

DOES UGANDA'S *STRAIGHT TALK* WALK ITS TALK?

A CONTENT ANALYSIS BASED ON THE LIFE SKILLS MODEL

Kristina Ferris*

INTRODUCTION

THIS PAPER PRESENTS the findings of a content analysis of Uganda's largest and longest-running youth HIV prevention medium, the *Straight Talk* newspaper. This study compares the content of *Straight Talk* to one prominent public health model: the Life Skills model. Uganda was identified early as a country with a high prevalence of HIV and is often referred to as a success story of HIV prevention because the country quickly curbed the rate of new HIV infections. Part of this success is credited to prevention programs like *Straight Talk*. If *Straight Talk* is a successful prevention campaign, it is important to analyze why it is successful. One way to do so is to study the relationship between its approach and current theories about effective HIV prevention. The present study compares *Straight Talk*'s contents to the Life Skills model, concluding that while the model is largely followed in the publication, it is included in a superficial way that calls the validity of the model itself into question. Because future HIV prevention campaigns are modeled on both existing successes (like *Straight Talk*) and existing theories (like the Life Skills model), it is necessary to undertake analyses such as this to ascertain which elements are most important for future campaigns.

* Kristina Ferris recently graduated from the University of Amsterdam with a degree in Sociology, after following the program Gender, Sexuality and Society. She is now employed at the Dutch Royal Tropical Institute, where she is Coordinator of Share-Net, the Dutch platform on sexual health and HIV/AIDS.

BACKGROUND

HIV/AIDS IS A problem that plagues many parts of the world. Efforts to develop a vaccine or cure for the viral infection and its manifestations continue, but as of yet, no such remedy exists. While some treatment options are available, they include many side effects, and are often cost-prohibitive to the populations most affected by HIV. Consequently, one of the most fruitful ways to combat the HIV pandemic is through prevention efforts. Particularly, youth are a central focus for prevention efforts because this means potentially reaching a population before they begin to engage in risky behavior.

Straight Talk is a monthly newspaper for adolescents in Uganda designed to spread HIV prevention messages. It has been published since 1993. The newspaper takes a light approach to its heavy topic, incorporating personal stories and humor alongside educational messages. The newspaper is mailed to virtually all secondary schools in Uganda; moreover, it is inserted into the largest daily newspaper in Uganda and is available at some health centers, community centers, and places of worship. This distribution strategy has proven effective at reaching the target audience; one recent study shows that 90% of secondary school students have read *Straight Talk* at least once (Adamchak et al. 2007).

MANY HAVE DESCRIBED Uganda as an HIV prevention success story (for an overview, see Low-Beer and Stoneburner 2004). Between 1991 and 1998, Uganda saw national HIV prevalence decline from 21.1% to 9.8%, with possible evidence of prevalence down to 6.4% in 2001 (Low-Beer and Stoneburner 2004). At the time that it began, in 1993, *Straight Talk* was the only public HIV prevention campaign in Uganda, with a specific focus on youth. Since that time, *Straight Talk* has become a global model of youth HIV prevention programming. It is one of the longest running youth HIV prevention campaigns in the world, and a recent study suggests that it is effective in reaching youth (Adamchak et al. 2007). Further, youth in Uganda see *Straight Talk* as an important source of information, and according to one study, youth in focus groups identified *Straight Talk* as “a preferred source of information” about sexual health (Amuyunzu-Nyamongo et al. 2005, 33). Therefore, it is especially important to analyze the content of this newspaper, particularly in regards to its presentation and message content.

MANY HIV PREVENTION campaigns are inadequately theorized (Coleman and Ford 1996, Cameron et al. 1999, and Rotheram-Borus et al. 2000). Cameron et

al. (1999) argue that adopting a theoretical basis is essential for any successful media campaign. Campaign evaluation should include a comparison of the campaign to existing theories from the social sciences and public health authorities. Such evaluations have been conducted about media campaigns geared towards other public health goals (see, for example DeJong and Hoffman 2000, on smoking cessation), but very rarely have these been applied to HIV prevention campaigns. Currently, the leading model for HIV Prevention is the Life Skills model. Thus, the present study aims to compare the contents of *Straight Talk* with those prescribed by the Life Skills model, to see if the publication rests on a substantive theoretical base.

