in Botswana). In Guinea, the perception that sexual activity entails a risk of pregnancy increased significantly between the baseline and postintervention surveys among young men in the comparison location, resulting in a net negative impact of the intervention.

In Cameroon, the perceived benefits of the use of condoms and other contraceptive methods increased in the intervention site and declined or remained unchanged in the comparison site, resulting in a net positive impact of the intervention. The intervention had no net impact on perceived benefits of abstinence or condom use in Botswana. In Guinea, because the belief that condom use protects against AIDS increased in the comparison site and did not change in the intervention site, the intervention had a net negative impact.

The interventions in Cameroon and Botswana produced no net positive impact on perceived barriers to abstinence and condom use. In Guinea, data were not collected on these indicators. The Cameroon intervention had a net negative impact on opposition to sex before marriage, because this attitude declined in the intervention area and did not change in the comparison location.

The interventions produced only one net change on self-efficacy among men: In Cameroon, the intervention had a net positive impact on discussion of sexuality, because of a significant reduction in discussion in the comparison location.

### Effects on Behavior

- **Women.** Table 3 shows that the interventions in Cameroon, Botswana and South Africa had no net effect on women’s sexual partnerships. The intervention in Guinea showed a negative effect on the likelihood that women had had multiple partners in the past month and a positive effect on their likelihood of having fewer partners as a means of preventing AIDS.

  In Cameroon, Botswana and Guinea, some aspects of contraceptive use improved as a result of the interventions. In Cameroon, a variety of patterns of change yielded positive effects: Ever-use of condoms increased significantly in both sites, but the trend was stronger in the intervention site; and use of abstinence for pregnancy prevention declined in the comparison location and increased in the intervention site. In Botswana, a significant-