Resilience among gay/bisexual young men in Western Kenya: psychosocial and sexual health outcomes.

Harper GW, Wade RM, Onyango DP, Abuor PA, Bauermeister JA, Odero WW, Bailey RC.


PMID: 26562815

Abstract

OBJECTIVE:

To explore associations between intrapersonal and interpersonal factors and both sexual and psychosocial resilient outcomes among young gay, bisexual, and other men who have sex with men (GBMSM) in Western Kenya.

DESIGN:

Cross-sectional observational study.

METHODS:

Five hundred and eleven GBMSM ages 18-29 were recruited from nine communities in Western Kenya using community-based mobilization strategies. Participants completed an audio computer-assisted self-interview survey in English or Dholuo. We estimated four three-step hierarchical linear regression models to examine associations between predictors (intrapersonal and interpersonal factors) and four resilient outcomes (psychological well-being, self-esteem, condom use, HIV testing).

RESULTS:

Psychosocial well-being model (modeled conversely as depression/anxiety) was significant (F(13,424)=106.41, P<0.001, R=0.765) with loneliness, lesbian/gay/bisexual (LGB) difficult process, LGB identity superiority, and reactions to trauma as predictors. Self-esteem model was significant (F(12,425)=6.40, P<0.001, R=0.153) with known HIV-seropositivity, perceived
social support, internalized homonegativity, and LGB difficult process as predictors. Condom use model was significant \( F(13,379)=4.30, \ P<0.001, \ R=0.128 \) with perceived social support, self-esteem, and reactions to trauma as predictors. HIV testing model was significant \( F(12,377)=4.75, \ P<0.001, \ R=0.131 \) with loneliness, LGB identity uncertainty, LGB difficult process, and LGB identity superiority as predictors.

**CONCLUSION:**

This study demonstrates the variety of ways in which intrapersonal and interpersonal factors are associated with HIV-related resilient outcomes for young GBMSM in Western Kenya. HIV prevention programs for this population should be developed in collaboration with GBMSM and includes intervention components that promote resilience.

*Eating sweets without the wrapper: perceptions of HIV and sexually transmitted infections among street youth in western Kenya.*

Embleton L, Wachira J, Kamanda A, Naanyu V, Ayuku D, Braitstein P.


PMID: 26394208

**Abstract**

Street-connected youth in Kenya are a population potentially at risk of HIV transmission, yet little is known about their perceptions and experiences of sexually transmitted infections (STIs), despite their living in an HIV endemic region. We sought to elucidate the language and socio-cultural factors rooted in street life that impact on street-connected young people's knowledge of and perceptions about the prevention and transmission of STIs, and their diagnosis and treatment, using qualitative methods in western Kenya. We conducted a total of 25 in-depth interviews and 5 focus-group discussions with 65 participants aged 11-24 years in Eldoret, Kenya. Thematic analysis was conducted and data were coded according to themes and patterns emergent until saturation was reached. In general, street-connected young people knew of STIs and some of the common symptoms associated with these infections. However, there were many misconceptions regarding transmission and prevention. Gender inequities were prominent, as the majority of men described women as individuals who spread STIs due to unhygienic practices, urination and multiple partners. Due to misconceptions, gender inequity and lack of access to youth-friendly healthcare there is an urgent need for community-based organizations and healthcare facilities to introduce or augment their adolescent sexual and reproductive health programmes for vulnerable young people.

**KEYWORDS:**

HIV; Kenya; condom use; sexually transmitted infections; street youth


PMID: 26296186

Abstract

BACKGROUND:

Females in low and middle income countries (LMICs) have difficulty coping with menstrual needs, but few studies have examined the social or health implications of these needs.

METHODS:

Responses from 3418 menstruating females aged 13-29 years were extracted from an HIV and behavioral risks cross-sectional survey conducted in rural western Kenya. We examined sanitary products used, provision of products from sexual partners or from transactional sex, and demographic and sexual exposures.

