

Condoms or Abstinence? Understanding Uganda's success in combating the world's first HIV/AIDS epidemic | Thomas Marron

As of 2004 the HIV/AIDS pandemic in Sub-Saharan Africa has already claimed 20 million lives and 30 million more are infected, making up 75% of the world's HIV infected population. The infection rates are not declining in this region, and with developing epidemics in India and China, UNAIDS believes that within a decade we will see more than 200 million new HIV infections. A universally applicable prevention campaign that can be spread throughout the developing world must be promoted in order to stop the spread of HIV. One place many are looking for answers is Uganda. Home to the world's first HIV/AIDS epidemic with a seroprevalence of over 25% less than two decades ago, today only 4-6% of the Ugandan population is HIV-positive. Policy makers world wide are trying to understand what Uganda did, and spread their effective policies to other countries facing similar if not worse HIV/AIDS epidemics. Surrounding this effort to isolate the factors key to Uganda's success is a great deal of controversy as conservatives and liberals in the United States—which provides the most funding to prevention campaigns—disagree on the roles abstinence and condom usage played in Uganda's success and the extent to which these two tenants of comprehensive sexuality education should be emphasized worldwide. In thesis I look at a variety of studies from sources such as the Ugandan Ministry of Health, the World Health Organization, and the United Nations to try to deduce exactly how Uganda reduced the prevalence of HIV/AIDS in their country so rapidly. I also assess the current American policy on funding of HIV/AIDS prevention efforts worldwide, as well as the efficacy of abstinence-only programs here in the United States.

According to reports made by independent organizations such as the United Nations, as well as scientific studies by public health agencies in the United States and England, the reason for Uganda's success was the ABC program organized by the Ministry of Health. This program emphasized **a**bstinence, **b**eing faithful to one's partner, and **c**ondom usage. After working to open a dialogue on HIV/AIDS, and rid it of its stigma as being a punishment for sin, Ugandan President Museveni drew together leaders of Uganda's faith based organizations (FBOs), as well as leaders of domestic and international non-governmental organizations (NGOs), and created a plan to implement this ABC program. Museveni encouraged a system of parallel efforts and positive messages in which no group's message impeded the progress of others working for the same goal of HIV/AIDS prevention. The most important result of this effort was the selective silence of churches on issues such as the use of condoms. Extensive decentralized-culturally specific educational campaigns successfully reached the majority of the rurally dispersed population. As a result, the age of sexual debut increased, rates of casual sex declined dramatically, and use of condoms became compulsory in high-risk sexual encounters. My research demonstrates that Uganda's system of parallel dissemination of information by governmental organizations as well as FBOs and NGOs, and the use of the ABC model as a

starting point for comprehensive sexuality education and HIV/AIDS prevention methods should be used worldwide to prevent the growth of this pandemic.

Recently the U.S. Congress passed a \$15 billion aid package aimed at addressing the HIV/AIDS epidemic in the developing world. Even with the initial widespread acceptance of the ABC approach's success by members of Congress and the Bush Administration, much of the \$3 billion earmarked for prevention campaigns will be used predominantly for abstinence-only campaigns. Studies by the American Medical Association and other health organizations of abstinence-only programs in the United States have clearly shown that they do not work, so it is naïve and dangerous for the administration to believe that such ideologically based programs would work in fundamentally unrelated cultures. My research and that of others indicates that all three tenants of the ABC program must be emphasized in comprehensive sexuality education based prevention campaigns. As funding is limited, and hundreds of millions of lives are at stake, I would argue that we should support programs known to be successful, as opposed to funding ideologically based abstinence-only-until-marriage education with no track record of success.