THE WHO DEFINES life skills as “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life” (WHO 2003: 4). In terms of HIV prevention, this approach addresses more than just the biological facts of HIV transmission, as it addresses many underlying issues propelling the HIV epidemic. These include economic instability, gender inequality, and lack of access to education. The Straight Talk Foundation explicitly adopts this approach in their organizational statements (STF 2007), and the *Straight Talk* newspaper is a part of Uganda’s Life Skills Initiative (Buczkievicz and Carnegie 2001). Additionally, the Life Skills approach to education has been the official policy of the educational efforts of the Ugandan Government since 1996 (Buczkievicz and Carnegie 2001).

THE LIFE SKILLS model builds on many theoretical foundations from different disciplines, most prominently drawing from sociology and psychology. I present five relevant theories below, which I draw from in defining criteria for evaluating the contents of *Straight Talk*² - Social Learning Theory, Resilience and Risk Theory, Problem-behavior Theory, Social Influence Theory, and the Health Belief Model – which I used to define criteria upon which to evaluate *Straight Talk*’s contents.

THE SOCIAL LEARNING THEORY states that children learn their behaviors and norms through both formal instruction and the observation of others around

2 This overview of theory in the Life Skills Model was guided by WHO 2003 and Mangrulkar et al. 2001. For a more complete overview of the role of theory in the Life Skills Model, see Mangrulkar et al. 2001.

them (Bandura 1977). Further, internal factors (i.e. self-confidence), positive reinforcement, and exposure to new ideas also impact one's behavior. Resilience and Risk Theory states that some factors can increase an individual's resilience (ability to resist negative outcomes from social stressors), for instance, high self-esteem, problem-solving skills, a supportive family environment, and economic stability, while others - poverty, stress, depression, and abuse, for example - are factors that increase an individual's susceptibility to risk (Bernard 1991). Problem-Behavior Theory postulates that three categories of factors influence adolescent behavior - personal beliefs and values; environmental factors like peer and parent attitudes; and behavioral norms, which consists of the social guidelines for acceptable or unacceptable behavior (Jessor and Jessor 1977). Social Influence Theory suggests that youth can be influenced by their peers to engage in risky behaviours, and therefore youth must be provided with ways to anticipate these pressures and skills to say no to them (Evans 1976). The Health Belief Model argues that individual perceptions, not objective facts, are what play an important part in decision making about health topics (Rosenstock 1966).

METHODS

I CONDUCTED A content analysis in order to present *Straight Talk* in depth, closely reading all the available issues of *Straight Talk*. I use the term "content analysis" to describe the insights that can be gained from a close reading of text. Unfortunately, this is a relatively uncommon methodology, perhaps because it examines a cultural artifact in itself, instead of its production or use. Particularly in the current public health field, the emphasis of funders and researchers alike is on results. Thus, when studies are conducted, they tend to evaluate by questioning the target audience of a campaign, assuming that the contents of the campaign are self-evident.

FOR MY SAMPLE, I looked at the two most recent years of *Straight Talk* publication, 2006 and 2007. This should have constituted 20 issues of four tabloid-size pages each. Unfortunately, only 13 issues were available online, and I was able to access only one additional issue from the publisher. Therefore, due to practical constraints, I conducted the analysis utilizing 14 issues. To conduct the content analysis itself, I engaged in four close readings of the available issues. My first and second readings were to gain familiarity with the contents, while my third and fourth readings were looking for contents specifically related to the Life Skills model and another model, the Sexual Health model. Here, I will only

present the findings from the Life Skills portion of the study. (For other aspects of the study, see Ferris 2008).

