

## Chapter 7

# ***Uganda's ABC Program on HIV/AIDS Prevention: A Discursive Site of Struggle***

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### **Introduction**

In Uganda, what began as a national war against HIV / AIDS has become a battle for ownership of the discourse on HIV / AIDS, with life and death implications for Ugandan people, and young women in particular. One such battleground is Uganda's ABC program on HIV / AIDS prevention (A for abstinence, B for be faithful, C for condoms), in which diverse stakeholders are implicated in struggles over the policy and its implementation. This chapter will address three of the primary stakeholders in this battle, namely policy-makers at the macro level, teachers at the institutional level and female students at the micro level, respectively.

At the macro level of policy, we consider the genesis of the ABC policy, and its relationship to national and international agendas of development. We demonstrate that the discourse of the ABC program, particularly with reference to condom usage, is a site of struggle in which national and global agendas take precedence over the daily challenges of those most affected by policy initiatives. At the institutional level, we consider how policy at macro level impacts health education in schools. At the micro level, we investigate the challenges young rural Ugandan women face in negotiating the principles of ABC on a daily basis, demonstrating how the ABC program inadequately addresses what is being called the increasing 'feminization of AIDS' (Dworkin & Ehrhardt, 2007: 13).

We frame our argument with reference to poststructuralist theories of language as 'discourse' (Bourdieu, 1977; Foucault, 1980; Weedon, 1987), in which language is conceptualized as the complexes of signs and practices

that organize social existence and social reproduction. By extension, the discourse of HIV/AIDS is theorized as constituted in and by language and other sign systems, which serve to organize meaning-making practices associated with HIV/AIDS. In this view, discourses on HIV/AIDS construct and are constructed by a wide variety of social relationships, ranging from the most intimate, such as those between client and sex worker, to the more abstract, such as those between wealthy and poor nations. In poststructuralist theory, then, the social meaning of HIV/AIDS is a site of struggle, with conflicting claims to the truth about the origins, spread and control of the disease. Our analysis of Uganda's ABC program provides a window on this site of struggle.

### The Discourse of the ABC Program: From ABC to PEPFAR

In Uganda, the high rate of HIV infections in the early 1990s led the government to strengthen its ABC education campaign. Condom use had been minimal up to this time for reasons of limited access and awareness, as well as resistance from various religious and political groups who believed that promoting condoms would undermine the prevention messages of abstinence and be faithful (Okware *et al.*, 2005). However, it became increasingly clear that condom use was extremely effective in preventing HIV transmission, and in 1991, the government promoted a policy of 'quiet promotion and responsible use of condoms with appropriate education' (Okware *et al.*, 2005: 627).

Condom use increased immediately and dramatically from 5% use between non-cohabiting partners in 1987 to over 60% by 2002, with the procurement of condoms rising concomitantly from 10 million in 1994, to 30 million in 1997, to 120 million in 2003 (Okware *et al.*, 2005: 627). According to Dr. Alex Coutinho, Executive Director of The Aids Support Organization in Uganda (TASO), quoted in Garbus and Marseille, critical has been

[t]he gradual buildup and social acceptability of interventions like condom promotion in the media and public places without hindrances from religious groups. A key to this acceptance has been the A, B, C campaign where condoms are seen as an alternative to abstinence and faithfulness. Social marketing of condoms has been very successful allowing especially the youth to accept that safe sex can be fun sex. (Garbus & Marseille, 2003: 28)

Uganda, however, is donor reliant for most of its HIV/AIDS programming and therefore must acquiesce to donor priorities to receive much of

this funding (Stewart, 2006). It has been observed that Uganda's official waning support for the promotion of condom use coincided with funding priorities in the United States under the Bush administration, where the overwhelming focus of its PEPFAR program (President's Emergency Plan For AIDS Relief) was on abstinence (Schoepf, 2003: 555). Clearly, powerful interests at policy level were imposing a highly adverse meaning to the 'C' in the ABC program. For example, over 50% of the monies received from 2004 to 2006 by Uganda through US funding were spent on abstinence/faithful programmes and not on condom use (Berry & Noble, 2006; Buonocore, n.d.; Cohen, 2005; Cohen & Tate, 2005; Das, 2005). ABC billboards, once ubiquitous throughout Uganda, were replaced with advertisements promoting abstinence (Berry & Noble, 2006; Cohen, 2005).

