Uganda is also on the African Highway and close to the Ugandan border with Rwanda and the

Democratic Republic of Congo, with more than thirty five thousand people. In each urban centre, Focus Groups of between 8 to 12 persons participated in the study as follows:

1. Male Adolescents -15-19 years old
2. Female Adolescents -15-19 years old
3. Male street children –all below age 18
4. Female street children –all below age 18
5. Drivers of long haul trucks (all males of ages 20-40 years)
6. Barmaids (all females of ages between 15-30 years)
7. Commercial sex workers (all females of ages between 15-30 years).

A total of 21 groups were in the study. Each group was moderated by a researcher who knew the local language to be able to communicate effectively. The topics of discussions included: awareness of HIV/AIDS epidemic, current sexual behaviour, risk perception to HIV/AIDS, change of sexual behaviour, use of condoms, and willingness to undergo HIV testing.

### **Knowledge of HIV/AIDS**

Knowledge about HIV/AIDS was found to be high among the adolescents. The FGDs revealed that HIV/AIDS was serious, rampant and tragic, and the Kabale drivers termed it epidemic. AIDS was reported to have killed a lot of people many of whom the respondents knew. The respondents also knew others who were sick. Some of the perceptions of respondents are illustrated below.

“It [AIDS] is serious and many people are dying...it is going to finish the people...everyday they bury about 4 people,” (street boys, Kabale).

“AIDS is rampant ... but AIDS patients tend to hide themselves,” (barmaids, Kampala).

“The situation of the disease is really bad...many of us are sick,” (drivers, Kampala).

“It [AIDS] is serious...the number of those infected and those dying is high,” (male adolescents, Lira).

One female adolescent group was worried that HIV asymptomatic people could infect innocent youths: “People say so and so has AIDS but you cannot see signs of that person dying”.

Unfortunately, Kampala street boys thought that they were free of the disease as they claimed,

“We don’t love women ...they look at us as ‘rubbish’ because of the condition we live in.”

Also sex workers in Kampala said that they did not fear AIDS because they always protected themselves. They said,

“We send away men who do not want to use condoms.”

Furthermore, the respondents showed high level of knowledge about transmission, spread and prevention of HIV/AIDS. They knew that HIV was transmitted through heterosexual intercourse, sharing of unsterilized equipments and blood or body fluid contact with those of the infected person. In addition, they observed that prostitution, rape, alcoholism, kissing, traditional practices and many places of pleasures have increased the spread of AIDS as shown in the following responses:

“Drunkard Bayaye (street boys) rape girls and infect them...prostitutes also spread AIDS,” (male adolescents, Kampala).

“Some of us have mental sickness, we sleep with any woman after taking bangi (drugs),” (street boys, Kampala).

“We indulge in sex with any person regardless of status...AIDS control programme provides drugs to AIDS patients who then look healthy and spread the disease,” (drivers, Kampala).

All participants knew that AIDS has no cure as can be seen in the following excerpts:

“The real treatment for AIDS is not available...treatment is for opportunistic infections,” (male adolescents, Kampala).

“There is no treatment... but government discourages local researchers to sell herbal concoctions that may treat some opportunistic infections,” (drivers, Kampala).

“This disease is not curable...rich and important people change their blood from time to time but still die,” (sex workers, Lira).

One Kabale male adolescent however believed that God had the cure. He said,

“Yes, those who get saved get cured by prayers.”

The respondents knew that the only remedy was prevention through protected sex with condom, abstinence from sex, use of sterilized instruments, and zero grazing (faithfulness to regular partners). Other measures known to participants were blood testing, getting saved and avoidance of prostitutes, alcohol, kissing, penetrative sex and discos.

However Kampala street boys reported that nothing had been done to prevent HIV infection and said,

“... everyone behaves the way he/she wants although people are advised to use protector condoms.”

In addition, Kabale male adolescents reported of malicious people living with AIDS who did not want to die alone. Also sex workers in Lira complained of their colleagues who smear themselves with Vaseline jelly so as to destroy the condom during a sexual act.

### **Current sexual behaviour**

One of the factors facilitating the spread of AIDS in African societies is having multiple sexual partners. To be able to assess this, the participants were asked whether people had many sexual partners, reasons for this attitude and the type of sexual partners. The discussions revealed that the habit has continued because of polygamy, cultural ceremonies, increased contraception, experimentation by the youth and prostitution.