TO PROVIDE A solid framework for the content analysis, I consulted the theories mentioned above and the Life Skills model holistically, in order to assess how a newspaper could optimally respond to these needs. I consequently developed the following seven components that should be present in *Straight Talk* if it adheres to the Life Skills model: (1) modeling healthy behaviors; (2) developing key skills; (3) changing social norms; (4) improving economic and other health factors; (5) resisting peer pressure; (6) dispelling incorrect myths; and (7) positively framing prevention strategies.

RESULTS

FOR EASE OF reading, I will discuss each component and its relation to the contents of *Straight Talk* in turn. I cite specific examples from *Straight Talk* in (Month Year) format below.

1. Modeling Healthy Behaviors

DURING MY SAMPLE timeframe, *Straight Talk* primarily used three types of models to promote healthy behaviours – youth examples of prevention, young people living with HIV, and adult role models. Many of the letters from youth featured a behaviour or practice that could be emulated by other readers. For example, many youth said that they were staying abstinent until marriage, urging others to do the same.

THE SECOND CATEGORY of role models is young people living with HIV. During the sample period, three young people were featured as living healthfully with HIV – two in front-page articles and one in a separate article in the center spread. These youth were all born with HIV and exhibited healthy behaviours like seeking HIV testing and counseling, taking ARVs, and abstaining from sex. They all urged other youth to avoid behaviours that would put them at risk for HIV infection. These role models might be particularly effective for youth because they show that youth are also susceptible to HIV infection.

THE FINAL CATEGORY was adult role models. All of the issues in my 2007 sample featured an adult role model on the front page with reference to a “Words of Wisdom” section. The messages from these adults were very simplified, since they were only given space for a few sentences in the text. However, themes

included courage, de-stigmatizing HIV, and remaining abstinent. The last issue in my sample, June 2007, featured Timothy Batabaile, a famous football player, in its cover article. The article consisted of an interview with Batabaile, wherein he described how he remained abstinent, found a committed partner, and tested for HIV together.

THERE IS EVIDENCE that using role models, particularly well-known and upstanding adults, is an important feature for the success of HIV prevention in Uganda. Christine Obbo (1995) discusses how individuals closely examine the lifestyles of elites for behavioral guidance. Obbo quotes one man saying:

Why should we use condoms? Have you ever heard the President or any of the big men say that they use condoms? That is because they know that they are 99 per cent unreliable. The day I hear the President say he uses condoms, I will start using them too (ibid. 84).

She interprets this as a prevalent attitude that suggests that role models play an important role in shaping public opinion, and thus should also be involved in HIV prevention efforts. This evidence, combined with the theoretical background, suggests that *Straight Talk* could benefit from featuring more proactive adult role models. The fact that all of the 2007 issues mention at least one adult role model indicates that the newspaper may already be moving in this direction.

2. Developing Key Skills

Straight Talk frequently asserts that youth should develop important skills like self-control, positive decision-making, and problem solving, however it rarely goes into detail about how these skills can be obtained. Goal setting was the exception; two issues featured it as one of the main themes and many more offered short tips or briefly acknowledged goals. Only a few other skills were promoted along with tips for developing them: forming good habits, learning to prioritize, and taking responsibility. However, most references to other important skills were noticeably lacking any strategic advice and instead were featured simply as imperatives. The two most common of these were “practice good communication” and “have good values/principles.” In the sample,

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neither of these was ever elaborated upon, and no practical steps toward achieving them were offered.

ALTHOUGH SKILLS LIKE planning and decision-making can be important to a comprehensive approach to health, communication skills are particularly key to HIV prevention. Thus, it is surprising that *Straight Talk* did not offer more advice on improving communication. Particularly because most of the societies in Uganda feature unequal power relations between men and women, it is important that women are able to discuss and negotiate HIV prevention strategies. This suggests that while *Straight Talk* is providing youth with practical guides to achieving some essential skills, it is not adequately addressing the range of skills that youth need to successfully navigate life, and in particular it hardly addresses communication.