It was also at about this time (2004) that the Ugandan national brand of condoms, *Engabu*, distributed for free by the government to health clinics and other public sources, were recalled due to issues of quality. The validity of this recall is contentious, as it has been claimed that there were no problems with these condoms other than an unpleasant odor (Wakabi, 2006), and that the retraction of condoms, and the ensuing delay in replenishing the supply of condoms, coincided with the onset of US funding priorities (Stewart, 2006). Ambassador Stephen Lewis, the former United Nations Secretary General's Special Envoy for HIV/AIDS in Africa, said 'there is no question that the condom crisis in Uganda is being driven and exacerbated by PEPFAR and by the extreme policies that the administration in the United States is now pursuing' (Altman, 2005). The resulting shortage of condoms, and the high price of condoms that were available, put large numbers of the population, especially the poor, at risk. Many working in the area of HIV/AIDS were worried that the years spent promoting condom use to the general population would be severely undermined by this struggle over the ownership of the ABC discourse:

"We're almost back to square one," one of the organization's staff members said, adding: [B]ecause of our culture, it was very difficult for us to get people to use condoms. Now, trying to promote abstinence in this social environment is very difficult. If you tell people to abstain, they'll say, "You were the people telling us to use condoms, and now you're telling us to abstain. Does this mean condoms weren't effective and you were lying to us?" (Cohen & Tate, 2005)

What was once a discourse that reflected patriotism, solidarity and community mobilization around the battle against HIV/AIDS evolved into a raging debate on what constituted the truth about condom effectiveness. One side of the debate included researchers, health workers and

public representatives who feared that the recent 'war against condoms' spelt disaster (Berry & Noble, 2006; International Community of Women Living With HIV/AIDS, 2004; Schoepf, 2003). On the other side of the debate were those such as global policy-makers, policy analysts, senior advisors and some researchers who rallied behind PEPFAR, and were often involved in PEPFAR policy and implementation. They minimized the importance of condoms in HIV/AIDS prevention, and sought to make the case that abstinence and partner reduction *and not condom use* were the key reasons for the decline in HIV/AIDS prevalence in the 1990s (Allen, 2006; Green & Witte, 2006; Shelton, 2006; Wilson, 2004). These tactics were used to justify PEPFAR's lack of support for condom use (Allen, 2006; Green & Witte, 2006; Shelton, 2006; Wilson, 2004).

Clearly, PEPFAR was closely aligned with the conservative, religious fundamentalism that had lodged itself firmly within the sexual health discourse in the US and Uganda (Berry & Noble, 2006; Cohen, 2005; Roberts, 2006; Schoepf, 2003; Wakabi, 2006). For example, Uganda's First Lady, Janet Museveni, herself an evangelical Christian and whose office received funding from the PEPFAR program, became an outspoken supporter of abstinence. Her claim that 'The young person who is trained to be disciplined will, in the final analysis, survive better than the one who has been instructed to wear a piece of rubber and continue with "business as usual"' has served to undermine HIV/AIDS prevention measures involving condom-related education (Roberts, 2006).

Further, those who oppose mainstream promotion of condom use claim that 'condomcentric' approaches to combating HIV/AIDS promote promiscuity, immorality and sexual colonization. They argue, specifically, that Northern countries are imposing their sexual practices – specifically condom use – on Southern countries, and that condoms are not conducive to general HIV/AIDS educational programs, unless targeting 'high-risk' groups such as sex trade workers (Genuis & Genuis, 2008; Green & Witte, 2006; Wilson, 2004). For example, Edward Green, a member of President Bush's AIDS Advisory Council, pronounced to the US Congress that condoms were a 'western, technological solution, inappropriately exported to Africa' and that abstinence and partner reduction should be acknowledged as the most important factor in the decline of HIV/AIDS infection rates (Schoepf, 2003: 555).