Most of the participants agreed that people have many sexual partners and nothing much has changed in the era of AIDS.

“Yes, people still have many sexual partners,” (female adolescents, Kampala).

“It is the same...women in lodges look for us, HIV infected women are desperate and multiple sexual partnership is increasing,” (drivers, Kabale).

“It (multiple sexual partnership) has increased a lot ...over praising condoms on radios has caused problems and enhanced people’s sexual appetite,” (drivers, Kampala).

“Nature is nature...sexual immorality is still predominant,” (prostitutes, Lira).

“No change, AIDS is there during the day, at night they see other things... when you go to discos you realize the whole world is dead...at night all cars are used as lodges for sexual intercourse,” (barmaids, Kampala).

Different reasons were given for many sexual partners in the era of AIDS. Peer pressure, a lot of sexual urge, attraction to beauty, prestige and experimentation were the reasons for many sexual partners reported by adolescents including street children.

“We are adolescents...and have a lot of appetite for sex...boys want to have sexual intercourse with every beautiful girl,” (street boys, Kabale).

“When you are beautiful, every one admires you and you end up having sexual intercourse with them,” (female adolescent, Kampala).

“Having many women makes you a real man, after all practice makes perfect,” (male adolescent, Kabale).

“A man seduces you by touching your breasts and showing you money...some girls termed as ‘Kasagazi’ (promiscuous) cannot settle down without sexual intercourse,” (street girls, Kampala).

In addition the females attributed it to poverty and need for money and shelter.

“We have no other work... what do you do if you fear AIDS and suffer from poverty... we try to get a permanent partner who will be constantly giving us money,” (street girls, Kabale).

“We lack permanent homes...a man loves you for a day then you go to another man after which you go back to the streets,” (street girls, Kampala).

Contrary to the above, the street boys in Kampala strongly denied having sexual intercourse with women claiming that,

“Women underrate us because we sleep in polythene papers. They look at us with scorn and label us as Bayaye (lumpens)”.

They also claimed that they take street girls as their sisters, except one boy who accepted that he sleeps with some girls.

The drivers attributed their habit of womanizing to the nature of their travel, alcohol and money. They travel a lot, live in different lodges and meet many women along the way who think the cars belong to them and therefore have a lot of money. They reported:

“We overstay on our trips and sexually starve while in contact with beautiful women...when a driver goes to Kenya he loves a Kenyan and when he goes to Rwanda he loves a Rwandese,” (drivers, Kampala).

“When a vehicle breaks down on safari we drink and sleep with women...we have sexual partners scattered all along the routes we follow on safari,” (drivers, Lira).

The main concerns of barmaids and sex workers were poverty, alcohol and lust for riches.

“You work and meet several people...some of us have high affinity for money and best dresses and one partner may not cater for all this,” (barmaids, Lira).

“Alcohol makes one to lose her control... to get a person to solve her problems,” (barmaids, Kampala).

“We are jobless and desperately need money...you may get involved with one partner and gives you no money, so you go to others who give you money,” (prostitutes, Kabale and Kampala).

One malicious Lira prostitute revealed that she would infect others. She claimed that, “If I have the disease, I would use aspirin and destroy the condom,” and she added that: “If you smear the vagina with Vaseline, condoms would just break during sexual intercourse.”

Although both regular and casual partners were used, preference was given to the latter group termed as ‘customers’ by sex workers. The casual partners were said to be convenient and suitable for unmarried people.

“With them it is cash on delivery and after the act you depart for good,” said Kampala male adolescents.

### **Risk perception of HIV among high risk group**

The discussants in the focus groups were asked about what they perceived to be the risk of contracting HIV/AIDS among people who had multiple sexual partners, those who are married and the singles including the never married. The responses reveal that participants in all groups perceived people with multiple sexual partners as being highly at risk of contracting HIV/AIDS. This is an indication of their knowledge of the predisposing factors to the HIV infection. The views expressed included:

“Those with multiple sexual partners are at a high risk of getting AIDS because even condoms may fail...some women may even convince you not to use condoms pretending they are safe,” (drivers, Kampala).

“People with multiple sexual partners are risking their lives because it is not easy to know who is sick and who is not,” (female adolescent, Kabale).

In a similar vein, married people were perceived to be at a high risk of contracting HIV. Reasons given ranged from non-use of condoms in marital relationships to poverty and unfaithfulness of spouses. Some of the responses given to reflect these views are;

“The married people are not safe at all because they assume their partners are safe and they give up condom use which is risky,” (female adolescents, Kabale).