3. Changing Social Norms

Straight Talk attempts to change social norms both overtly and implicitly. On the surface, various issues of the newspaper mention “stopping sex for money,” bringing gender equality, encouraging abstinence for youth, promoting monogamy, and stopping stigma against people living with HIV. Like some of the skills mentioned above, most of these are mentioned in passing, without clear advice on how to achieve these changes. For instance, one issue says “Fight the root causes of HIV” and lists factors like “Discrimination against girls and women,” and “Negative cultural practices,” as root causes, but it does not offer any advice on how to fight or change these factors (September 2006). These strategies may be effective in drawing attention to social norms that help facilitate the spread of HIV, but since they do not offer alternatives, it is unlikely that they are very effective in bringing change.

THERE ARE ALSO implicit ways that *Straight Talk* challenges social norms. The most prominent of these is that it challenges the stigma against people living with HIV. When it features youth living with HIV and shows how they are living normal and healthy lives, this combats the norm by providing real-life evidence to the contrary. This kind of implicit refutation can be more powerful than explicit statements because people are not as aware that they are being influenced.

UNFORTUNATELY, IT IS also likely that *Straight Talk* has the effect of normalizing some social norms that could be harmful to youth. For instance, in the issue

“You can get pregnant anytime you have sex” (May 2006), several youth letters and interviews recount stories about girls being driven from their schools and homes when they become pregnant after having unsafe sex. Because so many of the stories follow this theme, and because a contradicting editorial voice is absent, it is implied that *Straight Talk* is at the least not opposed to these forms of social retribution against unplanned, early pregnancy.

4. Improving Economic and Other Health Factors

ASIDE FROM THE social norms listed above, *Straight Talk* included messages that were aimed at improving the economic and physical well-being of its audience in ways beyond just HIV prevention. In terms of physical health, *Straight Talk* often mentioned that drinking alcohol and smoking tobacco are dangerous and unhealthy. It also mentioned several times that youth should work to improve their physical hygiene. These suggestions, however, were less specific and often just referred youth to a health professional. For instance, one issue said: “Visit a nurse or doctor about this problem. Improve your hygiene too in the genital area to rule out any diseases due to hygiene” (October 2006).

IT IS RECOGNIZED globally that alcohol and other drugs can contribute to increased risk of HIV infection, and this has been confirmed in Uganda. It is also the case that Ugandan youth *perceive* an added risk through the use of alcohol and other drugs, as was found in a study by Amuyunzu-Nyamongo et al. (2005: 31). They write:

Among young women, the discussion focused more on how young men take advantage of young women who are drunk in order to have sex with them or how young men may drug women. Both young men and young women discussed the negative impact alcohol has on the ability to engage in protected sex.

THUS, WHILE THE potentially negative effects of drug and alcohol use are not determined by gender, girls in particular note its dangers. The general danger of alcohol and drug use is reflected to a certain extent in *Straight Talk*, although it is possible that it could benefit from greater elaboration.

Straight Talk also devoted a significant amount of space to the discussion of

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economic problems and possible solutions. Many times throughout the issues, youth claimed that they needed to engage in sex for money because if they did not, they would not be able to afford school fees, clothes, or even basic necessities such as food and hygiene items. One girl wrote:

My stepmother raised me. She told me I had no share at home. When I asked for basics like soap, clothes, Vaseline, the response she gave me was 'aren't you a girl?' I got a man who promised to take care of me. He bought for me clothes, a phone and gave me pocket money. He also promised to take me back to school. After a year I started living with him. I accepted because I did not want to miss his care. What is disappointing is that he is living with HIV. I also got infected. I regret but it is my stepmother who caused all this (June 2006).

