HAS HIV/AIDS EPIDEMIC CHANGED SEXUAL BEHAVIOUR OF HIGH RISK GROUPS IN UGANDA?

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ABSTRACT

Background

Uganda, was the first country in sub-Saharan Africa to reverse its HIV/AIDS epidemic. Long distance drivers, prostitutes and barmaids have been identified as the groups that engage in risky sex, which promotes HIV transmission in Uganda and other countries across the continent. This paper investigates whether and why there were changes of sexual behaviour and practices among five risky groups in Uganda as a consequence of HIV/AIDS epidemic.

Methodology

The paper is based on data generated from a survey on 'resistance to sexual behaviour change in the African AIDS epidemic', which was conducted in the districts of Kabale, Kampala and Lira in 1999. For purposes of this paper, only data from the focus group discussions with high-risk groups have been analysed. These include commercial sex workers, street children, long haul truck drivers, bar maids and adolescents in three towns of Uganda (Kabale, Kampala, Lira).

Results

Results indicate that despite the HIV/AIDS epidemic, these groups had only changed their sexual behaviour a little, and they reported to be continuing with multiple sexual partners for a variety of reasons. The adolescents and street children were under peer pressure and a lot of sexual urge; commercial sex workers and bar maids attributed their risky behaviour to the need to survive due to the existing poverty; and the truck drivers reflected on the need for female company to reduce their stress while on the long lonely travels across Africa. Nevertheless, they are all aware and perceive people with multiple sexual partners as being highly vulnerable to contracting HIV and they all reported to have adopted condom use as an HIV preventive strategy. They also observed that

married people were at a high risk of contracting HIV due to non-use of condoms in marital relationships and unfaithfulness of spouses.

Conclusions

The general conclusion which can be drawn from these findings is that females engage in high-risk sexual relations as a means of economic survival, and they perceive their acts as a form of strategy through which they can improve their socio-economic well being. On the contrary, men in these high-risk categories do such acts out of just pleasure and probably as avenues for attaining fulfilled sexual lives. The search for money among women and the constant desire for men to have sexual pleasure, which are greatly facilitated by their financial status seem to come out as the driving forces behind the recklessness in sexual behaviour among high-risk groups.

There is need to specifically target high-risk groups by the HIV/AIDS programs and particularly voluntary testing and counseling (VCT) services. Special emphasis needs to be put on the adolescents and street children who still have wider options than life-time engagement in reckless activities like commercial sex. Programmes that ably address their plight in the current HIV/AIDS situation need to not only embrace condom distribution but also educational support and life skills training. Adult high-risk groups particularly females require support towards income-generating activities in order to rid them of high-risk social practices. They also need to be targeted regarding life skills training with specific focus on self-awareness, esteem, creativity and confidence building. The men need to be sensitized on alternatives available for one to lead fulfilled lives other than sex. Young men also need an income-generating component if the AIDS situation in the country is to be effectively arrested.

BACKGROUND

Uganda is one of the countries in the World most seriously affected by the HIV/AIDS epidemic and thousands of people in the country have died of the disease. For example, estimates indicate that there were 1,438,000 and 1,107,644 adults and children living with AIDS as of December 1999 and 2000 respectively. The cumulative deaths due to AIDS were reported at 848,492 by December 2000 (Ministry of Health, 1999 and 2000). Uganda, whose HIV prevalence rate peaked at 18.5% in 1995, was the first country in sub-Saharan Africa to reverse its own epidemic. The rate dropped to 16.3 in 1996, 14.7 in 1998. By 1999, this had been halved to 8.3. The overall antenatal prevalence rate in 2001 was estimated at 6.5 percent closely comparing with 6.1 percent in 2000 (Ministry of Health, 2002). Despite the registered declines which have been attributed to strong preventive measures including condom use, public awareness raising campaigns and behaviour change messages, these rates are still high by international standards with severe socio-economic and demographic impact at the national, community and household levels.

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 have frequently been blamed for the 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 percent were HIV-seropositive and 66 percent 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 percent 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 make 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 percent 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. In Uganda, HIV infection cases begin to increase in the age group 15-19 and peak in the age group 25-30 (Sekatawa, 2000). He further states that girls aged 15-19 are two to six times more likely to be infected than boys that age. Contributors to this trend include; early age at first sexual experience, early ages at marriage, low levels of condom use, and a long standing pattern of older men engaging in sex with adolescents, particularly girls in an attempt to avoid contact with HIV. For example, ORC Macro (2002) using the 2000/2001 Uganda Demographic and Health Survey reported that 11 percent of the women aged 15-24 had first sexual partners who were 10 years older than they. In addition, 19 percent and 42 percent of the girls and

boys aged 15-19 respectively, reported to have used a condom during their last sexual experience before the survey.

