



Abstinence-only program approach to reducing the prevalence of HIV

What is the approach?

In 1986 President Museveni of Uganda described the government's aggressive HIV prevention campaign as: abstinence until marriage, monogamy within marriage and condoms as a last resort. This three pronged slogan was adopted as the ABC approach to HIV prevention.

- Abstinence for youth, including the delay of sexual debut and abstinence until marriage
- Being tested for HIV and being faithful in marriage and monogamous relationships
- Correct and consistent use of condoms for those who practice high-risk behaviours.

Abstinence-only policies and PEPFAR (President's Emergency Plan for AIDS Relief)

PEPFAR is an initiative of the US Bush administration to provide \$15 billion for HIV/AIDS over a five year period. For the countries that receive money from this fund, 20% is the allocation to be spent on prevention and of this at least one third must be spent on 'abstinence until marriage' programs. These stipulations have been widely criticised for disrespecting the autonomy of recipient countries and their local priorities, as well as decreasing the supply of condoms (many countries including Ethiopia and Uganda have highlighted the subsequent shortages), decreasing the language of rights and having a negative impact on women's empowerment.

The ABC vs AB Controversy

The controversy has arisen from the differing definitions of the ABC approach. Many faith-based organisations supported by the Bush administration have skewed the definition of ABC as Abstinence until marriage, Be-faithful in marriage and dismissing the Correct Consistent use of Condoms as relevant only to high risk groups or discouraging their use at all. Instead they focus on an AB Strategy, pushing the first two point only believing that educating young people on condom use and other contraceptives encourages sex at an earlier age and increases sexual promiscuity. From a wide range of surveys conducted on more than 16,000 youths in the US, to compare the effect of abstinence-only and comprehensive education programs, it has shown that educating young people about safe sex and contraception did not influence the rate of unprotected vaginal sex, the number of sexual partners, condom use, or initiation of sexual activity.¹ Many organisations are concerned that an abstinence-only approach fails to educate young people that condoms, if used effectively, are highly effective at preventing HIV transmission. A 2004 consensus statement in *The Lancet* signed by numerous experts in HIV prevention from around the world, stressed abstinence as a "first priority" for young people who are not sexually active but concluded:

"For those young people who are sexually active, correct and consistent condom use should be supported. Young people and others should be informed that correct and consistent condom use lowers the risk of HIV (by about 80-90% for reported "always

¹ Abstinence-only programs do not reduce HIV risk (www.reuters.com)

use”) and of various sexually transmitted infections and pregnancy, and they should be cautioned about the consequences of inconsistent use.”²

The AB approach also assumes that inside marriage, fidelity is a sure safeguard against infection. Many people are unaware of the HIV status of their partners and this approach relies on both parties in the marriage staying faithful. In many cultures where there are very different social rules governing the behaviour of men and women, and in societies where women are taught to ‘obey’ men, this approach is not necessarily practical. In many societies extramarital sex for married men is common and part of asserting their status as a ‘man’, failure to initiate such relationships can carry its own social stigma. The approach also fails to take into account women or girls in abusive relationships and limits the availability of condoms for high risk groups only e.g. sex workers. In sub-Saharan Africa the view is that marriage (and the illusion of fidelity among supposedly HIV-negative couples) is increasingly seen as a risk factor. Most newly infected HIV women in Sub-Saharan Africa have contracted the disease from their husbands³ and a study in Southern India showed that 80% of HIV positive women contracted the disease from their husbands.

Abstinence-only programs and alternative agendas

Abstinence-only programs are presented by their supporters as a means of preventing HIV but also for promoting moral values. This often results in presenting HIV/AIDS as a “moral” disease arising from “promiscuous” behaviour. This serves to reinforce stigmas and prejudice surrounding the disease leading to violence and discrimination.

Abstinence-only programs and Human Rights

Abstinence-only education programs have been criticised for contravening International guidelines on HIV/AIDS Human Rights as well as going against the Cairo Consensus for gender equality and women’s reproductive rights. The United Nations International Guidelines on HIV/AIDS and Human Rights calls for ‘ensuring the access of children and adolescents to adequate health information and education, including information related to HIV/AIDS prevention and care, inside and outside school, which is tailored appropriately to age level and capacity and enables them to deal positively with their sexuality.’⁴ The Abstinence-only movement claims its programs are empowering to women, but only within the moral context of their approach. The rights of women to make decisions about their bodies outside of this, e.g. in relation to abortions or selling sex commercially, are ignored or stigmatised.

What are the alternative theories?