IN AN ENVIRONMENT where sex may be the only way to come by the necessities of life, it is essential that youth receive other alternatives and strategies. *Straight Talk* attempts to do this by providing tips about finding employment and looking for small jobs to do within the community. The issue in which the letter above was published also featured an article entitled “Get smart! Start up a business!” that offered suggestions for small businesses that young people could run (June 2006). Other issues offer additional tips, examples of youth that have found ways to make their own money, and most urge youth to find safer ways to make money.

Though *Straight Talk* attempts to address these issues by offering employment advice, the problem obviously necessitates more comprehensive economic and social policies in order to be alleviated.

5. Resisting Peer Pressure

Straight Talk frequently mentioned peer pressure as something to actively resist. However, like several areas above, this was infrequently expounded upon. The most common mention of peer pressure was about as elaborate as “Watch out for peer pressure!” (Nov. /Dec. 2006). There were several areas that *Straight Talk* mentioned as particularly prone to peer pressure. These include having sex, getting a girlfriend or boyfriend, using alcohol or smoking, and accepting gifts that come with the expectation of sex. The most common strategy that the editors used to combat this peer pressure was to normalize the healthy behavior. For example:

All my friends have boyfriends. They write to them letters and read them aloud. They want me to get one but I don't want to get in danger. – Esther, 14, Mpoma School, Mukono.

Esther, thank you for keeping focused on what is good for you despite the pressure from friends. You do not need to rush for a boyfriend. It is difficult to handle the challenges of school and a relationship at your age (Nov. /Dec. 2006).

This is typical of the responses given, which often just say that what the youth is doing is correct and normal, so there is no need to worry about what peers think. While this might be comforting for youth, it does not provide them with any explicit strategies for coping with peer pressure.

SPECIFIC STRATEGIES TO stay true to one's beliefs, despite peer pressure, may be necessary to prevent risky sex among youth, as several studies show that peer pressure is a major influence on youth's sexual behaviour. Nyanzi et al. (2001) found that peer pressure was a strong force towards engaging in sexual intercourse for the youth in their study in South-West Uganda. Kinsman et al. (2000) also found that peer pressure greatly encouraged sex in their study in rural Masaka. After a series of focus group discussions, Amuyunzu-Nyamongo et al. (2005) conclude:

In the Uganda and Ghana discussion groups, peer pressure was recognized as a contributing factor to engaging in risky sexual behaviors. Young women and young men mentioned that peers can encourage a young person to engage in sex even though that person might not be ready to do so (32).

IN ALL THREE cases, peer pressure was an important risk factor for both boys and girls, though the Kinsman et al. (2000) study found that the boys felt pressure to prove their masculinity and the girls felt pressure to fit in with the (perceived) practices of their friends. This suggests that *Straight Talk* could benefit from providing youth with more explicit ways to resist peer pressure.

6. Dispelling Incorrect Myths

Straight Talk often works on dispelling incorrect myths; in fact, most of the youth advice column letters fall under this category. The majority of myths relate to pregnancy, and particularly its avoidance. Youth inquired about washing with coca cola, taking four birth control pills, having sex with the

girl on top, having sex with someone who lacks secondary sex characteristics, and urinating after sex as possible ways to avoid pregnancy. There were also inquiries about if either taking birth control or failing to elongate one's labia could lead to infertility. Men also had concerns about fertility, but mostly these came in the form of asking about side effects of having "excess" sperm. Too

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much sperm was thought to cause testicular pain, back pain, and pimples.

BOTH BOYS AND girls raised questions about the female virginity. For instance, several readers believed that a girl could lose her virginity by riding a bike or climbing a tree. One youth wrote in to say that she had heard that some sort of herbal remedy could restore a girl's virginity (February 2007). Other myths concerned condoms. *Straight Talk* clarified that free condoms provided by the government were in fact high quality; they were not intentionally or unintentionally faulty. One reader was concerned that condoms could cause wounds to appear on the penis. Finally, there were also several questions about using multiple condoms – either several male condoms or a female and a male condom - and if this would increase their efficacy.