“Married people are not expected to use condoms yet most husbands have other women outside marriage with whom they engage in unprotected sex. This has led to many deaths among the married people,” (sex worker, Kampala).

These views reflect respondent’s mistrust in the marriage institution, which may be used to further justify their risky sexual practices and thus high rates of HIV/AIDS infection. Adolescent males in Kampala expressed it all in this response:



“Some women are not faithful to their husbands; young women are bored by marriages and they always want to change. Men go for extra-marital affairs and women go for gainful relations,” (male adolescents, Kampala).

There were variations in the perception of the risk to HIV/AIDS single and never married participants have. Socioeconomic status as reflected by poverty was singled out to be a contributor to one’s risk to HIV infection. Female adolescents in Kampala believe the poor and unemployed singles are at a high risk of contracting HIV/AIDS. The need for survival may make them fall prey to unsafe sexual practices. Male adolescents in Kampala and Kabale felt that singles engage in a lot of social activities like discos and films, which may expose them to greater risks of contracting HIV/AIDS. Responses to the inquiry included:

“Singles go out to films, dances and social gatherings, at which they can engage in sexual intercourse with anyone,” (male adolescent, Kampala).

“Singles are at a high risk because they receive many false promises in return for sexual intercourse. In addition, they do not have regular partners,” (*barmaids, Lira*).

“The never married have too much freedom to do whatever they want with anyone. This has led to many adolescents contracting HIV/AIDS,” (male adolescents, Kabale).

The living arrangement of the never married people particularly the young was mentioned as a determinant of one’s exposure to risky behaviour and environment. Those who are single but living with their parents were perceived to be at a low risk of contracting AIDS because of regular parental control and guidance. The groups that advanced this argument included the adolescents and street children in Kampala and Kabale districts.

### **Change in sexual practices**

Changes of sexual practices due to HIV/AIDS were reported. Many of them said they have stepped up the preventive measures like condom use, abstinence and sticking to official partners (zero grazing) and willingness for the test was high despite low actual testing. Other changes made included reduced socializing (going to clubs and discos) and turning to God.

### **Condoms use and acceptability**

Participants in the focus groups were asked about their use of condoms, the sources from which they obtain them and their assessment of community acceptability of condoms. Condom use was found to be the main change of sexual practices in these communities. It was the major source of prevention by all adult risky groups (drivers, barmaids, sex workers). The participants in these groups reported to be using condoms regularly with casual partners to avoid contracting HIV and other STDs. Their expressions are contained in the excerpts below:

“Yes we use condoms very much...we use them on casual partners during our trips because we do not trust the partners,” (drivers, Kampala).

“Yes we use condoms to avoid AIDS and our customers accept using them,” (prostitutes, Kampala).

“We do use it (condom)...No sex without a condom,” (barmaids, Lira).

In addition, sex workers (barmaids and prostitutes) in Kabale indicated condom use also as a reassurance for clients who fear contracting the deadly disease. They however, noted that their regular clients disliked condoms.

“Our regular partners refuse condoms...we bring them from family planning clinics but these clients throw them away,” (prostitutes, Kabale).

“Some people use the condom...but sometimes a customer can overpower you and force you into sex without a condom,” (barmaids, Kabale).

Drivers in all the three districts also reported not to be using condoms on their regular partners particularly their wives because of the desire to have children and avoid mistrust of their spouses. Some of the responses in this line are:

“We do not think any of us can use condoms with a wife, how then can you get children,” (drivers, Lira).

“It is not wise to use condoms with a regular partner. She can think you do not trust her, which is not good for the relationship,” (Drivers, Kampala).

The young people also reported substantial use of condoms both with their regular and casual partners. They even demonstrated how to use it. Their sentiments were:

“Yes, we use condoms...and each condom is used for only one round...to use it, you check expiry date, tear it open, press it and put it on a stiff penis,” (male adolescents, Lira).

“Yes we use them...to avoid pregnancies, STDs and AIDS,” (male adolescents, Kabale).

“You put on a condom if you want to have sex...we use condoms when we come across a girl and many people accept them,” (street boys, Lira).

“We try to use condoms...even our parents have become free with us and encourage us to use them,” (male adolescents, Kampala).

“We use condoms with age-mates so as to avoid pregnancy and STDs,” (female adolescents, Kabale).