RESULTS:

Overall, 75% of females reported using commercial pads and 25% used traditional materials such as cloth or items like paper or tissue, with 10% of girls <15 years old depending on makeshift items. Two-thirds of females with no education relied on traditional items. Having attended secondary school increased the odds of using commercial pads among married (adjusted odds ratios [AOR] 4.8, 95% confidence interval [CI] 3.25-7.12) and single females (AOR 2.17, 95% CI 1.04-4.55). Married females had lower odds of pad use if they reported early (<12 years of age) compared with later (≥18 years) sexual debut (64% vs. 78%, AOR 0.45, 95% CI 0.21-0.97). Two-thirds of pad users received them from sexual partners. Receipt was lower among married females if partners were violent (AOR 0.67, 95% CI 0.53-0.85). Receipt among single females was higher if they had two or more sexual partners in the past year (AOR 2.11, 95% CI 1.04-4.29). Prevalence of engaging in sex for money to buy pads was low (1.3%); however, 10% of 15-year-olds reported this, with girls ≤15 having significantly higher odds compared with females over 15 (AOR 2.84, 95% CI 0.89-9.11). The odds of having transactional sex for pads were higher among females having two or more partners in the past 12 months (AOR 4.86, 95% CI 2.06-11.43).

CONCLUSIONS:
Menstrual needs of impoverished females in rural LMICs settings likely leads to increased physical and sexual harms. Studies are required to strengthen knowledge and to evaluate interventions to reduce these harms.

**Alcohol consumption and reproductive health risks in rural Central Kenya.**

Muturi N.


PMID: 24814437

Abstract

**OBJECTIVE:**

The goal of the current study is to explore the perceived reproductive health risks associated with alcoholism from the perspective of rural communities in Kenya where abuse of illicit liquor especially among men has become an epidemic.

**METHODS:**

Data for the study were gathered qualitatively through focus groups among community members and in-depth interviews with opinion leaders and key informants who were selected through a snowball method. All recorded data were analyzed through constructivist and interpretive techniques, which started with a line-by-line examination of transcripts for identification of emerging themes.

**RESULTS:**

Rural communities are aware of the lethal nature of the illicit liquor and the severe reproductive health problems associated with it among male consumers. Alcoholism also affects women's sexual and reproductive needs and is attributed to risky sexual behaviors in alcohol-discordant relationships, which puts them at a higher risk of HIV infection.

**CONCLUSIONS:**

Results indicate a need to address alcoholism in rural Kenya as a public health problem focusing on education and understanding of the long-term health consequences. Addressing the impact on male reproductive health is crucial because it impacts the wider community. Given the complex relationship between alcohol abuse and HIV/AIDS, it is also important for prevention interventions to target married women and non-alcohol consumers. Furthermore, engaging communities will ensure development of culture- and gender-specific interventions. Such engagement requires facilitation of health practitioners for development of meaningful community-based initiatives.
Abstract

BACKGROUND:

The vulnerability of women to HIV infection makes establishing predictors of women's involvement in extra-marital partnerships critical. We investigated the predictors of extra-marital partnerships among women married to fishermen.

METHODS:

The current analyses are part of a mixed methods cross-sectional survey of 1090 gender-matched interviews with 545 couples and 12 focus group discussions (FGDs) with 59 couples. Using a proportional to size simple random sample of fishermen as our index participants, we asked them to enroll in the study with their spouses. The consenting couples were interviewed simultaneously in separate private rooms. In addition to socio-economic and demographic data, we collected information on sexual behaviour including extra-marital sexual partnerships. We analyzed these data using descriptive statistics and multivariate logistic regression. For FGDs, couples willing to participate were invited, consented and separated for simultaneous FGDs by gender-matched moderators. The resultant audio files were transcribed verbatim and translated into English for coding and thematic content analysis using NVivo 9.

RESULTS:

The prevalence of extra-marital partnerships among women was 6.2% within a reference time of six months. Factors that were independently associated with increased likelihood of extra-marital partnerships were domestic violence (aOR, 1.45; 95% CI 1.09-1.92), women reporting being denied a preferred sex position (aOR, 3.34; 95% CI 1.26-8.84) and spouse longer erect penis (aOR, 1.34; 95% CI 1.00-1.78). Conversely, women's age--more than 24 years (aOR, 0.33; 95% CI 0.14-0.78) and women's increased sexual satisfaction (aOR, 0.92; 95% CI 0.87-0.96) were associated with reduced likelihood of extra-marital partnerships.
CONCLUSION:

Domestic violence, denial of a preferred sex positions, longer erect penis, younger age and increased sexual satisfaction were the main predictors of women's involvement in extra-marital partnerships. Integration of sex education, counseling and life skills training in couple HIV prevention programs might help in risk reduction.

Young people's perception of sexual and reproductive health services in Kenya.

Godia PM, Olenja JM, Hofman JJ, van den Broek N.