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 virginal 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 (Ndyanabangi et al; 1998). Further positive responses to sexual behaviour was 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 and why there were changes of sexual behaviour and practices among five risky groups in Uganda as a consequence of HIV/AIDS epidemic.

METHODOLOGY

The paper is based on data generated from a survey on 'resistance to sexual behaviour change in the African AIDS epidemic', which was conducted in Uganda in 1999, with an aim of establishing factors responsible for continued risky sexual practices amidst the HIV/AIDS epidemic. The survey was conducted in the districts of Kabale, Kampala and Lira. 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 southwestern 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.

Three methods of data collection were employed including focus-group discussions; in-depth interviews with key informants and quantitative data collection using structured questionnaires. For purposes of this paper, only data from the focus-group discussions have been analysed.

Focus group participants were identified from the three urban centres of Kampala, Kabale and Lira. In each urban center, seven (7) focus groups of people ranging from 8 to 12 in number were conducted and the constitution of these groups was as follows:

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

The exercise generated findings from 21 focus groups for the entire study (7 per district). The focus group discussions were moderated by teams of 4 per district, constituted by 2

moderators and 2 notes takers, and proceedings electronically recorded. A semi-structured focus group instrument was developed by the Principal Investigators and was translated into the three main local languages of the study districts (Luganda – Kampala, Rukiga for Kabale and Luo- for Lira) prior to the training of the moderators and notes takers. The issues probed included awareness of HIV/AIDS, current sexual behaviour, risk perception to HIV/AIDS, change of sexual behaviour, use of condoms, and willingness to undergo HIV testing.

Data analysis involved transcription and translation of the generated information based on the electronic recording and notes taken in the course of the focus group discussions; reading through the translated transcriptions for identification of major opinions and attitudes that were expressed by the groups in line with the objectives and thematic areas for the study; development of master sheets that contained summarized information of the dominant and strongly held opinions; and identification of patterns and similarities in responses based on words used and context. Findings were thus generated and quotations have been used where necessary to provide supportive information for the various issues that came up in the discussions.

RESULTS OF THE STUDY

The study results are presented under the following areas; awareness of HIV/AIDS, current sexual behaviour, risk perception of HIV among high-risk groups and changes in sexual practices.

Awareness of HIV/AIDS

Awareness about HIV/AIDS was found to be high across all categories of the high-risk groups. Findings from all the focus groups show that discussants reported that AIDS has killed many people whom they know and there were many others who are now sick of AIDS. A sample of typical responses to the enquiry is:

> *"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).*

There were also variations in the degree of fear for the disease – HIV/AIDS amongst the various categories of discussants. The youths, particularly females expressed great fear for HIV/AIDS. On the contrary, street children and barmaids expressed their fear of HIV/AIDS with ambivalence due to the non-involvement with men/women and regular use of condoms respectively. Typical responses were:

> *"People say so and so has AIDS but you cannot see any signs of AIDS on that person and we fear we shall all die" (Adolescent females, Kabale).*
>
> *"We don't love women …they look at us as 'rubbish' because of the condition we live in", (Street boys, Kampala). Street boys in Lira echoed similar sentiments.*
>
> *"We are no longer scared of AIDS because we send away men who do not want to use condoms", (Sex workers, Kampala).*

Considering modes of HIV transmission, all groups indicated thorough knowledge that HIV was transmitted through heterosexual intercourse, sharing of unsterilized equipments and blood or body fluid contact with those of an infected person. When asked about the

pre-disposing factors to HIV/AIDS, responses centred on prostitution, rape, alcoholism, kissing, traditional practices and social interactions like night discos and cinema shows. Reflections of these could be captured from the following responses:

> *"Street boys, particularly when drunk, rape girls and infect them", another adds, "…prostitutes also spread AIDS", (Male adolescents, Kampala).*
>
> *"Some of us develop some form of mental sickness after taking Bangi (drugs), and we sleep with any woman", (Street boys, Kampala).*
>
> *"We indulge in sex with any person regardless of status". Another interjects " the AIDS Control Programme provides drugs to AIDS patients who then look healthy and spread the disease", (Drivers, Kampala).*
>
> *"Boys rape some of our colleagues when we go to discos and public shows at night and we always fear that they may lead to HIV infection", (Street girls, Kampala).*

As to whether AIDS can be cured, almost all participants knew that AIDS has no cure, with the exception of some male adolescents in Kabale who cited 'prayers and getting saved', as the only cure for AIDS. Some of the respondents said;

> *"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).*

The enquiry investigated their knowledge of preventive strategies against HIV/AIDS. In all focus groups across the three districts, the respondents knew that the only remedy was prevention through protected sex with condom. Female youth groups also mentioned abstinence from sex, while other groups mentioned *'zero grazing'* (faithfulness to regular partners). Other measures that came up not in all focus groups though were blood testing and avoidance of prostitutes, which were mostly mentioned by barmaids and drivers, avoidance of alcohol, penetrative sex and discos, which were mostly cited by youths. Male adolescent focus groups in Kabale strongly mentioned getting saved as a key preventive strategy against HIV/AIDS, while female youth groups in Lira cited the need to avoid kissing.

Despite their awareness about ways of protecting oneself against HIV, participants in different groups reported that not much had been done towards this front, despite the regular messages on radio emphasizing use of condoms to protect oneself against HIV. 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 condoms during a sexual act.

Risk Perception of HIV Among High Risk groups

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 pre-disposing 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 don't use condoms, 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". Another interjects "This has led to many deaths among married people", (Sex worker, Kampala).*

These views reflect respondents' 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 participants' perception of the risk of contracting HIV/AIDS that 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 sex and they do not have regular partners", (Barmaids, Lira).*
>
> *"The never married have too much freedom to do whatever they want with anyone and this has led to many adolescents contracting HIV/AIDS", (Male adolescents, Kabale).*

The living arrangement of the never married people particularly the youth 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 HIV because of the assumed regular parental control and guidance. The groups that advanced this argument included the adolescents and street children in Kampala and Kabale districts.

Current Sexual Behaviour

One of the risk factors for HIV transmission is having multiple and casual sexual partners. The study probed whether discussants had observed any positive changes in this practice and particularly amongst their counterparts. Results however, indicate that multiplicity of sexual partners as a practice still continues amongst them. Typical responses that capture these sentiments were:

> *"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).*
>
> *"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 activity", (Barmaids, Kampala).*

Perceived contributors to this trend however, varied by age and risk category of the respondents. Adolescents and street children cited peer pressure, heightened sexual urge and attraction to the opposite sex, prestige, and experimentation as the main reasons why young people have many sexual partners. Some actually said;

> *"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 most of 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 having sex", (Street girls, Kampala).*

Street girls also added material poverty specifically the need for money and shelter to the above-mentioned factors.

> *"We have no other work… what do you do if you fear AIDS and suffer from poverty… we try to get permanent partners who constantly give 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).*

On the contrary, the drivers attributed having multiple sexual partners to the nature of their job (travel), excessive alcohol consumption, and money, which they normally carry along. 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).*

For the barmaids and commercial sex workers, their continued having sex with many partners was attributed to poverty, excessive drinking and lust for riches.

> *"We meet many people in the course of our work …some of us have high affinity for money and good dresses and one partner may not cater for all this", (Barmaids, Lira).*
>
> *"Alcohol makes one lose control, and when we drink, we end up sleeping with different people", (Barmaids, Kampala).*
>
> *"We are jobless and desperately need money…you may get involved with one partner who doesn't give you anything, one would need to get others who give you money", (Prostitutes, Kabale and Kampala).*

Irregularity of financial support from only one sexual partner was also cited as a contributor to the practice of multiple sexual partners among prostitutes. Noteworthy is that much as the respondents reported use of both regular and casual partners, they mentioned preference of the latter to the former. Casual sexual relationships were mentioned to be convenient for the non-married people since they would have no conditionalities attached to them, and many reported to be finding them more financially rewarding than sexual relations with regular partners.