FINALLY, THERE WERE myths about HIV transmission. Youth asked if urinating after sex or washing one's genitals after sex with soap could prevent the transmission of HIV. It was also thought that interrupting sex or withdrawing before male orgasm could prevent HIV transmission. One youth asked if it was true that if a boy surprised a girl when he wanted to have sex with her, her body would not be prepared to transmit or receive HIV (June 2006). Others asked if oral sex was free of the risk of HIV. Finally, there were both questions from youth and an editorial text box discussing myths about HIV transmission and male circumcision.

IT IS APPARENT that having correct information about basic facts like how girls become pregnant and how HIV is transmitted is essential to the success of a sexual health campaign. Most of the myths were errors in information, and the youth writing in almost always presented themselves as already critical of the untrue statement. However, there are some myths that are particularly harmful; for instance, that government distributed condoms are ineffective.

For example, Muyinda et al. (2001) found that one of the main barriers to condom use among the Baganda in rural Uganda was distrust of their efficacy due to untrue rumours. It appears that *Straight Talk* does the job of dispelling rumours quite adequately, especially because one would expect that those that are most persistent turn up in youth letters most frequently and consequently are addressed repeatedly.

7. Positively Framing Prevention Issues

POSITIVELY FRAMING PREVENTION issues was not something that appeared often in *Straight Talk*, except in reference to HIV testing. Testing was promoted in positive terms, for instance, that it “gives you peace of mind” (April 2007). This theme, of HIV testing as a good and potentially comforting act, arose several times within the sample. One issue also framed condom use somewhat positively, as a practice that gives the individual control over the size and timing of her family. This is a positive framing, that contrasts with the typical message - that condoms *prevent* STDs, pregnancy, and HIV. However, besides these two situations, positive framing of prevention techniques was not apparent in *Straight Talk*.

DISCUSSION

While *Straight Talk* did address most of the components of a Life Skills Model that are relevant to a newspaper, it only provided an in-depth discussion of two: developing key skills and dispelling incorrect myths. It seemed to be making progress toward modeling healthy behaviours, as later issues included more adult role models. However, an analysis of its work on changing social norms showed that it had a mixed record; some unhealthy norms were contradicted while others remained intact. The areas of improving economic and other health factors and resisting peer pressure were addressed, but only in a cursory way. These two areas would require the inclusion of more specific information in order to be effective, according to the theories of the model. Finally, the last factor, positively framing prevention issues, was rarely addressed and it seems that more research is necessary to determine how useful it would be in the case of Uganda.

CONCLUSION

I found that *Straight Talk* incorporates most of the elements of the Life Skills Model. However, this statement in itself may be misleading because while the topics are referred to, most are not presented in depth, which makes their efficacy

questionable. The comprehensiveness found in *Straight Talk*, combined with the limited space, may actually be a factor that weakens the quality of information provided on most topics. This raises other questions about the applicability of comprehensive models like those applied above. For instance, it calls into question the idea that it is better to attempt to provide a comprehensive picture of health because this sometimes requires one to sacrifice space that could otherwise be devoted to in-depth information about specific sexual health concerns. Striking the balance between oversimplification and exclusion of important topics is an ongoing challenge and one that must be evaluated in relation to the informational needs of the campaign's target audience. This is an incredibly important debate to consider today, especially as funders are pushing for more comprehensive programming. The downsides of programs with wide breadth must also be considered. It is particularly important that the youth targeted by *Straight Talk* are asked if the publication is meeting their needs, and if not, how it can improve.

