

# Spread of AIDS Is Worrying Uganda

By JANE PERLEZ

Special to The New York Times

KAMPALA, Uganda — When President Yoweri K. Museveni was shown a computerized slide presentation with mathematical models that projected how Uganda would look in the future if nothing was done to stem the AIDS epidemic, he immediately reversed a long-held position. The President urged Ugandans to use condoms.

Until his change of heart in November, Mr. Museveni, the frankest of African leaders on the subject of AIDS, had opposed condoms as an AIDS prevention measure on the ground that they encouraged promiscuity. But after the grim prediction, he apparently felt he could no longer afford to be prudish.

The analysis was done by a demographics consulting concern, the Futures Group, based in Glastonbury, Conn., and presented to the President by the American Ambassador to Uganda, William A. Burroughs Jr. Two aspects seemed to jolt Mr. Museveni, those familiar with the study said.

## Report's Bleak Prognosis

First, the numbers were chilling. The bleakest prognosis — that is, if the epidemic continued at its present rate and no efforts were made to halt it — showed that instead of having a population of 32 million in the year 2015, Uganda would have only 20 million people, said John Stover, the Futures Group analyst who conducted the research. Uganda's population is now about 16 million.

Mr. Stover, who personally explained much of the data to President Museveni, said the predicted loss of 12 million people between now and 2015 was a combination of people who would die of AIDS and those who would never be born.

Another wrenching figure was announced by Mr. Museveni himself. He told a rural gathering several days after seeing the projections that five million to six million Ugandan children would be orphans by 2010 because their parents would have died of AIDS.

At present, the Ugandan AIDS Control Program estimates that 1.2 million people are infected with HIV, the virus said to cause AIDS.

The second aspect of the slide show that shook Mr. Museveni was the conclusion that while Uganda had done



Camera Press

President Yoweri K. Museveni of Uganda, after learning of the study, reversed his position and urged the use of condoms.

well in disseminating information about AIDS, there appeared to be little connection between education and change of sexual behavior. A lot of people knew about AIDS but had done little to change their ways.

In short, the presentation suggested that Uganda had to do more than just educate its people.

Among the three most effective ways of curbing the epidemic, according to the analysis, is the use of condoms. The others are to reduce the number of sexual contacts by AIDS-infected people outside their marriages and to control the high prevalence of sexually transmitted diseases.

"You need to be acting on all three fronts," Mr. Stover said. "With a mixture of these three you could have a major impact on future infections."

But Mr. Stover, Ugandan doctors specializing in AIDS and other Ugandans cautioned that little was known about how to bring about such radical behavior change in an impoverished, poorly educated society.

To outsiders, the distribution of condoms might seem the simplest solu-

tion. But Ugandan doctors, as well as ordinary Ugandans, are skeptical that condoms, which they point out are not particularly popular in the West, can be easily accepted in a society that regards them as culturally alien.

"People do not know how to use them or how to dispose of them," said Manuel Pinto, the member of Parliament for the Rakai district, which has been hardest hit by AIDS. "To the elite group they may be an answer, but not to the rest."

So far, condoms have been officially available in Uganda only in family planning clinics and some pharmacies. In all, AIDS experts say, probably no more than 10 million condoms have been brought into the country since popular awareness of AIDS grew about five years ago.

## Not Enough Condoms Available

But 10 million condoms, in a country where an estimated 650,000 to two million acts of sexual intercourse take place each day, is pitifully few, Ugandan doctors say.

"Condoms are like milk," said Dr. Elly Katabira, who runs the AIDS clinic at Kampala's Mulago Hospital. "Once you've drunk it, that's it. Once you've used a condom, it's finished. One chap was willing to give two million condoms. But unless you say we will supply condoms weekly for the next 10 years, it doesn't make sense."

Mr. Stover is also uncertain about the likely success of condom distribution, but he emphasizes that it is worth the effort. "If you could get 20 percent of the highest-risk group using condoms, that would reduce the rate of infection tremendously."

Such a relatively small use of condoms would also have the important effect of reducing sexually transmitted diseases, which leave people more vulnerable to HIV infection.