> *"Casual sexual relationships are better because it is cash on delivery and you may even never see the girl again", (Male adolescents, Kampala).*
>
> *"Regular partners don't provide us with any money…casual partners are very good and they are our reliable customers", (Sex workers, Kampala).*

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 regular partners (zero grazing). Willingness to take HIV tests was also reported in the adult groups (barmaids, drivers and sex workers), while adolescents cited reduced involvement in night recreation (going to clubs and discos) and turning to God. The sections that follow discuss each of the above-mentioned aspects.

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 reported to be the major behavioural change adopted by particularly the adult high-risk groups. The participants in these groups reported regular use of condoms with their casual partners in a bid 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 use them (condoms) now …no sex without a condom", (Barmaids, Lira).*

In addition, barmaids and sex workers in Kabale indicated condom use also as a reassurance for clients who fear contracting the deadly disease. They however, reported some constraints to regular condom use with their clients including forced sex, anticipation of higher payments for the sexual services, and clients' dislike for condoms. Some actually said;

> *"Our regular partners refuse condoms…we bring them from family planning clinics but they throw them away", (Prostitutes, Kabale).*
>
> *"Some men offer much higher fees for our services on condition we don't use condoms with them", (Prostitutes, Kampala).*
>
> *"We normally use condoms…but sometimes a client can overpower you and force you into sex without a condom", (Barmaids, Kabale).*

"It depends on ones' financial status, because there are some days when one needs money desperately that dictating condom use to a client is almost impossible", (Bar maids, Lira).

Drivers in all the three districts also reported regular condom use with their casual partners but non-use of condoms with their regular partners particularly wives. The reasons advanced for this pattern include protecting oneself against possible contraction of HIV from the casual partners, and the desire to have children with their wives and other regular partners. Some drivers also reported that non-use of condoms with the latter category (regular partners) was in a bid to build trust between them and their partners or spouses.

"We do not think any of us can use condoms with a wife, how then could one get children", (Drivers, Lira).

"It is not wise to use condoms with a regular partner, she can think you do not trust her and she can also lose trust in you, which is not good", (Drivers, Kampala).

On the contrary, adolescents reported substantial use of condoms with both their regular and casual partners. Some groups even went ahead to demonstrate how condoms are used. It is however, important to note that among the female adolescent groups, use of condoms was more tied to the age of the partner and responses were suggestive that regular use of condoms was done with age-mates and many were silent about their use of condoms with men who were older than them.

"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 when we have sex in order 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 girls 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 to avoid pregnancy and STDs", (Female adolescents, Kabale).

On a more positive note, the findings from the street girls in Kampala and Lira reflected some degree of empowerment and enhanced ability to negotiate safe sex, which aspect never came out from the female adolescent groups. Their male counterparts also echoed this change. Typical responses were;

> *"It is the girl to suggest and insist on using condoms to a boy…if you remain quiet, the boy will not care to protect you from pregnancy, HIV and other STDS", (Street girls, Lira).*
>
> *"Yes, you have to be sure that the man does not put holes on the condom…and one also needs to ensure that the condom is not expired", (Street girls, Kampala).*
>
> "*We use condoms…even street girls always have condoms with them", he adds "They refuse to have sex with anyone who does not use condoms", (Street boy, Kampala*).

The experience of the street boys in Kabale was however, different with many of them reporting non-use of condoms due to their desire to enjoy sex, disregarding the HIV/AIDS scourge which they all mentioned to be at a high degree in Kabale. Similarly, female adolescents in Kampala and Lira towns reported non-use of condoms but for purely different reasons. They attributed their non-use of condoms to the trust they have for their partners and fears and rumours about condoms. A sample of the responses that were given is:

> *"We do not use condoms because we want real physical contact with women… sex with a condom is useless and not enjoyable", (Street boys, Kabale).*
>
> *"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 because we fear they may burst or remain inside the vagina"…Another one adds " Moreover, condoms are not 100% safe", (Female adolescents, Lira).*

Sources of condoms were also probed and all groups reported shops and private health clinics as their major providers of condoms, 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 generally 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.

It is encouraging to note that the respondents rated communities' acceptance and approved of condom use as high, and they also feel communities are supportive of programmes, which embrace a component of HIV/AIDS awareness and condom distribution to particularly young people.

Testing for HIV/AIDS

Testing for HIV was one of the behavioural changes mentioned by the respondents, and the study probed their perception of HIV testing, their general perception of community acceptance for HIV testing, knowledge of, and accessibility to HIV testing centres, and circumstances under which people take HIV tests.