Most importantly some street girls were found to initiate condom use.

“It is a girl who suggests using condom to a boy...if you remain quiet, the boy will not care,” (street girls, Lira).

“Yes, you have to be sure that the man does not put holes on the condom...and we make sure that the condom is not expired,” (street girls, Kampala).

Their responses were supported by one street boy from Kampala who said:

“I use condoms...even street girls have their condoms themselves and refuse to have sexual intercourse with you without condom,” (street boy, Kampala).

However Kabale street boys indicated non-use of condoms due to their desire to have enjoyable and fulfilling sexual intercourse. A response given is as follows:

“We do not use condoms because we want real physical contact with women... sexual intercourse with a condom is useless and not enjoyable,” (street boys, Kabale).

Similarly, female adolescents in Kampala and Lira towns reported different reasons for non-use of condoms including the trust they have for their partners and fears and rumours about condoms. Some of the responses given are:

“We trust our partners and that is why it is not necessary to use condoms,” (female adolescents, Kampala).

“None of our friends has ever used condoms. It may burst or remain inside the vagina. Moreover, it is not even 100% safe,” (female adolescents, Lira).

Regarding where condoms were obtained from, all groups reported to be getting their condoms from either shops or clinics, with the exception of street children in Kampala district, whose major source was reported as ‘Friends of the Children Association, (FOCA)’, an NGO working with Street Children in Kampala. Condom supply was also considered adequate with a few complaints on their scarcity particularly at night, and lack of a standard price for condoms. Some youths also noted that condoms were expensive for them.

The study further probed community acceptance of condoms. It is encouraging to note that the respondents believed that the communities approved of condom use and are supportive of programmes, which embrace a component of HIV/AIDS awareness including condom distribution.

## Testing for HIV/AIDS

The study obtained information on various aspects of HIV testing including general perception of the community about HIV testing, knowledge of, and accessibility to HIV testing centres, and circumstances under which people take HIV tests.

On whether people generally go for HIV tests in the communities, the findings from almost all groups indicate that people fear to test for HIV. The major reason cited is fear to find out that one is positive. Some of the responses to reflect this fear are:

“People do not go for HIV testing because they can kill themselves if they find out they are positive,” (barmaids, Kampala).

“It is very hard to test for HIV and the majority of people here don’t want to take that test,” (*male adolescents, Kabale*).

Of importance to note is that lack of testing centres and not knowing where to obtain such services also came out strongly as barriers to HIV testing, particularly in the rural towns of Kabale and Lira. In addition, costs of HIV tests were mentioned to be prohibitive particularly among young groups. Reflections of this can be found in the following transcripts of the respondents:

“There is no testing machine here in Lira,” (female street child, Lira).

“In Lira, there is no where to go for a test on AIDS...people who test for HIV in this area are the rich and they do it in Kampala,” (prostitutes, Lira).

“We have only heard of one testing machine that is in Rugarama,” (Drivers, Kabale).

“Paying is a hindrance to HIV testing,” (male adolescents, Kabale)

Respondents were further probed on where they could obtain such services. Most groups in the two rural towns (Lira and Kabale) mentioned Kampala AIDS Information Centre (AIC) and Mulago Hospital, which clearly indicates their lack of knowledge about the availability of such services in their localities. A few however, mentioned Kabale and Kisiizi hospitals in Kabale district, while Masindi and Kiryandongo hospitals were mentioned by respondents in Lira town.

Information was also obtained about the circumstances under which people go for HIV tests and most respondents mentioned the following: marriage; getting pregnant or impregnating a woman; mistrust for partner; death of a partner or ex-partner; travel out of the country for a long period like studying; presence of symptoms of HIV/AIDS like skin rashes and cough; and widowhood. Some of the responses are:

“Churches demand certificates indicating the HIV status before the wedding,” (drivers, Kabale).

“You have to test before marriage so that you do not have to use condoms with your partner,” (male adolescents, Kampala).

“People here go for HIV tests when they are feeling sick with skin rash and cough,” (female adolescents, Lira).

**Conclusions:**

With a lot of AIDS awareness campaigns, the groups know the dangers surrounding them. Although the groups have not changed their sexual behaviour, the practices have changed through increased condom use due to condom campaigns. It was also observed that some people have reduced sexual partners, abstained and are willing to go for HIV test. Strengthening counseling programmes will encourage people to have HIV test.

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