The view represented by Green clearly conflicted with those of many prominent Ugandans. Ugandan Vice President, Gilbert Bukenya, openly challenged the way in which the ABC discourse had been hijacked by ideology linked to US funding: 'The use of condoms was politicized. Much as the religious sector is against it, I feel there are people who can't

be left out' (Wakabi, 2006: 1387). Other notable individuals who had worked extensively with HIV/AIDS organizations, such as Sophie Wacasa-Monico, a former director of the world-respected TASO, publicly expressed their dismay about assertions such as Green's. Addressing the US Congress, Wacasa-Monico, quoted in Schoepf (2003: 555) stated, 'I am deeply concerned when I hear people taking a single element of our successful national program – for instance abstinence – out of context and ascribe all our achievements to that one element. They must all be implemented together in order for prevention to work'. In a similar spirit, David Serwadda, a leading HIV/AIDS researcher and Director of the Institute of Public Health at Makerere University in Kampala, Uganda, noted as follows:

As a physician who has been involved in Uganda's response to AIDS for 20 years, I fear that one small part of what led to Uganda's success – promoting sexual abstinence [and faithfulness] – is being overemphasized in policy debates. Abstinence is not always possible for people at risk. Many women simply do not have the option to delay initiation of sex or to limit their number of sexual partners. (Serwadda, 2003: A29)

### From PEPFAR to PIASCY

The battle over the ownership of the ABC discourse also seriously and negatively impacted sexual health education at institutional levels in Uganda. Although education is a foundational pillar of the ABC program, the polarized arguments around the promotion of condom use led to instructions for health providers and public spokespersons to refrain from discussing condom usage as an HIV/AIDS preventative strategy, and to promote abstinence only (Berry & Noble, 2006; Cohen, 2005; Cohen & Tate, 2005). Cohen (2005) describes how the progressive and innovative President's Initiative on HIV/AIDS Strategy on Communication to Youth (PIASCY), initially developed in 2001 to provide comprehensive sexual health information for every student in Uganda, was later revised in a way that accorded with PEPFAR priorities. The original PIASCY text covered a wide range of topics, such as how to prevent oneself from becoming infected (including through the use of condoms), sexual negotiations (e.g. how to 'say no') and sexual hygiene. However, when the original texts were launched in 2003, there was a huge outcry from the evangelical community, claiming that the textbooks were pornographic and encouraged youth to become sexually active. This took place at about the same

time that the PEPFAR initiative required that one-third of its HIV/AIDS prevention funding be spent on abstinence programs.

The revised texts emphasized abstinence and characterized sexual intercourse as an act that should be confined to marriage; they omitted information about condom use and sexual hygiene and instead inserted messages intended to scare students away from having sex (Cohen, 2005). For example, a draft of the revised PIASCY text claims that 'condoms are not 100% perfect protective gear against STDs and HIV infection. This is because condoms have small pores that could still allow the virus through' (Cohen & Tate, 2005: 5).

In 2004, USAID hired the Uganda Program for Human and Holistic Development (UPHOLD) to provide training for 40,000 teachers on the use of these PIASCY materials. Teachers were explicitly instructed not to talk about condoms with their students. One teacher said, 'At the PIASCY training, we were told not to show (pupils) how to use condoms and not to talk about them at our school. In the past, we used to show them to our upper primary classes. Now we can't do that'. Another commented: 'President Museveni said there is no use teaching young people about condom use ... because then children will go and experiment with them'. Some teachers said they taught their pupils about condoms anyway because, as one put it, 'people don't buy this idea of abstinence, because in Uganda, many girls are using sex to buy their daily bread' (Cohen, 2005).

### **The Discourse of the ABC Program: The Micro Level of Practice**

While policy-makers and teachers were debating the merits and limitations of the ABC program, young girls in rural Uganda were anxiously wondering how they could afford their next semester of schooling. To illustrate the severity of their situation, we draw on data collected in a longitudinal study we conducted with a group of secondary school girls of approximately 17 years of age in Kyato Secondary School (KSS)<sup>1</sup> in Kyato Village in rural Uganda. While the aim of the larger study was to better understand the challenges young rural women face in securing a quality education, the data provided much insight into the limitations of the ABC policy on HIV/AIDS prevention.

The ethnographic study used a number of qualitative data collection methods over the course of two years (August 2004–September 2006). Participants were 15 girls from KSS who, over this period, were in the process of completing their secondary school education. Data were collected through interviews, observations, questionnaires, journals and



document analysis. Fieldwork was conducted primarily by Jones from August 2004 to August 2005, during which time she lived full-time in Kyato Village. Jones and Norton had made an initial visit to the site in August 2003, and Norton returned to the site in October 2004 and February 2006, during which time she participated in data collection.