REFERENCES

- Adamchak, Susan E., Karusa Kiragu, Cathy Watson, Medard Muhwezi, Tobey Nelson, Ann Akia-Fiedler, Richard Kibombo, and Milka Juma. 2007. "The Straight Talk Campaign in Uganda: Impact of Mass Media Initiatives, summary report." *Horizons Final Report*. Washington, DC: Population Council.
- Amuyunzu-Nyamongo, Mary, Ann E. Biddlecom, Christine Ouedraogo, and Vanessa Woog. 2005. *Qualitative Evidence on Adolescents' Views on Sexual and Reproductive Health in Sub-Saharan Africa*. Occasional Report Number 16. New York: The Alan Guttmacher Institute.
- Bandura, Albert. 1977. "Self-efficacy: Toward a Unifying Theory of Behavioral Change." *Psychological Review* 84 (2): 191-215.
- Bernard, B. 1991. *Fostering Resilience in Kids: Protective Factors in the Family, School and Community*. Portland, OR: Western Center Drug-Free Schools and Communities.
- Buczkwicz, Martin and Rachel Carnegie. 2001. "The Ugandan Life Skills Initiative." *Health Education* 101 (1): 15-22.
- Cameron, Kenzie A., Kim Witte, Maria Knight Lapinski, and Solomon Nzyuko. 1999. "Preventing HIV Transmission Along the Trans-Africa Highway in Kenya: Using Persuasive Message Theory in Formative Education." *International Quarterly of Community Health Education* 18 (3): 331-356.
- Coleman, L.M. and N.J. Ford. 1996. "An extensive literature review of the evaluation of HIV prevention programmes." *Health Education Research* 11 (3): 327-338.

DeJong, W. and K.D. Hoffman. 2000. "A content analysis of television advertising for the Massachusetts Tobacco Control Program media campaign, 1993-1996." *Journal of Public Health Management Practice* 6 (3): 40-44.

Evans, R.I. 1976. "Smoking in Children: Developing a Social Psychological Strategy of Deterrence." *Prevention Medicine* 5 (1): 122-127.

Ferris, Kristina. 2008. "Educating the Youth: A Content Analysis of *Straight Talk* Newspaper." Unpublished Masters Thesis. Amsterdam, Netherlands: University of Amsterdam.

Jessor, R. and S. Jessor. 1977. *Problem Behavior and Psychosocial Development: A Longitudinal Study of Youth*. New York: Academic Press.

Kinsman, J., R. Pool, and S. Nyanzi. 2000. "Socializing influences and the value of sex: the experience of adolescent schoolgirls in rural Masaka, Uganda." *Culture, Health and Sexuality* 2: 151-166.

Low-Beer, Daniel and Rand L. Stoneburner. 2004. "Behaviour and communication change in reducing HIV: Is Uganda unique?" *African Journal of AIDS Research* 1 (2): 1-14.

Muyinda, Herbert, Jane Kengeya, Robert Pool, and James Whitworth. 2001. "Traditional sex counseling and STI/HIV prevention among young women in rural Uganda." *Culture, Health & Sexuality* 3 (3): 353-361. – on ssenga

Nyanzi, S., R Pool, and J. Kinsman. 2001. "The negotiation of sexual relationships among school pupils in south-western Uganda." *AIDS Care* 13 (1): 83-98.

Obbo, Christine. 1995. "Gender, Age and Class: Discourses on HIV Transmission and Control in Uganda." In Han ten Brummelhuis and Gilbert Herdt (eds.) *Culture and Sexual Risk: Anthropological Perspectives on AIDS*. Amsterdam, the Netherlands: Gordon and Breach Publishers, 79-96.

Rosenstock, I.M. 1966. "Why people use health services." *Milbank Memorial Fund Quarterly* 44: 94-124.

Rotheram-Borus, Mary Jane, Zane O'Keefe, Robin Kracker, and Hsin-Hsin Foo. 2000. "Prevention of HIV Among Adolescents." *Prevention Science* 1 (1): 15-30.

Straight Talk Foundation (STF). 2007. "Straight Talk Foundation Annual Report 2006." Kampala: Straight Talk Foundation.

World Health Organization (WHO). 2003. "Skills for Health: Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School." Geneva, Switzerland: WHO.