PMID: 24731733

Abstract

BACKGROUND:

Addressing the Sexual and Reproductive Health (SRH) needs of young people remains a big challenge. This study explored experiences and perceptions of young people in Kenya aged 10-24 with regard to their SRH needs and whether these are met by the available healthcare services.

METHODS:

18 focus group discussions and 39 in-depth interviews were conducted at health care facilities and youth centres across selected urban and rural settings in Kenya. All interviews were tape recorded and transcribed. Data was analyzed using the thematic framework approach.

RESULTS:

Young people's perceptions are not uniform and show variation between boys and girls as well as for type of service delivery. Girls seeking antenatal care and family planning services at health facilities characterize the available services as good and staff as helpful. However, boys perceive services at health facilities as designed for women and children, and therefore feel uncomfortable seeking services. At youth centres, young people value the non-health benefits including availability of recreational facilities, prevention of idleness, building of confidence, improving interpersonal communication skills, vocational training and facilitation of career progression.

CONCLUSION:

Providing young people with SRH information and services through the existing healthcare system, presents an opportunity that should be further optimized. Providing recreational activities via youth centres is reported by young people themselves to not lead to increased
uptake of SRH healthcare services. There is need for more research to evaluate how perceived non-health benefits young people do gain from youth centres could lead to improved SRH of young people.

**Sexual reproductive health service provision to young people in Kenya: health service providers' experiences.**

Godia PM, Olenja JM, Lavussa JA, Quinney D, Hofman JJ, van den Broek N.


PMID: 24229365

**Abstract**

**BACKGROUND:**

Addressing the sexual and reproductive health (SRH) needs of young people remains a challenge for most developing countries. This study explored the perceptions and experiences of Health Service Providers (HSP) in providing SRH services to young people in Kenya.

**METHODS:**

Qualitative study conducted in eight health facilities; five from Nairobi and three rural district hospitals in Laikipia, Meru Central, and Kirinyaga. Nineteen in-depth interviews (IDI) and two focus group discussions (FGD) were conducted with HSPs. Interviews were tape recorded and transcribed. Data was coded and analyzed using the thematic framework approach.

**RESULTS:**

The majority of HSPs were aware of the youth friendly service (YFS) concept but not of the supporting national policies and guidelines. HSP felt they lacked competency in providing SRH services to young people especially regarding counseling and interpersonal communication. HSPs were conservative with regards to providing SRH services to young people particularly contraception. HSP reported being torn between personal feelings, cultural and religious values and beliefs and their wish to respect young people's rights to accessing and obtaining SRH services.

**CONCLUSION:**

Supporting youth friendly policies and competency based training of HSP are two common approaches used to improve SRH services for adolescents. However, these may not be sufficient to change HSPs' attitude to adolescents seeking help. There is need to address the cultural, religious and traditional value systems that prevent HSPs from providing good quality and
comprehensive SRH services to young people. Training updates should include sessions that enable HSPs to evaluate how their personal and cultural values and beliefs influence practice.

**Attitudes and beliefs about anti-retroviral therapy are associated with high risk sexual behaviors among the general population of Kisumu, Kenya.**


PMID: 22050441

**Abstract**

Attitudes and beliefs about antiretroviral therapy (ART) may affect sexual risk behaviors among the general population in sub-Saharan Africa. We performed a cross-sectional population-based study in Kisumu, Kenya to test this hypothesis in October 2006. A total of 1655 participants were interviewed regarding attitudes and beliefs about ART and their sexual risk behaviors. The majority of participants, (71%) men and (70%) women, had heard of ART. Of these, 20% of men and 29% of women believed ART cures HIV. Among women, an attitude that "HIV is more controllable now that ART is available" was associated with sex with a non-spousal partner, increased lifetime number of sexual partners as well as a younger age at sexual debut. No significant associations with this factor were found among men. The belief that "ART cures HIV" was associated with younger age of sexual debut among women. The same belief was associated with an increased likelihood of exchanging sex for money/gifts and decreased likelihood of condom use at last sex among men. These findings were most significant for people aged 15-29 years. In high HIV seroprevalence populations with expanding access to ART, prevention programs must ensure their content counteracts misconceptions of ART in order to reduce high risk sexual behaviors, especially among youth.

**Sexual and physical violence against female sex workers in Kenya: a qualitative enquiry.**

Okal J, Chersich MF, Tsui S, Sutherland E, Temmerman M, Luchters S.