Abstinence-plus

Abstinence-plus (comprehensive) interventions promote sexual abstinence as the best means of preventing HIV, but also encourage condom use and other safer-sex practices. In a recent study

² The Less They Know, the Better: Abstinence-Only HIV/AIDS Programs in Uganda (www.hrw.org)

³ Does 'CNN' (Condoms, Needles, Negotiation) Work Better than 'ABC' (Abstinence, Being Faithful and Condom Use) in Attacking the AIDS Epidemic? By Steven W. Sinding March 2005

⁴ Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNAIDS, HIV/AIDS and Human Rights: International Guidelines, U.N. Doc. HR/PUB/98/1 (1998), para. 38(g).

conducted on over 37,000 young people in America conclusively showed that abstinence-plus (comprehensive) interventions were the most successful in preventing HIV and promoting safe sex and condom use in high-income countries. ⁵

CNN (Condoms, needles and negotiations)

A harm reduction approach aimed at reducing the risk of HIV infection through the use of safer sex and reducing the risks from intravenous drug use by providing clean needles.

Global approaches to HIV prevention

AFRICA - Case Study: Uganda

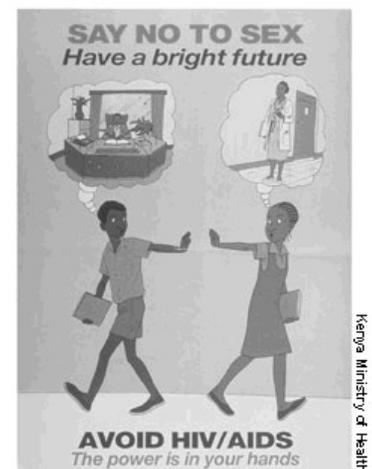
Population: 23.6 million

Percentage of adults living with HIV/AIDS: 6.7%

Uganda was widely held as one of the first success stories in Africa in combating the HIV/AIDS epidemic. A heavily government-sponsored prevention campaign centred around massive condom distribution, promoting messages on delaying sex and reducing the numbers of sexual partners. Within a decade the prevalence of HIV/AIDS had been reduced from 15% in the early 1990s to 5% in 2001.

The initial marketing campaigns about raising awareness were strongly linked to the sexual behaviour in Uganda where the spread of HIV was attributed to the tendency to have several long-term partners rather than serial monogamous relationships or a high rate of casual sex. The initial campaign centred around the message of “no grazing” i.e. try and stick to one partner and try to avoid casual sex. The second message was that everyone, not just truckers and prostitutes were at risk. Beginning in the 1990s, foreign companies phased out the “zero grazing” message advocating condoms only for high-risk groups. As the decline in HIV prevalence began to halt this program was stopped and an abstinence-only campaign was adopted. ⁶

Over the past few years companies working on HIV prevention in Uganda have become heavily funded by the US PEPFAR fund. Smaller community-based organisations have increasingly modified their prevention approaches to comply with the PEPFAR outlines and the message has shifted from that of ABC, to AB (Abstinence and Be faithful). Much of the money is being channelled through pro-abstinence and anti-condom organisations. Some billboards promoting HIV prevention carry messages to discourage condom use and teachers have reported being instructed not to talk about condoms in schools by US contractors. The numbers of people living with HIV have started to increase once again in Uganda strongly suggesting that their previous combined approach to prevention was more



⁵ Systematic Review of Abstinence-Plus HIV Prevention Programs in High-Income Countries by Kristen Underhill*, Don Operario, Paul Montgomery, Pub Sept 18 2007

⁶ There is no room for sexual morality in an honest conversation about Aids (www.guardian.co.uk) Aug 9 2007

successful than the more recent programs biased towards to abstinence-only and anti-condom use.⁷

ASIA - Case Study: Thailand

Population: 62.8 million

Percentage of adults living with HIV/AIDS: 1.4%

In the early 1990s the Thai government began to heavily invest in campaigns to slow the growing HIV/AIDS epidemic in their country. A large media awareness campaign was initiated with compulsory HIV/AIDS education for all school children. A condom campaign that distributed condoms to all the country's brothels and massage parlours and their sex workers and clients were required to use them, any brothels that did not comply were closed. It is estimated that without this program the prevalence of HIV in Thailand would be ten times its current rate. New HIV infections fell from 143,000 in 1991 to 21,000 in 2002.