Kyato Village borders a trading centre that is approximately seven miles from the nearest town centre, Masaka, in southwestern Uganda. Poverty in this rural area of the country is endemic and acute. Most of the students' families survive by subsistence-level farming, with small incomes sometimes earned through men's employment (e.g. as labourers or in other occupations, such as tailoring or driving taxis), the sale of crafts such as mats and baskets made by women, or the sale of extra food grown in the family gardens. The official per capita income is less than US\$1 per day, although it is likely that many families live on less than US\$1 per day. Malnutrition, disease and poor living conditions are widespread, and it has been one of the areas in the world hardest hit by the HIV/AIDS pandemic.

Two questionnaires were particularly important for data collection with respect to HIV/AIDS prevention, one administered in May 2005 by Jones and a second administered in September 2006 by a local research assistant, Daniel Ahimbisibwe. Thirteen girls completed the first questionnaire, referred to as Q1, and 12 girls completed the second questionnaire, referred to as Q2.

Examples of questions from Q1 include the following:

- Many girls have talked about the problems of girls having sex for money – to pay for school fees, supplies, etc. Do you think this is a general problem in Uganda?
- Do you know of any girls who have had sex to pay for school fees/books/supplies?
- Have you ever had sex in order to raise money for your own school fees/supplies/books? If yes, how do you feel about that experience?
- Do you know any male teachers that have had sex with their female students?
- Do you know of any parents who have encouraged girls to have sex in order to pay for school fees?

Examples of questions from Q2 include the following:

- Do you think that most girls are aware that condoms prevent the transmission of AIDS?
- Do you know of any young women or men who have become infected with HIV/AIDS? If yes, how many girls? boys?

- Are you sexually active? If yes, at what age did you first have sex? Have your partners used condoms?
- Have you received gifts or money for sex? If yes, what have you received? If you have received money, what have you used that money for?
- Do you have any concern about having unprotected sex? If yes, what are these concerns?
- Have you ever been afraid to refuse a request for sex? [If yes] Why were you afraid?
- Are you worried about becoming infected with HIV / AIDS?

The central argument we make, drawing on data from this study, is that the ABC approach has limited resonance with the lived experiences of the young women in our study (Jones & Norton, 2007). As we argue, to abstain from transactional sex, to be faithful to only one person or to access resources such as condoms are untenable luxuries for many young rural Ugandan women. Further, even if condoms are available, young women have great difficulty insisting that their partners use them. Poverty and gender inequities rendered the ABC policy meaningless for many of the participants in our study. Drawing on our data, we now turn to a closer analysis of the discourses of abstinence, be faithful and condom use.

### **The discourse on abstinence and be faithful**

We begin by contrasting assertions about abstinence within the PEPFAR rhetoric with these young women's voices. James Shelton, of the Bureau for Global Health, US Agency for International Development, based in Washington, DC, makes the following claim:

Abstinence efforts provide an opportunity to promote personal self-efficacy more broadly among young people, as well as fidelity and partner limitation once sexual activity commences. (James Shelton, 2006: 1948)

All of the girls in our study knew that abstinence was the greatest protection against HIV/AIDS, and most advocated abstinence until marriage. Comments in this regard include the following:

- Please young girls abstain from sex till you grow up.
- The comment I would like to share is with those who are not engaged in sex is to abstain until they get married.
- I would like to comment about girls because they are most affective with HIV/AIDS. So they should use this method: A – abstinence from sex; B – being faithful; C – condom use.



However, although the girls generally believed in the virtue of abstinence, 10 of the 12 girls in Q2 noted that they were sexually active, having begun sexual activity at the average age of 16. While five girls had had only one sexual partner, five had had multiple partners, mostly with adolescent boys, but also with 'sugar daddies', teachers and boda-boda men.<sup>2</sup> Such disconnect between publicly expressed views by youth concerning sexual relationships and their actual, lived sexual experiences are documented in other studies, as well. Agyei *et al.* (1994) report: '[t]here were contradictions between behavior and attitudes, with many more young people reporting that they engaged in sexual behavior than reporting that they approved of premarital sex' (Agyei *et al.*, 1994: 1).

### Pressures against abstinence

Pressure from the partner was cited most commonly as the reason why the girls in our study engaged in sexual activity, though the need for money was almost equally important. In Q1, 12 of 13 girls noted that the problem of girls having sex to pay for school fees and supplies was a common one in Uganda, and four of the girls said that they had had sex to raise money for their own school fees and supplies. When asked how they felt about those sexual experiences, their responses were as follows:

- It's bad because of many problems in it. But I do it because I want to buy books and to pay some school fees.
- I feel bad ... about that action.
- It because male can tell you to have sex to pay for your school fees.
- I felt very happy because of that money.