PMID: 21390890

**Abstract**

Few studies in Africa provide detailed descriptions of the vulnerabilities of female sex workers (FSW) to sexual and physical violence, and how this impacts on their HIV risk. This qualitative study documents FSW's experiences of violence in Mombasa and Naivasha, Kenya. Eighty-one FSW who obtained clients from the streets, transportation depots, taverns, discos and residential
areas were recruited through local sex workers trained as peer counselors to participate in eight focus-group discussions. Analysis showed the pervasiveness of sexual and physical violence among FSW, commonly triggered by negotiation around condoms and payment. Pressing financial needs of FSW, gender-power differentials, illegality of trading in sex and cultural subscriptions to men's entitlement for sex sans money underscore much of this violence. Sex workers with more experience had developed skills to avoid threats of violence by identifying potentially violent clients, finding safer working areas and minimizing conflict with the police. Addressing violence and concomitant HIV risks and vulnerabilities faced by FSW should be included in Kenya's national HIV/AIDS strategic plan. This study indicates the need for multilevel interventions, including legal reforms so that laws governing sex work promote the health and human rights of sex workers in Kenya.

**Community-level intimate partner violence and the circumstances of first sex among young women from five African countries.**

Gómez AM, Speizer IS.


PMID: 20565896

**Abstract**

**BACKGROUND:**

Gender-based violence is an important risk factor for adverse reproductive health (RH). Community-level violence may inhibit young women's ability to engage in safer sexual behaviors due to a lack of control over sexual encounters. Few studies examine violence as a contextual risk factor.

**METHODS:**

Using nationally representative data from five African countries, the association between community-level physical or sexual intimate partner violence (IPV) and the circumstances of first sex (premarital or marital) among young women (ages 20-29) was examined.

**RESULTS:**

In Mali, and Kenya bivariate analyses showed that young women who had premarital first sex were from communities where a significantly higher percentage of women reported IPV experience compared to young women who had marital first sex. Multivariate analyses confirmed the findings for these two countries; young women from communities with higher IPV were significantly more likely to have had premarital first sex compared to first sex in union. In Liberia, community-level IPV was associated with a lower risk of premarital sex as compared to first sex in union at a marginal significance level. There was no significant
relationship between community-level IPV and the circumstances of first sex in the Democratic Republic of Congo or Zimbabwe.

CONCLUSION:

These findings indicate that context matters for RH. Individualized efforts to improve RH may be limited in their effectiveness if they do not acknowledge the context of young women's lives. Programs should target prevention of violence to improve RH outcomes of youth.

Intravaginal practices among female sex workers in Kibera, Kenya.


PMID: 20410077

Abstract

OBJECTIVES:

To assess vaginal cleansing and lubricant use among female sex workers (FSW) in Kenya participating in a 6-month, prospective study of the acceptability of the use of the diaphragm.

METHODS:

The study is based on 140 FSW in Nairobi, who completed 140 baseline visits and 390 bi-monthly follow-up visits. Participants were instructed to wear the diaphragm for all coital acts during follow-up and to refrain from vaginal cleansing while wearing the diaphragm. Logistic regression was used to identify predictors of recent vaginal cleansing to 'tighten' the vagina reported at baseline; recent vaginal cleansing to prevent infection reported at baseline; recent vaginal cleansing with the diaphragm in place reported during follow-up; and recent use of oil-based lubricant during coitus reported at baseline.

RESULTS:

At baseline, 99% of women reported vaginal cleansing in the previous 2 weeks for purposes of hygiene or to remove evidence of past coitus. Approximately 41% of women also reported cleansing in the past 2 weeks to 'tighten' the vagina. Women reported vaginal cleansing with the diaphragm in place in the past 2 weeks at 14% of follow-up visits in which the diaphragm was used. Predictors of such cleansing included young age, 6-month study visit, being divorced or widowed and higher educational level.

CONCLUSIONS:
While vaginal cleansing is a modifiable behaviour, given that cleansing for hygiene was almost universal among this study population at baseline and that more women reported cleansing while wearing the diaphragm as the study progressed, the complete eradication of the practice would probably be difficult.

**Condom use among sexually active Kenyan female adolescents at risk for HIV-1 infection.**

Cherutich P, Brentlinger P, Nduati R, Kiarie JN, Farquhar C.