The Asian financial crisis in 1997 dramatically cut the money available for HIV/AIDS prevention programs and after the markets recovered the funding was never restored. HIV awareness has vanished from the media and a new youth generation is growing up believing that the virus is no longer a risk which has increased engagement in high risk sexual behaviour. In Southern Thailand the number of pregnant women with HIV, a key barometer for AIDS trends, has doubled since 2000 suggesting that HIV prevalence may again be increasing within the country.⁸

North America - Case Study: USA

Population: 300 million

Percentage of adults living with HIV/AIDS: 0.6%

NB: The USA has the highest rates of teenage pregnancy and one of the highest rates of STIs within teen populations in the industrialised world.

In 2002 a study conducted by the Kaiser Foundation found two main forms of sex education in American schools; comprehensive and abstinence-only. The comprehensive line teaches abstinence in a positive light but also covers how to avoid STIs and contraception use when sexually active. The abstinence-only approach teaches abstinence until marriage with either no information on types of contraception or using only the information on their respective failure rates. 34% of school principals said that the latter formed the basis for their school's sex education policy.

A study published in 2007 conducted by Oxford University⁹ looked at the effects of different sex education programs with regards to sexual behaviour in over 16,000 young people in America. The report compared groups given no information on sex education (in addition to the school's curriculum) and those given abstinence-only education. Pregnancies were as likely in both groups, sexually transmitted diseases as numerous, both groups were just as likely to have the

⁷ Rise in HIV/AIDS Slaps Uganda in the Face (www.ugpulse.com) June 1 2006

⁸ Thailand's AIDS Success Story Turns Sour (econ.worldbank.org)

⁹ Systematic Review of Abstinence-Plus HIV Prevention Programs in High-Income Countries by Kristen Underhill*, Don Operario, Paul Montgomery, Pub Sept 18 2007

same number of partners and unprotected sex just as common. The study then looked at 38,000 young people to determine the effect of abstinence-plus education. This showed evidence in some groups of increasing condom use, reducing the likelihood of anal sex and a reduction in likelihood of pregnancies. Young people in this group were overwhelmingly more informed about HIV and AIDS in comparison to their peer groups. There was no evidence that abstinence-plus education led to an increase in risky sexual behaviour in the long or short term.

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Studies of virginity pledge programs in the US discovered that while the pledge has a positive effect on delaying the onset of sex in some circumstances when the pledge is broken (as in a third to over half of cases before marriage) the young people in question are more likely to engage in unprotected sex and 35% less likely to use contraception putting them at greater risk from pregnancy, STIs and HIV.¹¹

Europe

Abstinence-only education is not commonplace in countries in Western Europe. Countries such as England, Wales, Scotland, Germany, Sweden, Finland, France and Holland have a comprehensive sex education that covers the biological, emotional, physical aspects of sex education as well as providing information about STIs and contraception. In England and Wales information about safe sex and contraception is discretionary and parents can opt their children out of this education. It is worth noting that Britain has one of the highest rates of teenage pregnancies in Europe.

The Netherlands, which has one of the lowest rates of teen pregnancy in the world is often cited as a model for other countries in their approach to sex education. A government funded program provides education to primary and secondary schools aimed at giving young people the skills to take their own decisions regarding health and sexuality. The media also has adopted an open dialogue and non judgmental approach.

Latin America - Case Study: Brazil

Population: 187 million



Percentage of adults living with HIV/AIDS: 0.61%

In the early 1990s the world bank, based on predictions of Brazil's rapidly increasing infection rate, predicted there would be 1.2 millions people living with HIV in Brazil by the year 2000. In 2003 there were 600,000 people in the country living with HIV, half the predicted number. The successes in Brazil have been attributed to several main factors including an aggressive prevention campaign in which condom use was heavily promoted, needle-exchange programs and widely available HIV treatment. Interestingly, despite the fact that culturally Brazil is a predominantly strict catholic country, they have not subscribed to the US Government's PEPFAR money and do not

¹⁰ Time to Grow Up (www.economist.com)

¹¹ Bearman PS, Brückner H. The Relationship between Virginity Pledges in Adolescence and STD Acquisition in Young Adulthood. Presentation at the National STD Prevention Conference, Philadelphia, PA, March 9, 2004.

promote abstinence-only prevention campaigns. In May 2005 Brazil refused US\$40 million of PEPFAR funds.¹²

Focus on India

Population: 1.13 billion

Percentage of adults living with HIV/AIDS: 0.36%

In 2005 India became one of the countries funded under PEPFAR program. Many Faith-based organisations in India have welcomed the PEPFAR's stance on abstinence-only education as a tool for HIV prevention, expanding the ABC model as Abstinence, Behaviour Change and Christ. They are against condom promotion as a viable mechanism to control the spread of AIDS. For many Christian organisations in India, HIV/AIDS has been seen as a way to reach the unreached in India and HIV/AIDS information is increasingly placed in an evangelical rather than scientific context with regards to health information.¹³ In India, the Christian AIDS/HIV National Alliance (CANA) has promoted the Bush administration's views on HIV/AIDS by arguing for the need of transforming and changing behaviour to prevent the spread of HIV. On their website, however, they include articles on the importance of educating India's youth on safe sex and contraception as well as promoting the advantages of abstinence until and within marriage.¹⁴

