

The district's HIV prevalence is more than double the national average of 5.2 percent.

BY AMBROSE MUSASIZI

When dusk falls over Kyotera Town, neon lights flicker to life along the highway that snakes through Ssanje to the Mutukula border post. Music swells from crowded bars, beer bottles clink in quick succession, and the steady hum of long-distance truck engines fills the night air.

It is here, in the shadows of roadside bars and dimly lit lodges, that a silent crisis is steadily deepening.

Kyotera District's HIV prevalence currently stands at a staggering 12.6 percent, more than double the national average of 5.2 percent, according to the Uganda HIV/AIDS fact sheet.

Health authorities say one of the key drivers of new infections is the constant flow of truck drivers on the busy Kampala-Masaka-Mutukula highway. Many spend weeks away from their families, forcing them to make routine stops in trading centres such as Ssanje and Kyotera Town. In these stopovers, some seek companionship in bars where young women, many of them migrants from distant districts, work as waitresses by day and negotiate sex by night.

"These drivers spend money heavily after drinking. That is when most risky decisions are made," Dr Edward Muwanga, the district health officer, says. "Alcohol lowers inhibition. Negotiating condom use becomes difficult, and the consequences are often devastating," he adds.

In several bars visited by *Daily Monitor*, women quietly admit to juggling multiple partners in a single day or night. The going rate ranges from Shs10,000 to Shs20,000 for a brief encounter. However, when a customer's between Shs100,000 and Shs200,000, the stakes and the risks rise sharply.

"Very few women refuse 'live sex' if the money is that good," confesses Jane (not her real name), a sex worker in one of Kyotera Town's popular bars.

"Most of us have families to feed. When a man is drunk and generous, it becomes very hard to say 'no,'" she adds.

Public health experts warn that unprotected sex, especially with multiple partners of unknown HIV status, remains the leading cause of new infections in Uganda.

In Kyotera, Mr E-Max Kintu, the district HIV coordinator, notes that the demand for commercial sex is not driven by truck drivers alone. Local businessmen and fishermen, often flush with cash, also sustain the trade.

"Bar owners benefit from this cycle. The more customers they attract, the more alcohol they sell," he says.

At Kasensero Landing Site, once known as the epicentre of Uganda's HIV epidemic, old habits remain deeply entrenched. Fishermen, after a successful catch, frequently celebrate with alcohol before seeking out sexual partners.

"Many men here believe using a condom reduces pleasure," Mr Peter Kaali, a trader who has lived at the landing site for 35 years, says.

12.6%
PREVALENCE
RATE

Trucks at Mutukula border. Kyotera health authorities say one of the key drivers of new infections is the constant flow of truck drivers along the busy Kampala-Masaka-Mutukula highway. PHOTO: FILE

How nightlife is fueling rise in Kyotera HIV cases

"Out of 100 men, maybe only three will agree to use protection," he adds.

Such attitudes continue to undermine decades of HIV awareness campaigns. Medical workers emphasise that condoms, when used correctly and consistently, significantly reduce the risk of HIV transmission. Yet some believe condoms are unsafe, others claim they contain the virus, while some think they can judge a partner's HIV status based on physical appearance.

HIV is primarily transmitted through unprotected sexual intercourse with an infected person, sharing contaminated sharp instruments, transfusion of unscreened blood, and from mother to child during pregnancy, childbirth, or breastfeeding if preventive measures are not taken. It cannot be spread through casual contact such as hugging, sharing utensils, or shaking hands.

In Kyotera, however, the challenge is no longer just about awareness—it is about behaviour.

Challenge

"People understand the basics, but economic pressure, alcohol abuse, and peer influence push them into risky practices. There is also a growing belief that because treatment is available, HIV is no longer something to fear," Dr Muwanga explains.