Much as HIV testing had been cited by the discussants as a behavioural change strategy they had adopted in the face of AIDS, no body came out to report having taken this test. Instead, they reported that their perception of HIV tests is now more positive compared to the time when AIDS was still at low ebb in Uganda. Similarly, they reported that community perception of HIV testing was also positive and many would now want to take HIV tests as compared to the past. Adult groups also reported to know more people who have undertaken HIV tests despite the fact that they themselves had not taken such tests.

Fear to test positive was the most commonly reported reason for not taking HIV tests. Some of the responses to reflect these reasons 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).*

Lack of testing centers 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 Rubaga", (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 Center (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 Kisizi hospitals in Kabale District, while Masonic 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 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 that echo these sentiments 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).*

DISCUSSION AND CONCLUSIONS

High-risk groups are fully aware of HIV/AIDS and how it is spread. In addition, they are aware of the risk associated with casual and multiple sexual partners in the current age of HIV/AIDS. There were some expressions of fear for HIV/AIDS particularly among the adolescents, while barmaids, drivers and street children did not seem to fear AIDS anymore, which they attributed to their increased use of condoms. Pre-disposing factors to HIV, which were cited by the respondents include prostitution, rape, alcoholism, traditional practices and night social activities like discos.

Regarding avenues through which one can safeguard against HIV, the focus group discussants mostly mentioned protected sex (with condoms) followed by faithfulness. Abstinence as an HIV/AIDS strategy was mostly mentioned by the adolescents. The general feeling amongst the high-risk groups was that much as emphasis is put on promotion of condom use, adherence to this had not been done by the general population and spread of HIV has greatly increased.

Results further reveal that despite the HIV/AIDS awareness amongst the high-risk groups, many still reported engaging in casual sex with multiple sexual partners and they also feel that this is the general trend based on their experiences and observations. There were also variations as to why different categories of high-risk groups continue having reckless sex amidst the HIV/AIDS scourge. Adolescents and street children attributed their continued involvement with multiple sexual partners to peer pressure, desire to experiment and the physiological changes they undergo due to age, which they felt were responsible for the heightened sexual urge particularly amongst boys.

Excessive poverty was cited as a contributor to the multiplicity of sexual partners amongst street girls and adult female groups. However, the money required by the street kids was for mainly food and shelter, which are basic necessities of life, while the adult female groups (barmaids and sex workers) reported much greater needs than just food and shelter. Nevertheless, participants do this with thorough knowledge of the fact that having multiple sexual partners increases their chances of acquiring HIV.

The general conclusion which can be drawn from these findings is that females engage in high-risk sexual relations as a means of economic survival, and they perceive their acts as a form of strategy through which they can improve their socio-economic well being. On the contrary, men in these high-risk categories do such acts out of just pleasure and probably as avenues for attaining fulfilled sexual lives. The search for money among women and the constant desire for men to have sexual pleasure, which are greatly facilitated by their financial status seem to come out as the driving forces behind the recklessness in sexual behaviour among high-risk groups.

The only positive change by the high-risk groups in light of HIV/AIDS epidemic is condom use with casual sexual partners. In this regard, regular use of condoms by women also seems to be easily compromised when faced with situations where their anticipated gains in terms of money are higher than the usual gains. Even for adolescent girls where materialism was not expressed greatly, the issue of age came up, with condom use being compromised when it comes to having sex with older persons and yet this is the norm in our society.

In relation to HIV testing, the change that emerges from the findings is the community awareness and acceptance of HIV testing is now more positive as compared to the past, although actual taking of the HIV tests by the people is still very minimal mainly due to fear of positive test results and inaccessibility to testing services.

In light of these findings, there is need to specifically target high-risk groups by the HIV/AIDS programs and particularly voluntary testing and counseling (VCT) services. Special emphasis needs to be put on the adolescents and street children who still have wider options than life-time engagement in reckless activities like commercial sex. Programmes that ably address their plight in the current HIV/AIDS situation need to not only embrace condom distribution but also educational support and life skills training. Adult high-risk groups particularly females require support towards income-generating activities in order to rid them of high-risk social practices. They also need to be targeted

regarding life skills training with specific focus on self-awareness, esteem, creativity and confidence building. The men need to be sensitized on alternatives available for one to lead fulfilled lives other than sex. Young men also need an income generating component if the AIDS situation in the country is to be effectively arrested.

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