To try to overcome the resistance and lack of knowledge about condoms, the United States Agency for International Development, which recently granted \$12 million to Uganda for AIDS prevention, is financing market research on how to best sell and package condoms in Uganda. It has supported similar social marketing programs in other African countries, notably Zaire, where condoms brand-named Prudence are sold alongside beer, Coca-Cola and cigarettes.



Sara Krulwich/The New York Times

Uganda has been presented with a study indicating that if nothing is done to halt the AIDS epidemic, the country will have a population of 20 million in the year 2015 instead of 32 million. Maureen Makimera,

an AIDS counselor, recently visited a 68-year-old woman in Masaka and her 8-year-old grandson, who has the HIV virus. The boy's father had died of AIDS, as had two of the woman's other children.

NEW YORK NEWSDAY, 27 November 1990

# Healers Fighting AIDS

By Susan Hack

NEWSDAY SPECIAL CORRESPONDENT

**O**ne-eyed Horatio Zungu sits on a grass mat and examines a pile of bones and shells. Through the scattered objects, Zungu said, his ancestors reveal how to cure his patients' ills.

But when it comes to preventing AIDS, the ancestors just send practical advice: Safe sex.

"Many people are worried about AIDS," Zungu said in his tiny Soweto consulting room, stacked with jars of animal fat and colored powders and permeated by a bitter scent of herbs. "I tell them this disease AIDS is much easier to prevent than to cure. I advise that if they meet a new person, to watch their habits to make sure they are not getting thinner or sleeping around. If they don't like to wear a condom, then they can use thigh sex [femoral intercourse] for the first few weeks."

Zungu is president of the Southern Africa Traditional Healers Council, which has 232,000 members in South Africa, Namibia, Zambia, Botswana and Lesotho. Long scorned and ridiculed by western medicine, traditional healers retain their status as the guardians of black health in many African countries. Though some of their practices are indeed medically dangerous, healers such as Zungu can serve as an important source of information about AIDS in South Africa's black communities.

Three types of traditional healers work in South Africa. Sangomas diagnose patients by communicating with their ancestors, throwing bones to reveal a message or drinking ritually brewed beer and then meeting ancestors in a trance. Inyangas specialize in mixing herbs and other natural substances into cures called "muti." Umthandazi are Christian faith healers.

A sangoma from Natal who wears a suit and tie during consultations, Zungu says he treats up to 100 patients a day for medical as well as social problems, such as a soured love affair, death threats or unemployment.

Witchcraft by an enemy is the most common complaint, he said. Treatments, which can last up to a month, may start with a steam bath or enema to flush out impurities, followed by herbal infusions or the rubbing of powders into ritual inci-

sions in the body.

"I came here to get my life in order," said Jeremiah Gumede, 29, of Soweto, who has been unemployed for more than a year. Gumede stood on a reed mat with his eyes closed as Zungu poked him with an antelope horn and then rubbed powder from a shoe polish can onto Gumede's forehead, shoulders, elbows, wrists and ankles.

Gumede was followed by a young woman with a sore leg. She blew into a skin bag, repeated Zungu's incantations and spilled the contents on the mat. After examining the scattered pig knuckles, shells and dominoes, Zungu said someone wanted her dead and had cast a spell on her. Counteracting the spell would cost 80 rands (\$32). The woman left to consult her family about the high fee.

Given decades of racial mistrust and lack of government spending on primary health care for blacks, many blacks often feel they have no choice but to seek out traditional healers. According to the South African Institute of Race Relations, the homeland of Lebowa has only one doctor per 60,000 people; the ratio for Venda is one per 18,000. Though hospitals and medical schools are now desegregated, there is an acute shortage of black health professionals. Of South Africa's more than 3,000 dentists, only 18 are black.

Not surprisingly, traditional health care has evolved into a major industry, often involving other racial groups. Indian-owned muti shops compete with pharmacies in downtown Johannesburg, Durban and other cities. Self-proclaimed "white witchdoctors" are making a good living in parts of Natal and other rural areas.