Indeed, the widespread availability of antiretroviral therapy has, paradoxically, bred a degree of complacency among some sections of the population. While these life-prolonging drugs enable people living with HIV to lead long and productive lives—and significantly reduce transmission when viral load is

suppressed—health officials caution that prevention remains far cheaper and safer than lifelong treatment.

In response, the district has intensified community sensitisation efforts, targeting bars, lodges, and landing sites. Mobile clinics now offer free HIV testing and counselling services, while peer educators distribute condoms and encourage regular check-ups among sex workers and truck drivers.

"We are advocating for routine HIV screening, especially for high-risk groups," Mr Kintu says. "If someone tests positive, we link them immediately to treatment. Early diagnosis saves lives and helps prevent further spread."

Civil society organisations have also stepped in, engaging bar owners and urging them to provide condoms on their premises while discouraging exploitative practices.

For women like Jane, however, the choices are rarely straightforward. Poverty, limited education, and lack of alternative employment opportunities leave many vulnerable to exploitation.

As night deepens in Kyotera, another truck rumbles into a gravel parking lot. Laughter spills from a nearby bar as patrons raise their glasses. For a moment,

the atmosphere appears carefree. Yet beneath the revelry lies a sobering reality: each reckless encounter risks adding to an already alarming statistic.

Young girls on a dangerous path

Health officials are increasingly alarmed by the growing number of adolescent girls and young women entering transactional sex along the highway corridor. Many arrive in Kyotera from impoverished rural communities, drawn by the promise of quick money in bars and lodges.

"They come hoping to earn something small to send back home or simply to survive," says Dr Muwanga. "But at that age, they lack the power to negotiate safe sex. They are both biologically and socially more vulnerable to HIV infection."

Public health data consistently shows that adolescent girls and young women in sub-Saharan Africa are disproportionately affected by HIV/AIDS.

In Kyotera's trading centres, many young girls find themselves trapped in cycles of alcohol use, coercion, and financial pressure. Dropping out of school often becomes both a cause and a consequence of this vulnerability. Without education or vocational skills, their options narrow significantly.

"The tragedy is that some of these girls are infected before they turn 20," says a local health worker who requested anonymity, noting that about 300 girls are employed in Kyotera Town bars alone, excluding those operating outside the town.

"By the time they fully understand the implications, the damage is already done," the health worker adds.

Amid these challenges, there is cautious optimism around emerging HIV prevention innovations such as lenacapavir, a long-acting injectable antiretro-

viral drug recently approved in some countries for treatment and still being studied for prevention.

Unlike daily oral medication, lenacapavir can be administered as infrequently as twice a year, offering sustained protection that does not depend on strict daily adherence. For high-risk populations such as sex workers and mobile workers, this could be transformative.

Health experts argue that reducing the burden of daily pill-taking may particularly benefit young women who struggle with consistency due to stigma, unstable living conditions, or controlling partners.

However, Dr Muwanga says some people still have reservations about the drug.

"That argument has followed every HIV intervention—from condoms to antiretroviral therapy," he says. "Evidence does not support it. What drives risky behaviour here is poverty, alcohol abuse, and economic desperation, not access to prevention."

He emphasises that biomedical interventions must be complemented by behavioural change.

"Lenacapavir, if approved for prevention and made widely accessible, would be a powerful tool," he adds. "But it is not a silver bullet. We still need responsible behaviour, reduced alcohol consumption, consistent condom use, and, most importantly, opportunities for young people."

Kyotera's fight against HIV is not merely a medical battle; it is a struggle against poverty, misinformation, and a culture of risk normalised by alcohol and easy money. Authorities insist that the tide can be turned through responsible behaviour, routine testing, consistent condom use, and strong community engagement.

GREATER MASAKA'S HISTORY

Masaka Sub-region, where Kyotera falls, has consistently recorded the highest HIV burden in the country, according to three consecutive national HIV/AIDS surveys: 10.6 percent in 2011, 8.0 percent in 2016, and 8.1 percent in 2020. It is also the sub-region where Uganda's first HIV case was identified in 1982.