In Q2, 9 of the 10 sexually active girls noted that they had received gifts or money for sex. The money received was used to buy books, stationery, clothing, food and toiletries. As one girl said, 'I used that money to buy things that helped me to stay at school because I was at home lacking things to use'. Another said, 'It is true that girls usually expect money or gifts in exchange for sex because some parents failed to pay school fees for girls and then she decide to exchange sex in order to get money'. Their sexual partners, however, had not always given money to the girls, but rather services in kind. Thus while the sugar daddy generally gave the girl cash, the teacher gave 'high marks in the teacher's subject', 'good results' and 'guideline in studying', while the boda-boda man provided 'easy transport', 'taking you to school' and 'lifts'.

Our study also suggests that some parents are complicit in encouraging the transactional sex of their daughters. In answer to the Q1 question, 'Do you know of any parents who have encouraged girls to have sex in order

to pay school fees?', 12 of 13 girls answered yes. Further, in a focus group interview in January 2005, one of the girls noted as follows:

Our mother can force us to, to go and practice fornication. If you say at home, 'Mum, I want books, pencils. I don't have a uniform', she can tell you that 'I don't have money. What can you do? You can go and practice fornication in order to get money.'

For many of these girls, then, sex has become an exchangeable commodity, a resource that the girls, some with the encouragement of parents, can use to cover costs of schooling and basic necessities. These transactional sexual relationships are generally intergenerational – young women with older men as sexual partners – as older men have more financial resources than male students (Vavrus, 2005). Alarming, these intergenerational sexual relationships are believed to account largely for the reason that young women are up to six times more likely to contract HIV / AIDS than are their male counterparts (Hallett *et al.*, 2007; Leach *et al.*, 2003; Luke, 2003).

Young women's 'choices' about their sexual behavior are also often compromised by forced sex and various kinds of abuse, which are alarmingly common in Uganda and other sub-Saharan countries (Hulton *et al.*, 2000; Leach *et al.*, 2003; Luke, 2003; Nyanzi *et al.*, 2001). Hulton *et al.*'s study (2000) of a group of adolescent girls elicited from them a wide spectrum of abuse, including 'rape', 'abuse from boys', 'boys trying grope you', being 'strongly convinced' (Hulton *et al.*, 2000: 43). Luke (2003) uncovered similar findings: 'The research offers numerous examples of older partners, such as teachers and relatives, and peers (and sometimes groups of peers) who forced girls to have sex' (Luke, 2003: 74–75).

In our study, 11 of 12 girls in Q2 said that they had been afraid to refuse a request for sex, the consequences of which included the following:

- When I refused he forced me until I get sex with him.
- You can be abused and punished by these people.
- The teacher had started beating me at school without any reason.
- The person hates you until death.

Tragically, the context of the school, in which adolescent girls should be receiving support and encouragement to develop autonomy, self-confidence and strength in negotiating equality, is the very environment in which girls are often at risk of sexual, physical and emotional abuse. Exploitative sexual relations between teachers and students are, in fact, considered a widespread problem in Uganda (see, e.g. Lacey, 2003; Luke, 2003; Nyanzi *et al.*, 2001.) In Nyanzi *et al.*'s research, 54% of the students mentioned teachers among the three most common types of 'sugar daddy'.

Our research corroborates this finding. In Q1, all 13 girls said they knew of girls who had had sex with teachers. In a questionnaire administered to teachers at both the secondary school and two primary schools in Kyato village, 17 out of 30 teachers knew of teachers who had had sexual relationships with their students, and 20 out of 30 teachers believe this to be a general problem in Uganda. The girls in our study indicated that having sex with a teacher might help a girl receive 'money and ... marks'; 'being graded [more] highly than the others'; 'status'; and 'high marks in class during examination period'. In Q2, three girls said that they had been afraid to refuse sexual advances made by teachers: one girl (who had sex with her teacher) said 'I was fearing him ... he would have beaten [me] in class and punished me every time'; another girl said she 'fear[ed being] mistreated at school'.