PMID: 18688705

**Abstract**

High rates of unintended pregnancy and HIV infection occur in sub-Saharan Africa yet few Kenyan studies have defined correlates of condom use in sexually active female adolescents. Female adolescents receiving reproductive health care and aged 15-19 were interviewed. The prevalence of ever-use of condom was 21.4% and 52 (7.3%) subjects were infected with HIV-1. Older age, higher levels of education, ever-use of hormonal contraceptives and higher numbers of sexual partners, non-consensual sex and exchange of sex for favors, were independent correlates of condom use. Condom use should be promoted in this population. Further exploration is needed on the developmental and contextual factors predisposing female adolescents to increased risk of HIV.

**Safer sexual behaviors after 12 months of antiretroviral treatment in Mombasa, Kenya: a prospective cohort.**


PMID: 18601582

**Abstract**

Roll-out of antiretroviral treatment (ART) raises concerns about the potential for unprotected sex if sexual activity increases with well-being, resulting in continued HIV spread. Beliefs about reduced risk for HIV transmission with ART may also influence behavior. From September 2003 to November 2004, 234 adults enrolled in a trial assessing the efficacy of modified directly observed therapy in improving adherence to ART. Unsafe sexual behavior (unprotected sex with an HIV-negative or unknown status partner) before starting ART and 12 months thereafter was compared. Participants were a mean 37.2 years (standard deviation [SD] = 7.9 years) and 64%
(149/234) were female. Nearly half (107/225) were sexually active in the 12 months prior to ART, the majority (96/107) reporting one sexual partner. Unsafe sex was reported by half of those sexually active in the 12 months before ART (54/107), while after 12 months ART, this reduced to 28% (30/107). Unsafe sex was associated with nondisclosure of HIV status to partner; recent HIV diagnosis; not being married or cohabiting; stigma; depression and body mass index <18.5 kg/m². ART beliefs, adherence, and viral suppression were not associated with unsafe sex. After adjusting for gender and stigma, unsafe sex was 0.59 times less likely after 12 months ART than before initiation (95% confidence interval [CI] = 0.37-0.94; p = 0.026). In conclusion, although risky sexual behaviors had decreased, a considerable portion does not practice safe sex. Beliefs about ART's effect on transmission, viral load, and adherence appear not to influence sexual behavior but require long-term surveillance. Positive prevention interventions for those receiving ART must reinforce safer sex practices and partner disclosure.

Intimate partner violence and reproductive health of women in Kenya.

Emenike E, Lawoko S, Dalal K.


PMID: 18275542

Abstract

BACKGROUND:

Reproductive age represents an augmented risk of intimate partner violence (IPV) despite its occurrence in women of all ages. IPV has been associated with various reproductive health outcomes (e.g. terminated pregnancies and infant mortality), although multi-country studies indicate that the findings may not be consistent across all cultures. STUDY AIM AND METHOD: The current work describes the association between IPV and reproductive health of women in Kenya using the Demographic and Health Survey of 2003.

RESULTS:

A significant association between physical/emotional/sexual abuse of women and negative reproductive health outcomes such as terminated pregnancies and infant mortality was identified. In addition, IPV exposure was associated with use of family planning methods and high fertility.

CONCLUSION AND RECOMMENDATIONS:

Practitioners in the healthcare sector should inquire about abuse. Provision of counseling services and information regarding IPV effects on reproductive outcomes as well as referring abused women to relevant institutions is recommended in secondary prevention of IPV and to improve the reproductive health status of abused women.
Nurse-midwives' attitudes towards adolescent sexual and reproductive health needs in Kenya and Zambia.

Warenius LU, Faxelid EA, Chishimba PN, Musandu JO, Ong'any AA, Nissen EB.


PMID: 16713886

Abstract

Adolescent sexuality is a highly charged moral issue in Kenya and Zambia. Nurse-midwives are the core health care providers of adolescent sexual and reproductive health services but public health facilities are under-utilized by adolescents. The aim of this study was to investigate attitudes among Kenyan and Zambian nurse-midwives (n=820) toward adolescent sexual and reproductive health problems, in order to improve services for adolescents. Data were collected through a questionnaire. Findings revealed that nurse-midwives disapproved of adolescent sexual activity, including masturbation, contraceptive use and abortion, but also had a pragmatic attitude to handling these issues. Those with more education and those who had received continuing education on adolescent sexuality and reproduction showed a tendency towards more youth-friendly attitudes. We suggest that critical thinking around the cultural and moral dimensions of adolescent sexuality should be emphasized in undergraduate training and continuing education, to help nurse-midwives to deal more empathetically with the reality of adolescent sexuality. Those in nursing and other leadership positions could also play an important role in encouraging wider social discussion of these matters. This would create an environment that is more tolerant of adolescent sexuality and that recognizes the beneficial public health effect for adolescents of greater access to youth-friendly sexual and reproductive health services.
The contribution of sexual and reproductive health services to the fight against HIV/AIDS: a review.