Until the advent of AIDS, most western-trained doctors viewed traditional medicine with skepticism and alarm. Though expensive by township standards, traditional remedies normally cost much less than a hospital stay, encouraging impoverished blacks to delay or exclude medical treatment for serious diseases such as TB and cancer. According to Zungu, many patients refuse surgery or other medical treatment unless it is first sanctioned by their sangoma.

However, some doctors have begun to consider traditional healers as potential allies in the battle to prevent AIDS, recognizing that traditional healers can use their credibility in black communities to help change patterns of sexual behavior.

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"Many blacks will listen to a traditional healer

quicker than they'll listen to me as a white man," says Dr. Ruben Sher, an AIDS specialist at the South African Institute for Medical Research. "One problem is that a lot of traditional healers believe they can cure AIDS, which encourages people not to take precautions." To counter that attitude, Sher conducts regular AIDS seminars for traditional healers and has been part of a campaign to display condoms in muti shops. The seminars include a talk on how to recognize AIDS symptoms and emphasize the importance of sterilizing knives before making ritual incisions.

Last year, Sher took a small group of healers from Natal to a Johannesburg hospital to see an AIDS victim suffering from Kaposi's sarcoma.

"They came dressed in traditional animal skins and took notes," Sher recalled. "Now sometimes they bring their own patients to be tested for AIDS. It's a good link which should be forged."



Reuter Photo

Zungu, a well known Soweto sangoma or traditional healer, treats a woman.

NEW YORK NEWSDAY, 27 Nov. 1990

Some fear racial discrimination  
may doom the country to a major  
outbreak by the century's end

# AIDS IN SOUTH AFRICA



Reuter Photo

Dr. Ruben Sher, a leading South African AIDS researcher, takes a blood sample from a patient at the South African Institute for Medical Research in Johannesburg.

By Susan Hack

NEWSDAY SPECIAL CORRESPONDENT

JOHANNESBURG, South Africa

**W**hen black social worker Fikile Mlotshwa urges her teenaged clients in Soweto to use

condoms to prevent the spread of AIDS, it causes an uproar.

"I get crucified," she said. "They say I'm doing the government's work, trying to keep down the black population."

As it does to every aspect of life here, apartheid makes even attempts to fight AIDS a

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Some extremist  
South Africans  
think Apartheid  
should continue  
because of the  
AIDS virus

# AIDS IN SOUTH AFRICA V

complicated matter. With its medical expertise, advanced communications and economic resources, South Africa should be in better shape than other African nations in fighting the epidemic. Yet experts fear apartheid's legacy of racial discrimination and animosity is undermining current education efforts and may doom South Africa to a catastrophic outbreak of AIDS by the turn of the century.

"Every day that goes by our chances of curbing this epidemic are becoming less and less," warns Dr. Ruben Sher, chief immunologist at the South African Institute for Medical Research, which is now detecting new AIDS cases in most parts of the country. "I'm getting very worried that we are missing the boat."

As in the United States, the first cases of acquired immune deficiency syndrome in South Africa appeared among white homosexuals. According to the government, 554 South Africans have developed full-blown AIDS since 1982, while another 5,439 have tested positive for the AIDS virus. The first black case was recorded in 1987; currently 62 percent of all known carriers of HIV, the AIDS virus, are black.

The actual figures are probably much higher, since only a handful of hospitals and other research organizations collect AIDS data. South Africa's Ministry of National Health and Population Development estimates there are currently 60,000 HIV carriers. Independent epidemiologists believe 441,000 South Africans will be infected with the AIDS virus by the end of 1991.

**T**hough AIDS is now spreading fastest in South Africa among black heterosexuals, the epidemic has not yet reached levels of some other African countries. Less than 1 percent of South Africa's sexually active population carries the virus, compared with 10 percent in neighboring Zimbabwe and 25 percent in central African nations such as Zaire.

"Because of the apartheid system, black people were not able to travel freely to the north, and people from the north were not able to travel here," says Sher, suggesting apartheid is the main reason AIDS has not spread as quickly in South Africa as in sub-Saharan Africa. Sher and other AIDS specialists say poverty, violence and social turmoil are helping to spread the epidemic in South Africa's black townships.