### Discourses on condoms

Our findings with respect to condom use are equally significant. We found that while 9 of the 10 sexually active girls indicated that they asked their partners to use condoms to prevent both pregnancy and HIV/AIDS transmission, power differentials in terms of gender and age, combined with the financially dependent position of the girl, often made it impossible for the girl to insist on protected sex. As Stromquist (1990: 98) notes, '[a] key element in the subordination of women has been men's control over women's sexuality and ... norms such as virginity, limited physical mobility, the penalization of abortion, and the association of the use of contraceptives [or barrier methods] with sexual promiscuity' (see also Schoepf, 2003). Indeed, as Kuate-Defoe (2004) argues, the more financially dependent girls are, the less scope they have to protect themselves.

In our study, although the vast majority of girls asked their partners to use condoms, five said that males usually do not use condoms when they have sex with adolescent girls. Reasons given include the following:

- because some of them want to impregnate them and stop them from school;
- they say that sex with condoms are not interesting to them and they do not get satisfaction. They said that having sex with condom is like eating packed sweet;
- the majority do not use condoms. They are affected and they say why do we use condoms for what ... They say 'Do AIDS cost money'.

In sum, at the micro level of practice, we have demonstrated that the ABC policy on HIV/AIDS prevention has severe limitations. Extreme

poverty, gender power imbalances, sexual abuse and exploitation limit the ability of young women to exercise agency in their sexual encounters. Notwithstanding the discourses of policy-makers at the macro level, and teachers at institutional level, young Ugandan women remain highly vulnerable to HIV/AIDS.

## Conclusion

In this chapter, we have made the case that the discourse on the ABC program of HIV/AIDS prevention in Uganda is a site of struggle, in which diverse stakeholders have vested claims to the 'truth' about the disease. While the mid-1980s to early 1990s saw an emphasis on A and B in the ABC program, due to reluctance by religious and other leaders in society to promote condom use, the years 1992–2002 included C, condom use, as a result of research that provided convincing evidence of the effectiveness of condoms in HIV/AIDS prevention. The pendulum swung again with the introduction of PEPFAR in 2004, with increasing opposition to condom use. These changes in policy reflect shifts in discourses of power with respect to HIV/AIDS prevention, which in turn impacts important institutional discourses in homes, schools, hospitals and community centres.

Significantly, the struggle over HIV/AIDS discourse has a formidable impact on the lives of people, young and old, consequences that are no less serious than a war fought with guns and tanks. It is a battle that is waged in boardrooms, classrooms and bedrooms, and is constituted in and by language. Of central interest, as Bourdieu (1977) asks, is whose voice has greater value? Who can impose reception on others, and to what extent is accessibility to resources implicated in claims to truth? Clearly, the discourse of the Ugandan ABC program provides insight into the ways in which policies on HIV/AIDS in developing countries are vulnerable to shifts in global policies and local economies.

Controversy about the ABC policy, as outlined in this chapter, has caused pedagogical paralysis for many HIV/AIDS educators, as they fear reprisals for promoting any kind of prevention other than abstinence and faithfulness (Berry & Noble, 2006; Cohen & Tate, 2005). This shift in HIV/AIDS education emphasis from ABC to AB(c) has serious repercussions for effective sexual health education for youth and, as we have argued, is not a viable option for many girls (Cohen, 2005; Jones & Norton, 2007; Lacey, 2003; Roberts, 2006). Our study demonstrates that despite the girls' recognition that abstinence and faithfulness were the best methods of HIV/AIDS prevention, as well as their stated desire to abstain or be

faithful, their actual life circumstances made healthy sexual behaviour difficult to maintain. Extreme poverty limited their ability to exercise choice, and thus abstinence policies on HIV/AIDS prevention had limited relevance for them. As Ugandan research assistant, Daniel Ahimbisibwe said:

These girls know. They are smart. They know abstinence is the only guarantee against AIDS. But – what can they do? They need the money. They don't need more education about abstinence.

We challenge policy-makers, funding bodies and health educators to listen to the voices of the young women in our study, as well as those of other young women whose lives are at risk. These young women need to be involved not only in the design and implementation of HIV/AIDS education programmes, but in policy-making initiatives that address the root causes of their vulnerability: the poverty and gender inequity in their daily lives. HIV/AIDS prevention will only be effective if those who are most vulnerable in Ugandan society help to shape the discourse on ABC.

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### Notes

1. Pseudonyms are used for the names of the school, village and research participants to protect the identities of those who participated in, and those who were associated with, this study.
2. The original boda-bodas were bicycle taxis that operated in eastern Uganda and took people over the border to Kenya; the etymological origin of the boda-boda is 'border-to-border', the call of bicycle owners seeking customers.

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