Askew I, Berer M.


PMID: 14708398

Abstract

Approximately 80% of HIV cases are transmitted sexually and a further 10% prenatally or during breastfeeding. Hence, the health sector has looked to sexual and reproductive health programmes for leadership and guidance in providing information and counseling to prevent these forms of transmission, and more recently to undertake some aspects of treatment. This paper reviews and assesses the contributions made to date by sexual and reproductive health services to HIV/AIDS prevention and treatment, mainly by services for family planning, sexually transmitted infections and antenatal and delivery care. It also describes other sexual and reproductive health problems experienced by HIV-positive women, such as the need for abortion services, infertility services and cervical cancer screening and treatment. This paper shows that sexual and reproductive health programmes can make an important contribution to HIV prevention and treatment, and that STI control is important both for sexual and reproductive health and HIV/AIDS control. It concludes that more integrated programmes of sexual and reproductive health care and STI/HIV/AIDS control should be developed which jointly offer certain services, expand outreach to new population groups, and create well-functioning referral links to optimize the outreach and impact of what are to date essentially vertical programmes.

Pattern of sexually transmitted diseases and risk factors among women attending an STD referral clinic in Nairobi, Kenya.

Fonck K, Kidula N, Kirui P, Ndinya-Achola J, Bwayo J, Claeys P, Temmerman M.


PMID: 10949433
Abstract

BACKGROUND:

In Kenya, sexually transmitted disease (STD) clinics care for large numbers of patients with STD-related signs and symptoms. Yet, the etiologic fraction of the different STD pathogens remains to be determined, particularly in women.

GOAL:

The aim of the study was to determine the prevalence of STDs and of cervical dysplasia and their risk markers among women attending the STD clinic in Nairobi.

STUDY DESIGN:

A cross-section of women were interviewed and examined; samples were taken.

RESULTS:

The mean age of 520 women was 26 years, 54% had a stable relationship, 38% were pregnant, 47% had ever used condoms (1% as a method of contraception), 11% reported multiple partners in the previous 3 months, and 32% had a history of STDs. The prevalence of STDs was 29% for HIV type 1, 35% for candidiasis, 25% for trichomoniasis, 16% for bacterial vaginalis, 6% for gonorrhea, 4% for chlamydia, 6% for a positive syphilis serology, 6% for genital warts, 12% for genital ulcers, and 13% for cervical dysplasia. Factors related to sexual behavior, especially the number of sex partners, were associated with several STDs. Gonorrhea, bacterial vaginalis, cervical dysplasia, and genital warts or ulcers were independently associated with HIV infection. Partners of circumcised men had less-prevalent HIV infection.

CONCLUSION:

Most women reported low-risk sexual behavior and were likely to be infected by their regular partner. HIV and STD prevention campaigns will not have a significant impact if the transmission between partners is not addressed.

Knowledge of AIDS and other sexually transmitted diseases among women attending a family planning clinic in Nairobi, Kenya.


PMID: 8439431
Abstract

We interviewed 1,716 women attending a family planning clinic in Nairobi between January 1990 and May 1991 about their knowledge of the acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STDs). When participants in the study were asked to name spontaneously the STDs they knew, more than 90% of the women named gonorrhea and AIDS, and 75.0% named syphilis; 65.4% could name two or more signs of AIDS; and 96.9%, 66.5%, and 58.3% mentioned sexual transmission, transmission via blood transfusion, and perinatal transmission, respectively, as routes of transmission of AIDS. Knowledge of most symptoms and routes of transmission of AIDS, as well as knowledge of gonorrhea and syphilis, was significantly positively associated with level of education. Unmarried women were significantly less likely to know symptoms and routes of transmission of AIDS than were married women. Level of knowledge of gonorrhea and syphilis was significantly positively associated with number of lifetime sexual partners. Although awareness of AIDS was very high, detailed knowledge of signs of AIDS and routes of transmission was deficient, particularly among less educated women. This positive association of detailed AIDS knowledge with level of education suggests a need to design AIDS prevention activities that are more accessible to, and better understood by, women who have little education.