Little was reported in South Africa about AIDS during the early 1980s, when the disease seemed confined to small groups among the country's 5 million whites. But now that it threatens the 28 million-

strong black majority, AIDS has become a major point of contention.

The right-wing Conservative Party has latched onto AIDS as a new justification for apartheid, using the disease as a scare tactic to undermine white support for political reforms such as the desegregation of public facilities, including hospitals and blood transfusion services.

"It's known that you can get AIDS in many different ways," Edwin Robertson, a white student from Pretoria, said at a recent party rally where he carried a sign reading "Apartheid Is Definitely Safe."

"Any form of contact with blacks, drinking or whatever, you can get it," he said.

Business executives are worried about AIDS for an entirely different reason: Cheap black labor is the

powerhouse behind South Africa's economy. A major insurance company, Old Mutual, has issued a worst-case scenario for the year 2000, projecting 321,000 AIDS fatalities that year and a 46-percent HIV-infection rate. Declining manpower combined with giant health-care liabilities could devastate labor-intensive industries.

"We run a health infrastructure larger than most small nations," says Dr. Izak Fourie, the medical adviser for the South African Chamber of Mines. The chamber represents six mining houses with a collective work force of 750,000. Fourie worries that by the end of the century the chamber will be spending more on AIDS-related health care than the "current total budget of the country," which is the equivalent of about \$26 billion.



Reuter Ph

Conservative Party supporters with a placard at a Pretoria rally protesting recent reforms in South Africa. Many right-wing whites are using AIDS as a scare tactic to undermine white support for political reforms such as the desegregation of public facilities, including hospitals, and blood transfusion services.

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To head off such an eventuality, the chamber five years ago launched one of the the biggest AIDS-awareness campaigns in South Africa. Its mandatory education blitz for black miners, who live in hostels on mine property, included videos, pamphlets and popular theater. Mirrors installed on hostel walls feature information about the disease in African languages. Condoms are freely distributed at mine clinics. To date, just 27 miners have developed AIDS. "We're doing better than the general population," Fourie said.

To further reduce the exposure of its work force to AIDS, the chamber took 300,000 blood samples in 1986 and, without the informed consent of those involved, randomly tested 30,000 for HIV infection. The survey, turned over to the government, revealed a high incidence among Malawians, whose work permits were not renewed.

Many blacks remain deeply suspicious of and take offense to AIDS-education programs stemming from formerly unsympathetic white "bosses."

"For years we have been told that we breed like rats, that we stink like *biltong* [dried meat], by white people in authority," says Hazy Sibonyoni, a health consultant for the National Union of Mineworkers who notes that chamber videos give the impression that AIDS is a "black disease" and that black miners are sexually "promiscuous."

"The architects of the migrant labor system are now saying migrant laborers have bad habits," said Sibonyoni, who suggests miners are driven into casual sexual relationships out of loneliness, because they live long distances from their families in hostels that are a magnet for prostitutes. "Obviously, you have to change people's behavior, but unless you are sensitive to their history, you won't get anywhere."

Like the chamber, the mine workers' union recommends that its members either stick to one sexual partner or use condoms. But its brochures about AIDS also urge members to lobby for improved housing, which would allow miners to live in stable conditions with their families.

**D**espite continuing racial antagonism, President Frederik W. de Klerk's decision to lift the ban on political organizations such as the African National Congress has paved the way for AIDS information that blacks can trust.

"Grass-roots community organizations have credibility in the townships and a tradition of gathering people around important issues," says epidemiologist Dr. Nicky Padayachee, who heads the Johannesburg city health department. "But the organizations lack money and have so many other problems that they can't always deal with AIDS on a full-time basis, which is what's needed."

Padayachee hopes the changing political climate in South Africa and planned constitutional negotiations between the government and the ANC will lead to a "marriage" on the AIDS front, where the government will become an acceptable source of funding for township AIDS projects. Padayachee himself is an example of such cooperation. Besides being a government employee, he serves as national coordinator for the South African Health Workers Congress, an ANC affiliate.

So far, however, the South African government has reacted slowly to the AIDS threat. There is talk of establishing a National AIDS Foundation early next year, but the government has budgeted the equivalent of just \$2.2 million for AIDS research and education in 1991, less than its impoverished, war-torn neighbor Mozambique.