In 2007 six states, some of them with some of the highest infection rates for HIV threw out a new sex education program aimed at combating the spread of HIV/AIDS. One third of new infections are happening in India in the 15 to 29 age group making it a key target for HIV prevention. Many officials feel that the program will degrade Indian cultural values and that sex is something that only occurs within a marriage so should not be taught to students or school children.¹⁵

Successes in Southern India

In 2006 studies in Southern India in regions with some of the highest rates of HIV prevalence showed a significant decline in HIV infections that has been tentatively linked with increased awareness on safer sex. Either from males using sex workers less often, or increased use of condoms when they do. Sex workers and truck drivers have been often identified as high-risk groups in India in terms of HIV infection but this is ignoring a large risk group of vulnerable married women. One report from Southern India stated that 80% HIV positive women contracted the disease from their husbands.¹⁶

Condom conundrum

In 2006 the Indian government announced an increase in spending on HIV prevention (not funded by PEPFAR) and within this, condoms will be the primary prevention method and the campaign will include the installation of 100,000 condom vending machines in colleges, train stations, gas stations, roadside restaurants and hospitals.¹⁷ Many groups have highlighted the problem that women in India – be they sex workers, rural labourers, urban housewives or the

¹² <http://www.aids.gov.br>

¹³ Saving Lives, Harvesting Souls, Tehelka (www.tehelka.com)

¹⁴ Abstinence and Youth (<http://cana-india.org>)

¹⁵ School Sex Education Program Provokes Emotional Dispute in India August 1 2007 (voanews.com)

¹⁶ HIV Prevention: Debate and Evidence (The Oxford Centre for Religion and Public Life)

¹⁷ India Plans to Primarily Promote Condom Use for HIV Prevention (www.siecus.org)

young elite – rarely have a sufficient level of empowerment to be able to demand that their partners use condoms and for women or girls in abusive relationships or suffering from domestic violence increased condom awareness and availability alone will not impact on the risk to these groups.

In Summary

There is strong evidence that shows abstinence-only programs in high-income countries have no effect on decreasing teenage pregnancies or unprotected sex, delaying sex, or reducing STIs in young people. On the other hand there is evidence to suggest that an abstinence-plus based approach can have positive effects on increased condom use, lower pregnancies and a greater knowledge of HIV/AIDS.

The abstinence-only or ABC approach has been widely criticised for failing to take into account high risk groups, people who lack the ability to negotiate safe sex and gender inequality. It assumes that women in developing countries have the autonomy to choose abstinence or negotiate fidelity. They also underplay, ignore or actively discourage condom use, which has proven highly effective as part of combined strategies in the success stories in Uganda, Thailand and Brazil.

There seems to be a trend towards adopting HIV prevention strategies that are not exclusively based on one approach but an integration of efforts that are tailor made to the cultural and social make-up of the country concerned. Neither condoms alone or abstinence-only education is going to impact HIV infection rates. Understanding the social, economic and cultural reasons for the continued spread of HIV is important in order to adopt strategies to target those groups most at risk. Messages should not be conflicting and they should not deny young people factual information about HIV prevention, they should not discriminate against marginalised communities or use HIV prevention to promote moral behaviour.

“Instead of debating CNN vs. ABC, we must recognize the complexity of sexual relations, which embrace every facet of our lives, including issues of culture, tradition, power and status. We must acknowledge the unequal power relationships between men and women, especially older men and younger women, and we must design interventions that provide realistic choices. Above all, we must resist efforts to impose a particular morality on individuals. We must respect the individual and find ways of giving people realistic and effective options. We must not deny men and women access to information or technologies that enable them to protect their health and even their lives. Forty years of experience in family planning and reproductive health has shown us that empowering individuals to make informed choices is the only approach that really works.”¹⁸

Today there is no conclusive proof that abstinence-only programs have been successful in preventing the spread of HIV in any country.

¹⁸ Does 'CNN' (Condoms, Needles, Negotiation) Work Better than 'ABC' (Abstinence, Being Faithful and Condom Use) in Attacking the AIDS Epidemic? By Steven W. Sinding March 2005 (www.guttmacher.org)