As South Africans begin to discuss the disease openly, some experts are calling on ANC leader Nelson Mandela and President de Klerk to take time out from their busy political agendas to act as spokesmen in a nationwide AIDS campaign.

"Leaders must set an example," said Sher of the South African Institute for Medical Research. "Otherwise, there's going to be a lot of people who won't live to see the new South Africa. A lot of people are going to die from AIDS. They just won't be there."

# What Makes The 2 Sexes So Vulnerable To Epidemic

By ERIK ECKHOLM

A host of medical, cultural and economic factors make Africa especially vulnerable to the heterosexual spread of AIDS, which is believed to account for more than 80 percent of adult cases there.

The second major mode of spread in Africa, contaminated transfusions, is declining as hospitals adopt blood screening, and reused medical needles account for only a small share of cases. Homosexual intercourse and intravenous drug use, which account for most AIDS cases in the United States and Europe, are believed to be rare.

Studies in the United States show that transmission of the AIDS virus during vaginal intercourse is usually quite difficult, especially from female to male. But research in Africa has revealed conditions that multiply the danger.

One is the rampant extent of sexually transmitted diseases. In particular, transmission appears to be boosted by those that cause genital sores such as syphilis and, above all, chancroid, which causes festering ulcers. These provide ready portals for the AIDS virus and brim with concentrations of cells it inhabits.

## Higher Chance of Transmission

Studies in Kenya suggest an extraordinary impact. When a woman with the AIDS virus also has a genital ulcer, the chance of AIDS transmission to a man in a single act of intercourse may be as high as 5 percent to 10 percent, according to Dr. Allan R. Ronald, head of internal medicine at the University of Manitoba and an organizer of the studies. When partners do not have a sexually transmitted disease, the chance is only a fraction of 1 percent.

Other venereal diseases that do not cause ulcers but often cause inflammation, like gonorrhea and chlamydia, also appear to increase the risk of AIDS transmission, though not so powerfully as the ulcerative diseases.

A second major factor, evidence suggests, is the lack of male circumcision in much of Africa. Uncircumcised males are more likely to have infections or small breaks in the skin of the penis, and the foreskin traps virus-containing fluids in a hospitable environment. Across Africa the tribes that do not practice circumcision tend to have the highest AIDS rates. Dr. Ronald believes that lack of circumcision by itself doubles AIDS transmission risks. Combined with the presence of genital ulcers, he calculates, the risk from a single encounter may be 15 percent or higher.

Researchers are just now turning attention to little-known sexual practices that might also raise transmission odds.

In parts of Central Africa including Zambia, Zaire, Zimbabwe and Malawi some women engage in a practice known as "dry sex." In variations of the practice, designed to increase friction during intercourse,



Sara Krulwich/The New York Times

Richard Dimba, who has AIDS, being examined by Dr. Clement Chela at a hospital in Chikankata, Zambia.

women use herbs, chemical powders, stones or cloth in the vagina to reduce lubrication and cause swelling. Those kinds of agents are also sometimes used as medications.

In Zambia, Dr. Subhash K. Hira of the University of Lusaka found evidence suggesting that women who practiced dry sex had a greater chance of becoming infected with the AIDS virus, presumably because of an increased chance of abrasions.

Studies in Malawi find that more than one in 10 women have used "vaginal-tightening agents." But the studies find no evidence of a significant association between the practices and infection with the AIDS virus.

Promiscuity helps drive the epidemic. While data do not exist for comparing sexual behavior on different continents, surveys do show that extramarital sex is commonplace in Africa.

Prostitution, always an engine of sexually transmitted diseases, has played a major role in African AIDS. Typically, a small group of infected prostitutes passes the virus to large numbers of men, who take it to their wives and girlfriends.

Prostitution is encouraged by migratory labor patterns rooted in the colonial past and current poverty. Millions of couples are separated for months at a time as men work in mines or plantations or move to cities for any paying job. For many women, especially those with little education who have left the dreary cocoon of the village, selling sex may seem essential for economic survival.